Final Report

Project REFRESH:
Research and Evaluation Foster Children's
Reception into Environmentally Supportive Homes

Grant NO: 90-CW-1090

October 1, 1995 - June 30, 1999

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Research **and Eval**

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Part B: Case Study Component

1. Major Research Accomplishments

During the final quarters of this project, transcription of all interviews was completed under contract with Ms. Mina Lepp. Following transcription, data were prepared for qualitative analysis by Research Assistant, Mr. Larry Hatmaker.

Qualitative analyses and detailed reports of findings were completed (Appendices A & B). Analyses focused on the key research questions, including:

1. What is the nature of foster child integration and quality of care as indicated through household members' perceptions and their use of time, space, resources and language?
2. What is the relationship between quality of care and foster child integration?
3. Does integration or quality of care differ in homes with and without birth or adopted children?
4. What factors are related to birth children's perceptions of and satisfaction with foster family life?

In addition to preparation of research reports, two guides for foster families were developed to address issues identified in the qualitative interviews. These guides are the:

- **Foster Child Emergency Placement Form** (Appendix C) and
- **Foster Child Placement Information Form** (Appendix D).

The foster caregivers in this study indicated that they would benefit from an organized approach to information gathering regarding an emergency placement. Further, several stated that they believed the quality of care would benefit from a guide that helped them organize and retrieve information. These forms are intended to assist foster families to gather and 'organize critical information regarding a foster child. The **Foster Child Emergency Placement Form** and **Foster Child Placement Information Form** reflect issues that are directly related to quality of care. Over 20 caregivers and 6 caseworkers reviewed and commented on earlier drafts of the forms. Final changes were made incorporating these important caregiver and caseworker perspectives.

2. Problems

Through the last year of the grant and the extension period, Dr. Claudia Hatmaker continued to experience work limitations due to hip replacement surgery in January 1998. Dr. Hatmaker was on full medical from November 1997 through September 1998, She returned to work at SO FTE in October 1998, primarily focusing on completion of qualitative analysis for research questions 1, 2, and 3 above.

3. Significant Research Findings

Integration and Quality of Care. Integration of foster children into kin and non-kin homes was influenced by several variables including the presence of birth children. For the most part in both kin and non-kin homes foster caregivers included foster children in most activities and showed extraordinary concern for foster children.

Nevertheless, in most homes two family units existed: the **"core family"** that included *only* caregivers and their birth or adopted children and the **"under one roof family"** that included all household members. The boundaries of the core family unit were strong and most often specifically excluded foster children. Of 24 foster children, only four children (all of whom lived in kin care) were considered members of the core family.

The "under one roof family" boundaries were more permeable than the boundaries of the core family. Anyone who lived in the household was quickly included. This permeability well served foster children who were new to the household or who were shorter-term residents. Clearly, however, the socio-emotional attachment among core family unit members was stronger than emotional attachment to foster children even when foster children were long-term residents in the household.

Comparing core and "under one roof" family units, there were few obvious differences by use of space, time or resources. When differences did exist, it was most frequently that birth and adopted children (who were members of the core family) perceived that they were receiving less parental time and household space than did foster children. The most pervasive indicator of membership in the core family unit was the use of language. Foster caregivers, birth and adopted children and foster children themselves used words and pronouns that indicated who was in the real "core family" and who was not.

See Appendix A for detailed findings on integration and quality of care, prepared by Dr. Hatmaker.

Biological Children's Perceptions of Foster Care. Birth child interview questions focused on inclusion in the family, fairness in access to parent's time and other resources, relationship quality between the foster and birth children, involvement in recreational activities, sharing parental attention, and satisfaction with being a member of a foster family. Ms. Rachel Ozretich focused her analysis on 14 birth children, ranging in age from 11 to 19. These birth children were drawn from seven families, three kin-care families and four non-kin foster families. The families had been providing foster care for periods ranging from 1.5 to more than 11 years.

Birth children's feelings of contentment or loss were related to their perceptions about five key issues. These issues included (a) the worth of providing care to foster children, (b) the adequacy of parental attention, (c) the levels of family conflict and stress following the arrival of foster children, (d) personal feelings toward a foster child, and (e) access to personal space and privacy.

Birth children who were most content with being in a foster family were able to express a number of positive perceptions about foster care. While contented children did not always feel positive about the changes in their families since the arrival of foster children, they reported a sense of satisfaction with being able to help the foster children. Contented children were likely to feel that they received enough attention from their parents. They did not perceive high levels of family conflict, although most said that levels of conflict had increased with the arrival of foster children.

Despite the higher levels of family conflict, contented children felt some satisfaction with their role in foster care. For example, when asked about how being part of a foster family usually feels, Linda (age 17) replied,

> It feels good . . .**Most** of the kids you *help* are changed or feel better about themselves and their problems. It makes *me* feel good to *know I'm making a difference* in someone's life. (emphasis added)

In contrast, some birth children predominately expressed a sense of loss when discussing foster care. For some of these children, the sense of loss was related to feelings of annoyance toward a particular foster child. More often, birth children who felt a sense of loss said that they missed their "old" family dynamic. Many said that they wished to return to the way their family was before the arrival of foster children. For example, when asked how she felt about the changes that occurred in her family with the arrival of foster children, Julie (age 11) replied,

> I don't really like them. I wish that we were just like we used to be before we had foster kids."

Birth children who mourned their "old" family often said they missed parental attention, privacy and personal space. These children were also **frequently dismayed** at the higher levels of family conflict and stress that had come with the addition of foster children. For example, when asked to describe her family after foster children came, Julie replied, "Annoyed . . . slow, tired."

Relationships between birth children and foster children contribute to the success or failure of specific foster placements. Foster parents often refer to a concern for their birth children as an important reason for ending their foster parenting service. This analysis elucidates issues that can be addressed by child protective services in foster parent training and support. Helping foster parents to anticipate, understand and respond to the concerns of their birth children, may increase the retention and well-being of foster families.

4. Dissemination and Future Activities

The detailed qualitative analyses presented in Appendices A & B are now being revised by into manuscript format for submission to professional journals, including **Family** Relations and Child Welfare. Dr. **Hatmaker** and Ms. Ozretich, respectively, are lead authors for

manuscripts. Manuscript submissions will occur in fall, 1999, after all co-authors have the opportunity to edit drafts.

In addition to the two qualitative analysis manuscripts described above, Dr. Pratt is taking the lead on a third qualitative paper on stress and coping among foster caregivers. This paper is comparing caregivers in kin and non-kin families.

Copies and reproducible masters of the **Foster Child Emergency Placement Form** and **Foster Child Placement Information Form** will be distributed in August 1999 to the participants in this study including the Oregon Services for Children and Families, foster families, and county foster parent county associations. In addition, the forms will be available on the OSU Family Policy Program website (http://familypolicy.orst.edu) and will be distributed to the nationwide network of Extension Service family life specialists by the Oregon State University Extension Service Family and Community Development Specialist, Dr. Sally Bowman. These distribution efforts are intended to make these forms more widely available.

Part C: Family Interaction Component

1. Major Activities and Accomplishments

Family problem-solving interactions were analyzed comparing 23 videotaped foster families to matched samples of (a) biologically related families with children likely to be at risk, and (b) biologically related families with children who are not identified as at-risk. Archival data were used for the two non-foster family groups. All families were two parent families with a young adolescent foster or birth child. Mean child age was 12.2 years across the three family groups. Matching across family groups was based on child age, marital satisfaction (assessed with the Dyadic Marital Adjustment Scale), and family income (excluding the foster care stipend for foster families.). A manuscript summarizing the research has been submitted (See Appendix E.)

In addition to the major research activities and accomplishments described above, a foster parent guide to family problem solving **(Enriching Foster Family Relationships through Problem Solving,** Appendix F) was developed based on previous work and the current research findings. This 6-page guide describes the process of effective family problem solving and applies this process to foster families. The guide content and examples reflect the lessons learned throughout the research project.

2. Problems -

No problems were encountered in the family interaction component of the study.

3. Significant Research Findings

The first analysis compared family interaction behaviors and child behavior problems across the three family types. Family problem-solving interactions were analyzed comparing 23 videotaped foster families to matched samples of (a) biologically related families with children likely to be at risk, and (b) biologically related families with children who were not identified as at-risk. Archival data were used for the two non-foster family groups. Matching was based on child age (mean 12.2 years), marital satisfaction (based on the Dyadic Marital Adjustment Scale), and family income (excluding the foster care stipend for foster families.) The following conclusions were drawn:

- Children in the foster families had considerably greater externalizing and internalizing problems than those in the comparison families, and somewhat less externalizing and similar levels of internalizing as children in the at-risk families.

- The foster family interactions were comparable to family interactions in the comparison sample of two-parent biologically related lower risk families.

- Both the foster families and lower risk comparison families showed more positive and less negative interactions than the at-risk families.

- Foster mothers participated more, and foster fathers participated less, in the problem solving interactions than mothers and fathers in the other two family types.

- Foster children participated more than the children in comparison lower risk families, and participated at the same rate as the at-risk children.

- Foster parents were less likely than parents in the other two family types to form mother-father coalitions against children.

A second analysis examined the associations between the family behaviors, child behavior problems, and quality of family problem solving, across the three family types. For each family type, correlations were examined between observed family behaviors during the videotaped problem solving sessions and children's externalizing and internalizing behaviors, as assessed by their parents (or foster parents), for each family type. Of the 18 possible correlations, four were significant among the comparison families, five in the at-risk families, and 12 in the foster families. Overall, the following conclusions were drawn:

- The lower the levels of psychopathology of the foster children, the more positive and less negative the children's behaviors tended to be toward the foster parents during the videotaped family interactions. These relationships did not exist in the other two family types.

- In both the at-risk and foster families, the less the parents perceived the children to have externalizing problems, the more positive and less negative the parents' (and foster parents') behaviors were toward the children in the problem solving sessions. These relationships were stronger in the at-risk and foster families than in lower risk families.

- In the foster families , mothers were less involved and fathers more involved in the family problem solving sessions when foster children were reported by both foster parents to have greater *externalizing* problems.

- In at-risk families, higher father participation rates were linked with higher levels of child *internalizing* behaviors.

- When families were more skilled at solving problems, children were less likely to be perceived as engaging in externalizing behaviors, across all three family types.

- In foster families who were better at problem solving, children were also less likely to be perceived as having internalizing problems.

A third analysis examined the relationships among family behaviors and the overall quality of problem solving. Correlations between family behaviors and quality of problem solving were examined for each family type. The following conclusions were drawn from these analyses.

- Across family types, the more families engaged in positive behaviors (child-to-parent and parent-to-child) and the less they engaged in negative behaviors, the more likely they were to be skilled at problem solving.

- Mother-father coalition behaviors were associated with a lower overall quality of problem solving in both the comparison and at-risk families, but were infrequent and unrelated to quality of problem solving in the foster families.

Based in the above analyses, a paper was written and accepted for presentation at the National Council of Family Relations Annual Meeting, November 1999. A related manuscript has been authored (Vuchinich, Ozretich, Pratt, & Kneedler) and submitted for publication to Child Welfare. (The manuscript is included in this report as Appendix E.)

4. Dissemination and Future Activities

Although the grant has ended, writing and dissemination will continue. Dr. Vuchinich, Dr. Pratt, and Ms. Ozretich anticipate that the manuscript submitted to Child Welfare will be reviewed in the fall, 1999. Based on this review, additional analyses or editorial changes will be made.

A paper on the family problem solving research findings has been accepted for presentation at the National Council on Family Relations Annual Meeting. This meeting will be held in Irvine, California, in November 1999.

The guide to foster family problem solving **(Enriching Foster Family Relationships through Problem Solving,** Appendix F) is being disseminated directly to all participants in the study, including families, Services for Children and Families caseworkers and county foster parent associations. This guide will be accessible on the OSU Family Policy Program website (http://familypolicy.orst.edu). In addition, the Oregon State University Extension Service is preparing the guide for statewide and national dissemination under the guidance of Dr. Sally Bowman, OSU Extension Family and Community Development Specialist. These statewide and nationwide dissemination efforts are intended to make the guide widely available to foster families.

Project REFRESH: Research and Evaluation of Foster Children's Reception into Environmentally Supportive **Homes**

Final Qualitative Report

July 1999

Question 1: What is the nature of integration and quality of care as indicated through household members' perceptions and their use of time, space, resources, and language?

Question 2: Is there a relationship between quality of care and integration?

Question 3: Does integration or quality of care differ in homes with and without birth or adopted children?

In our society, assumptions about foster families include misperceptions that foster **caregivers** are either: (a) 'saints' who take in needy children, **(b)** thieves who steal 'other people's kids' and 'rob the state blind,' or (c) crooks who use 'tax payer's money' for selfish reasons instead of helping others.

Myths also cloud some peoples' vision of foster families. Myths distort the intent and purpose of a foster home and help create unrealistic expectations for caregivers and children. One of the more convoluted myths is one suggesting that a foster family is one 'big happy family' where all is well, everyday. In that dream home, caregivers open their hearts and their lives to rescue 'street children' and 'orphans' who welcome and appreciate all efforts to save them. In this scenario, foster children are grateful to have a new family, are happy to discard their old one which is barely a memory, and are content to live happily 'ever after' in foster care. Life is truly good for foster children after entering a perfect home **filled** with perfect people.

In this study, our data suggest that these assumptions and myths are all untrue. In the homes we examined, we found that there was not one big happy family, but rather two 'family' units. One 'family' unit was the 'under the roof family' and the other was the 'core family unit.' The 'under the roof family' had very liquid boundaries. **In** this 'family' almost anyone could belong-including the data collectors—just by showing up in the house. Most caregivers viewed all members in their household as a type of 'family,' but this unit was not equal in status to their 'core family' unit.

The 'core family' boundaries were tighter than in the 'under the roof' family unit. Most 'core family' units included only caregivers and their birth or adopted children. These units excluded those who were not assigned family membership status by family members. Although foster children occasionally were said to be members of "the family" and family members wanted to treat them as members, only four of 24 foster children were considered "actual" family members. They lived with relatives. Only "actual" family members received 'core family' benefits.

The foster caregivers who were interviewed in this study:
- · were well-intentioned;
- · were good stewards of state, community, and household resources;
- · showed extraordinary concern and caring for children;
- • had no desire to take foster children away from their biological parents;
- · were doing their best to make foster children welcome;
- · sacrificed much time and energy to meet the needs of foster children;
- · struggled to balance the needs of their core family unit members; and
- • provided quality care for all children in their homes; and
- · willingly talked about their frailties and fears.

Some foster caregivers were :

- afraid to let caseworkers know that they could not treat all children equally;
- afraid to tell foster children that their biological/adopted children came first;
- afraid if they did not favor foster children they would be taken away and thus caregivers would suffer financial loss;
- afraid to say that foster care was a job or like a job to them;
- unsure how to obtain professional status for work that warranted recognition; desiring to be a recognized team member on a par with caseworkers and other personnel;
- unsure how to balance time between their personal needs, their biological/adopted children's needs and those of foster children; and
- unsure how to openly talk about differences in household rules and roles for birth, adopted and foster children.

Most birth or adopted children in the study:

- did not identify foster children as family members;
- viewed children under two years old who were targeted for adoption as closest to the core family-but still saw them as different;
- often felt less cared about by their parents which caused them to resent foster children;
- acted out; resisted foster care; or had pent-up anger; and
- despite hardships, most made conscientious efforts to be welcoming and kind to foster children.

Most foster children in the study:

- appreciated being in caring foster homes;
- were adjusted to their surroundings;
- experienced a sense of safety, security, and trust in their foster homes;
- received quality care while living in their current foster home;
- understood the status of members in their foster household;
- knew who belonged in the 'core family unit' and who did not;
- had no desire to be part of the core family-they had their own families;
- were less likely to desire relationships with other foster children, but rather preferred affiliation with family members in order to gain status and subsequent privileges; and
- felt a greater sense of belonging if they were (a) in long-term foster care, (b) in the process of being adopted, (c) if their caregivers had guardianship of them, or (d) if they lived with relatives.

Foster Child Integration

Researchers were interested in the degree to which foster children were integrated into their foster homes. Specifically, we wanted to know if foster children, who were either related (km) or unrelated (non-kin) to their caregivers, held full family membership or if they had marginal status in the foster families with whom they were living. We wanted to know the degree to which household members assigned family membership status to themselves and others in the home. In other words, who was considered to be an "actual" family member, who was "like a family member," and what factors influenced assignment of family status. In addition to assignment of family membership status, we also wanted to know the degree to which each person in the home perceived themselves and others as belonging in "the family" and we hoped to ascertain the levels of attachment between and among household members in each home.

Both overt and covert methods were used to investigate the assigned family membership status and perceived levels of belonging for all foster household members, including foster children who were the primary targets of this investigation. We utilized face to face interviews, pencil and paper tasks, and children's drawings to determine participants' legal, assigned, or perceived family membership status and level of belonging in each family. Information was gathered from caregivers and their biological, adopted, and foster children.

The following section provides data related to foster child integration obtained from 45 household members (i.e., 21 caregivers, 13 birth or adopted children, and 11 of the 13 foster children) in 12 homes (6 kin and 6 non-kin) that were involved in this piece of our qualitative data analysis. These 12 homes were chosen from a larger sample of 13 km and 20 non-kin foster homes. They were selected because we had a complete set of data for most members in these 12 households and also because they represented four constellations: (a) three kin families with birth or adopted children in the home, (b) three kin families without birth or adopted children in the home, (c) three non-km families with birth or adopted children in the home, and (d) three non-km families without birth or adopted children in the home.

Family constellation was important because we wanted to know whether the presence of birth or adopted children influenced foster children's integration into family units. Likewise, it was important to understand the degree to which blood relationships between and among foster household members influenced foster children's integration processes in both km or non-km homes.

Family Membership Status As an Indicator of Integration

When investigating family membership status as an indicator of foster child integration, we examined this variable from six angles: (a) who household members listed as family and non-family members; (b) who people talked about when asked to tell about their family members; (c) which members overtly assigned family membership status to themselves and to other people in the foster homes; (d) the degree to which household members separated themselves and others into units while placing sticky dots representing household members on a diagram; (e) what they named the units that they had formed during the sticky dot activity (e.g., family, friends, or visitors etc.); and (f) which members matched their family type to a two-part model that either included or excluded foster children from the family unit. When possible, we asked for further explanation about their perceptions or behaviors.

Listing Family Members. Early in the initial interview with individual caregivers and children in each foster household, participants were asked to verbally list the first names of "all members of your family who live with you." In each case, researchers noted whether foster children were listed as family members by the caregivers, birth or adopted children, and other foster children in the home. We also noted whether household members, particularly foster children, listed themselves as family members.

All 21 caregivers listed their "family members" by name. All caregivers listed themselves and their spouses. Caregivers with birth/adopted children in the home (n = 10) listed each of "their own" children. In addition, five caregivers who had grown children also listed absent birth or adopted children as family members or asked if they should be included.

Nine of the 21 caregivers initially included foster children when listing family members. Five of these were kinship caregivers. One caregiver included a foster child, but first asked if a foster child should be

included. Eleven caregivers did not include foster children as members of the family. Four of these were kin caregivers (Three did not have birth children in the home).

Of those who did not initially include foster children as family members (n = 11), four caregivers (3 km and 1 non-km) added foster children later in the conversation. When asked if any non-family lived in the home, the nine caregivers who did not initially list foster children as family members classified foster children as non-family. Eight of those nine were non-km caregivers. Surprisingly, six of them did not have children of their own and yet they did not perceive foster children as family. The remaining one was a kin caregiver with birth children in the home.

Without prompting, ten of the 11 foster children mentioned their biological families throughout the interview. When asked to list family members, no foster children listed themselves as family members in their foster home, although in other parts of the interviews, one long-term foster child did consider her /himself to be a family member. Foster children in kin homes acknowledged throughout the interview process that they lived "with family." Several foster children in non-km homes made it clear throughout the interviews that they were not part of the family in which they were residing, but readily acknowledged their biological families as their "real" families.

Assigning Relationships. Individuals were asked about the relationships of each person listed earlier as a family or non-family member. A variety of responses were given by each participant group. Caregivers assigned 'spouse,' 'husband,' 'wife,' 'my wife,' 'my husband,' to their partners. They called their biological and adopted children 'my son,' 'my daughter,' 'my oldest son/daughter,' 'my children,' 'my own children,' 'my biological son' 'my biological child/ren.' Foster children were called 'foster,' 'a foster,' 'foster child,' 'foster children,' 'foster daughter,' 'our foster child,' 'stepdaughter,' or 'grandson/granddaughter.' Foster children called others in the foster family 'my foster mom,' 'foster mom,' 'mom,' foster dad,' 'the foster dad,' 'weird foster dad,' 'dad,' 'grandmother,' 'grandfather,' 'aunt,' or 'uncle.' There was less hesitation when assigning relationship to members in kin homes. Apparently km relationships were easier for children to sort out or to verbalize.

Talking About Family Members. Covert questioning to assess the family membership of foster children included asking caregivers to "tell me about each of your children, including their ages and gender" and then noting which children were included in their descriptions. To clarify the relationship of each child in the home to each informant, participants were also given an opportunity to specify whether each one mentioned was a biological, adopted, step child, or related or unrelated foster child. Following caregivers' demographic information about "your children," caregivers were asked, "Are there other children in the home that you have not talked about?"

When caregivers were asked to tell about their children, both birth/adopted and foster/relative children were included. In general, caregivers related information about children from the oldest to youngest, regardless of whether the children were biological, adopted or fostered. Caregivers in both kin and non-km homes with birth children in the home more frequently talked about their birth children first, then discussed their foster children.

After gathering demographic information about all children in the home, caregivers were asked to tell "more about each child in your home" including information about hobbies, activities and personality. Researchers also provided time for relaying any general comments caregivers wished to share. Researchers were interested in the level of specificity that was shared about each child and the degree to which shared information was positive or negative in nature. As a basis of comparison, caregivers were also asked about adults other than a spouse who lived in the home, such as extended family members, housekeepers, international students, or boarders.

Caregivers were sensitive to children's needs and seemed well aware of their positive and negative traits. Caregivers were more inclined to view birth/adopted children, foster children who were about to be adopted, and related foster children more positively. With few exceptions, foster children living in homes without birth children and in relative placements seemed to be better understood by their caregivers and their negative traits were more frequently balanced with positive aspects of their personalities or behaviors. Overall, female caregivers were more critical of unrelated foster children than were male caregivers.

Separating Household Members into Units. After the initial two to three hours of interviewing, researchers asked consenting foster household members, ages 10 and over, to complete a four-step Family Integration Task. This project-developed exercise provided opportunity to directly ask each person to distinguish between family members and other people who may have been living in the household, but who were not considered to be actual members of the participant's family. It also enabled researchers to determine each household member's assigned or perceived family membership status and to see if steps were being taken to more fully integrate anyone who may have had marginal membership.

The Family Integration Task used the placement of sticky dots on a diagram to differentiate family members from non-family members. The diagram consisted of a circle inside a rectangle, such as the one shown below. It was printed on an 8-1/2 x 11 sheet of white paper.
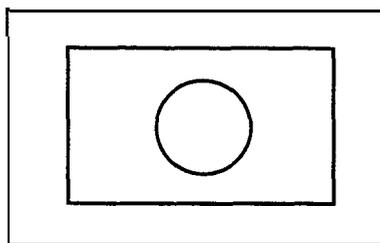
In Step 1, respondents were asked to put a sticky dot representing each person in the house (a) in the circle if they were a family member, (b) in the inner rectangle portion if a person lived in the house, but was not considered to be a family member, or (c) elsewhere in the white space outside the inner rectangle if they were not part of the family or the household. Prior to handing respondents each sticky dot, data collectors coded the sticky dots with identifiers for each household member, i.e., CG1 for the primary female caregiver, CG2 for the second caregiver, BC1 for the oldest birth or adopted child, and FC1 for the oldest foster child, etc. Respondents were told to place each coded sticky dot on the diagram "in a way that shows me where **each** person in the household fits right now. They may be close in the circle or they may be far away."

To test each person's ability to distinguish individuals from each potential status group (i.e., in the family, in the household, or neither), respondents were also asked where they would place several people not actually representing anyone who had ever lived in the home or individuals expected to live there in the future. These included the mail carrier, an Avon representative, a live-in housekeeper if one were hired, a former non-specific foster child, an exchange student, or a relative (e.g., mother-in-law, great aunt, etc.), all of whom were not currently living in the home. They were also asked where they would place a brand new unrelated foster child (whom they had never met) upon arrival.

All household members readily demonstrated an understanding of the task at hand. Household or family members were readily differentiated from the mail carrier or the sales representative who did not reside in the home. Even young children could easily place the sticky dots in areas that, for them, represented the status state of each person living in the house (e.g., family or non-family member).

Naming the Units. After **respondents** finished placing their sticky dots on the diagram, they each were asked to think about those they had placed in the circle and to tell the interviewer the word or phrase that best described the people who had been placed in the circle (e.g., family, nuclear family). Respondents were also asked to give one word that best described the entire group of people in the circle as well as those in the rectangle (e.g., family, household, foster family).

In the Center Circle. Thirty-nine of 45 respondents utilized the word 'family' in their description. Twenty-two participants described the people in the center of the circle as simply "family." These responses did not differ across kin and non-kin homes. Seventeen additional descriptors were used that incorporated the word 'family' (e.g., my family, our family, your family, the family, nuclear family, close family, direct family).

All but two caregivers used some version of the word "family" to describe the unit in the center. One caregiver said the unit was "the sheltered ones" and another said the unit represented "the people I am responsible for." Two foster children and one birth child included the word "relatives" or "related" in their description. Two of these three children were from kin homes. One foster child identified the unit as

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Family Policy Program, Oregon State University
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"the family" meaning that the unit consisted of only **caregivers** and their birth or **adopted children. One** foster child did not **know** what to call the center unit. Eight foster children who **responded included** themselves in the center circle unit as part of the family. Of those eight, four were non-kin and four were related foster children. However, only two foster children in non-kin homes with birth or adopted children included themselves in the center circle.

In the Rectangle. Next, participants were asked, "What do you call the people in the house?" Thirty-one descriptors were used to give meaning to all the people living in the whole household. Nine descriptions were some form of the word 'family' or 'relatives' (e.g., family, my family, the family, a family, foster family, extended family, family unit, relatives). Other descriptors were used to differentiate the family members from others in the home (e.g., family plus help, family and friends, family and relatives, family and people who live here, family and people getting close to being family). Other phrases used were less personal in nature (visitors, household, people in my house, people I know and live with, or dependents). Table 1 below provides an overview of the distribution of responses across kin and non-kin homes as well as those with and without birth or adopted children living in the homes.

Table 1. Respondents' Names for the People in the Household Unit.

Variables	Non-Kin						Kin					
	with BCs			without BCs			with BCs			without BCs		
	CG	BC	FC	CG	BC	FC	CG	BC	FC	CG	BC	FC
Extended family/Relatives				1			1					1
My household/Household	1	1										
My family/Family	2	2		1						2		
Family unit/A family				1			1					
Part of the family/The family	1			1								
People in my house/the house/home		3						2				
Family plus others			1	1		2	2	3	2	2		1
Foster family			1									
Friends/Visitors		1	1					2				
People I know & live with									1			
Dependents	2			1					1	1		
Don't know				1		1	1			1		

(Note: In Step 2 of the Family Integration Task, researchers encouraged respondents to draw an alternate diagram that described their family better than the diagram provided in Step 1. Very few respondents chose to draw an alternate diagram. The data gathered from those who chose to draw an alternate diagram is beyond the scope of this analysis.)

Choosing a Family **Type that Includes or Excludes Foster Children.** During the final phase of the last interview, each household member was shown a project-developed Family Configuration Diagram that represented two types of families. In Figure A, small circles representing caregivers and their biological/adopted children were placed together inside a larger circle that was centered. Small circles representing foster children were placed in a space outside the centered circle. In Figure B, small circles representing caregivers, biological/adopted children and foster children were all placed in the center circle. Each respondent was asked to identify which of the two diagrams best depicted their family/foster family. See the diagram on the following page.

Caregivers' Perspectives. Six caregivers initially chose Figure A, which depicted caregivers and their biological/adopted children as **units** separate from foster children. The remaining 14 caregivers chose Figure B, depicting foster children as part of the same family units, equivalent in family membership status to the caregivers' birth or adopted children in each family.
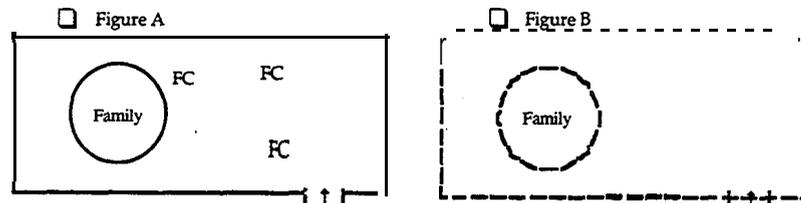
After choosing between Figure A or Figure B, caregivers were asked if foster children were treated like actual family members. Sixteen of 20 caregivers answering this question gave an unqualified 'Yes.' One of the remaining four said 'No' because foster children were not the same as "our own" and three said 'yes,' but had some reservations.

One caregiver explained that it was difficult to treat foster children the same as birth or **adopted** children because foster children put up walls that make it hard to get close to them. Two other caregivers said that they tried to treat foster children as much "like family" as possible and thought they did so most of the time.

When asked if they perceived foster children as "actual family members" eight non-kin caregivers responding to this question said 'no' and two non-km caregivers said 'yes.' Two non-km caregivers **said** 'sometimes.' The two non-km caregivers who said 'yes' were both in the same home. They did not have biological or adopted children. All kin caregivers answering this question said 'yes.' One of the kin caregivers who viewed foster children as actual family also said that even though foster children were considered actual members there was still a separate nuclear family in the same house that excluded foster children. Five of the nine remaining kin caregivers also indicated this during informal conversations. Two kin caregivers who were adopting a foster child and had no birth or adopted children did not see themselves as a separate unit. Reasons given by km and non-kin caregivers for not viewing foster children as actual family members were because (a) "they have no history with us," (b) "they will not be here forever," (c) "they have a future without us," (d) "they have real parents," and (e) "they are not legally our own."

Birth and Adopted Children's *Perspectives.* Eight of the 13 birth or adopted children in the study chose Figure A which depicted foster children as separate from the core family members. One child said their family was "half-and-half," and the other four children initially said their families most resembled Figure B which perceived foster children in the same way as birth or adopted children.

When birth and adopted children were asked if foster children 'actually were family' or 'just treated like they were family,' no unrelated foster children were perceived as actual family members. Surprisingly, three of seven children in kin homes said that the related foster children who lived in their homes were not actually family. This was especially true in stepfamilies where the foster child/ren were related to the stepparent of the participating birth or adopted children, but were not related to the participating children's biological parent.

Foster Children's Perspectives. Six of the 11 foster children chose Figure B, meaning that they perceived themselves as being equal in every way to the core family members in their foster home. Three foster children thought their foster family was a combination of Figures A and B. Only two foster children thought their foster family was closer to Figure A, meaning that foster children were perceived or treated differently than birth/adopted children or other family members.

When ten foster children were asked if they were actually family members, all four children in kin homes said 'yes.' In addition, four of the six children in non-km homes also said 'yes.' Interestingly, those four children were in homes without birth or adopted children. One of those children said that s/he knew that s/he was an actual family member because s/he "lived there."

Levels of **Belonging in the Family as an Indicator of Foster Child Integration**

As the second indicator **of** foster child integration, we examined level of belonging from two perspectives: (a) assigned levels of belonging, and (b) perceived levels of closeness between and among various foster household members. We used a O-10 Likert-type scale to assess this variable.

Assigning Levels of Belonging. In Step 3 of the Family Integration Ta

assign a number from 0 to 10 that most represented each household members' level o

including themselves (0 = a complete stranger; 10

accounts for the number that you assigned to each person?"

All members except the foster children in five of the six kin and non-kin

adopted children were assigned high levels of belonging (8 to 10) by all household

these homes. The remaining family was a kinship stepfamily in which two separate

said to exist: (a) the mother and her children, and

siblings who did not participate in this study were assigned lower levels of belonging

birth or adopted children in the home. Sadly, the participating caregiver assigned a

indicating that s/he and her/his birth/adopted children did not belong in the spou

that family, the participating caregiver assigned the foster

the spouse and thus qualifying as a full member of the spouse's family. The foster ch

perceived as a member of the participating caregiver's family.

Foster children's level of belonging assigned by others ranged from 2 to 1

two participating caregivers, female caregivers always assigned a lower level of bel

feel emotionally closer to each other than they do to people who fit in the other circles. Likewise, people in the other circles feel less close to the people in the middle. Some people may not fit into any of the circles because they do not feel emotionally connected to the family. These people would fit in the area outside the circles."

After this introduction to the activity, sticky dots coded to identify each household member were handed to each respondent as was done in Step 1. They were first asked, "Where would you place yourselves on the diagram?" and later asked, "Where would you place your family members on the diagram?"

In non-kin homes, three unrelated respondents included everyone in the home in the center circle. Eleven of 21 household members placed only members of the original (core family) in the center circle. Eight people in two of the 12 homes included only a specific foster child in the center with core family members. One foster child was about to be adopted; the other foster child had been in her/his home for several years. The caregivers in that home had legal guardianship of their foster child and the child used their name even though s/he was not legally adopted.

Researchers were curious as to how household members decided who was family and who was not. When asked, "What does it take to be a member of this family?" caregivers, birth, adopted and foster children listed a number of variables. Their responses are summarized in Table 2 below. The table also indicates the similarities and differences seen between the responses of caregivers (CG) birth or adopted children (BC) and foster children (FC) in kin and non-kin homes, including those with and without birth or adopted children.

Children thought family membership came about in at least one of six ways: (a) legal processes, (b) length of stay, (c) level of closeness or attachment, (d) blood relationships, or (e) presence in the home. Caregivers thought family membership evolved from: (a) legal processes, (b) desire, (c) choice, (d) blood relationships, and (e) length of stay or expected permanency. Family membership was also influenced by various traits or behaviors. Factors influencing family membership are summarized in Table 2 below which depicts participants' responses in kin and non-kin homes.

Table 2. "What does it take to be a member of this family?"

Variables	Non-Kin						Kin					
	with BCs			without BCs			with BCs			without BCs		
	CG	BC	FC	CG	BC	FC	CG	BC	FC	CG	BC	FC
Physical presence in the home/Live here/Walk through the door	X			X			X					
Need for the family/Desire to be part of the unit	X			X					...			
Decide/Choose to be part										X		
Birth or legal processes /Marriage, adoption or other permanent plan	X									X		
Be extended family or assembled family							X					
Familiarity							X					
Participation./Team cooperation.	X									XI		
Positive qualities/Kindness, consideration, understanding, caring, giving/Focus on others, not just self	X									X		
Demonstrate respect and ability to listen to others										X		
Demonstrate flexibility										X		
Obey rules				X								
Acceptance of us				X								
Mutual admiration				X								
Time/Length of Stay				X								
Expected permanency				X								

As noted in Table 2 above, presence in the home was stated by caregivers as the single most popular way that someone could become a member of the family in three of the four family configurations. In kin homes without birth/adopted children it took more than mere presence in the home to be called family. In these homes, caregivers were most often older caregivers. To be a part of these families a child had to be related. These caregivers were not willing to care for children who were not one of "their own."

Quality **of Care**

Quality of care can be difficult to define and even more difficult to assess. In this study, we probed several variables believed to influence quality of care in foster homes for children ages 10-18. Variables were: (a) children's behavior, (b) the impact of caregiving on the care provided, (c) goodness of fit between caregivers and children, and (d) boundary setting and maintenance. As indicators of quality of care, we examined household members' use of time, space, resources, and language. Our inquiry was conducted in six and six non-km **foster households. One half of the homes had birth or** adopted children as well as foster children. Our findings related to factors influencing quality of care is presented in the paragraphs below, followed by the results of our examination of time, space, resources and language in each home.

How Children's Behavior Affects Quality of Care

In previous discussions with foster caregivers, members of our research team learned that children's behavior can have a positive or devastating affect on the care children receive. We wanted to know the degree to which children's positive or negative behaviors influenced the care provided by foster caregivers in km and non-km foster households. We also wanted to know whether **caregivers'** perceptions of children influenced the care they provided. First, we asked caregivers to tell us how easy or hard they thought it was to provide care for their birth, adopted and foster children and why they thought is was easy or hard. Later we asked a number of questions about the children themselves. We also asked consenting children over age 10 about which children they thought were the easiest to be around and the most difficult. Findings are presented by question below.

How Easy or Hard is it to Provide Care? Why? In general, eight of the ten caregivers with birth children found it easier to take care of their birth/adopted children than their foster children. Reasons given included birth/adopted children's sense of responsibility, acceptance of caregivers' authority, pleasing personality, ability to be caring toward others, and the perceived notion that birth/adopted children "need very little attention." On a scale of 1-6 (very difficult to very easy), caregivers' mean score for the level of ease of care for birth/adopted children, regardless of the age of the children was 5.2 (easy to very easy). By contrast, their mean score for care of foster children was 3.4 (somewhat difficult to somewhat easy) for older foster children and 4.0 (somewhat easy) for younger ones.

Kin caregivers' perceptions of the ease of care provided for related children was more positive than for caregivers of unrelated children. Two of the four kin caregivers with birth children said that it was either very easy or easy to provide care for both their birth and foster children, in spite of the fact that one of their foster children was severely handicapped. The two remaining km caregivers with birth children found their foster children more difficult to care for than their birth children, in part because of behavior problems or learning disabilities. Although they had difficulties managing their foster children, one of these families planned to adopt their foster child.

Overall, both km and non-kin caregivers without birth children found it easier to provide care for foster children than did caregivers with birth/adopted children in the home. Although their foster children displayed learning disabilities and behavior problems, caregivers' mean score for level of care for foster children was 4.2. Kin caregivers found it easier (4.6) than non-km caregivers (3.8) to provide care for their foster children.

Things that made it easier for km caregivers was their foster children's abilities to get along with others, their willingness to learn, positive personality traits, and respect for authority. Non-km caregivers found it easier to work with foster children who were compliant and undemanding, but found it hard to provide the level of supervision and guidance required for children with behavior problems.

Caregivers in one home found that having only one foster child in the home was time intensive because, with no playmates in the home, the caregivers were obligated to meet all the child's social needs. Caregivers of unrelated foster children found some foster children were difficult to reason with and found it hard to communicate with them. They said their foster children had obviously had difficult lives, having had little experience with boundaries and responsibilities, which caregivers found difficult to tolerate. Some also found it hard to cope with complaints, as well as excuses, given by foster children when they failed to be responsible.

Kin caregivers were aware of their foster children's backgrounds and, in general, were more tolerant of their shortcomings. Younger foster children, particularly females, were the easiest to manage. However, older caregivers found it somewhat tiring to keep up with the energy level of younger children.

Which Child **Is Easiest to Be With?** Next, we asked caregivers which children in their homes were the easiest to be with and the most difficult to discipline. Across all homes with birth/adopted children, female caregivers chose a birth or adopted child as the easiest to get along with and chose either the same or a different birth/adopted child as the easiest to discipline. The chosen children ranged from the eldest in a family to the youngest child in another. For female caregivers, the easiest child was generally the first-born or a female child.

Birth/adopted and foster children also were asked about other children in the house in terms of who was easiest or most difficult to be around and why. All but one of the 13 birth/adopted children said that another birth child (often the oldest or youngest one) was the easiest child. No children said that they themselves were the easiest ones. One adult birth child said a younger foster child was the easiest in the household.

Reasons given for why children were perceived as the easiest child to be around included:

- length of relationships or stay in home
- similar interests and shared activities
- demonstrating social skills and congeniality
- being close in age
- demonstrating quiet behaviors
- having a calm personality

Which Child Is Most Difficult to Discipline? For female caregivers, the most difficult children to be around were more often birth/adopted children rather than foster children. Those children were more frequently teen males who were seeking independence from their mothers. According to caregivers, the most difficult children to discipline were foster children. The most frequently cited reasons were that foster children (a) know it all, (b) are not accountable or deny actions, (c) do not care so discipline is ineffective, (d) are focused on self, or (e) the child does not listen. The birth or adopted children who were also perceived as difficult to discipline were considered stubborn or inattentive.

In homes with birth or adopted children, male caregivers considered their "own" children as the easiest to be with and easiest to discipline. In homes without birth or adopted children, male caregivers in non-kin homes found foster children to be the most difficult to be with and the most difficult to discipline. Non-kin foster children were considered difficult because they were (a) openly defiant or argumentative, (b) non-communicative, or (c) slow to comprehend.

For the most part, all children in kin homes were considered easy to be with and any discipline problems were readily overlooked because the reasons for them were well understood. In general, men had fewer problems with children or perhaps were less aware of existing problems.

Most generally, the oldest foster children in each home were perceived by birth/adopted children as the most difficult children. In two non-km homes, the first born birth/adopted children were perceived as the most difficult by their younger siblings.

The reasons some children were perceived as more difficult were:

- aggressive, cantankerous or disruptive behavior
- poor communication skills
- cranky or superior attitude
- younger age
- mental disabilities
- withdrawn or distant behavior
- different interests
- less involvement in activities

Challenging **Aspects of Children. Caregivers were asked what** was challenging about each child. For the most part, caregivers with birth/adopted children disliked disobedience, independence, stubborn and

opinionated attitudes, tempers, narrow-mindedness, and boredom in their older children. They disliked laziness and lack of responsibility in their younger ones.

Challenging aspects of older foster children were more often related to behavior problems such as (a) lying, (b) exaggerated medical/physical problems, (c) eating disorders, and (d) an unwillingness to let go of things related to their "real mother and father." They found independence, outspokenness, assertiveness, and stubbornness the most challenging aspects of young foster children.

Unrelated caregivers without birth/adopted children found it challenging to (a) know how to teach foster children; (b) cope with poor table manners; (c) tolerate arguing, contrariness and moodiness. Kin caregivers without birth children found it difficult to answer this question. Their only difficulties seemed to be finding ways to better encourage and support their older km foster children and to teach them social skills. One child was reportedly a bit egocentric and could not follow directions very well, but the child was perceived as a delight and not much of a challenge.

How the Impact of Caregiving Affects Quality of Care

To assess the impact of foster caregiving on caregivers and to gain insight into how the impact of caregiving affects the quality of care delivered, we asked caregivers how foster care had affected them and the children in their homes. We also asked them to describe their families before and after foster caregiving began and to tell us how they felt about any changes that may have occurred.

How Has Foster Care Affected **You and Your Family?** Caregivers were asked how foster care had affected them, their spouses, their birth or adopted children, and their foster children. Overwhelmingly, caregivers perceived themselves and foster children as being positively affected by the experience. Only two female caregivers said that caregiving was a negative experience for them. For one woman this was primarily due to the extra work involved and the expense of caregiving. Being confined more to the house was also troubling for this woman. For the other woman, her distress was primarily due to the child's negative behavior, the impact of those behaviors on her biological family and her fears that SCF would remove the related child before she could adopt her/him.

Things that positively affected female caregivers were (a) having a sense of purpose, (b) the knowledge that they were making a difference, (c) enhanced personal growth and development, (d) an ability to develop job skills, (e) a broader world view and increased awareness of the plight of others, and (f) never having had children before and being in the process of adopting foster children.

Male caregivers felt positive effects of foster care on their spouses. They reported (a), gaining greater levels of compassion, (b) improved skills, and (c) greater levels of involvement. Male caregivers indicated that foster children filled a void for their spouses caused by the empty nest syndrome of children.

Four of 15 caregivers indicated that foster care had somewhat of a negative impact on their spouses. Three said that increased discipline problems, more family conflicts, and greater levels of stress negatively impacted their partners. One woman said that her spouse felt left out and subsequently made the rest of the family feel guilty about providing foster care.

Caregivers reported higher negative impacts on their birth/adopted children than on their foster children. They said that foster care more negatively impacted their birth/adopted children when foster children first arrived and gradually over time the experience became more positive. Negative aspects of foster care for birth/adopted children included experiencing (a) jealousy; (b) hurt feelings; and (c) confusion, anger and sometimes rage, primarily over having to share essential resources and space and less privacy. After an adjustment period of up to two years, caregivers believed that their birth and adopted children benefited from having foster children in their homes. They thought that their children learned to value differences, became more flexible and enjoyed having other children with whom to play.

Caregivers thought that the impact of foster care on the foster children in their homes was primarily positive, although two caregivers reported that frequent moves in foster homes negatively impacted two of the 11 children who participated in this study. Foster care was believed to be positive because foster children were able to (a) feel good about the placements, (b) identify with other foster children in the home, (c) feel a sense of welcoming and security, (d) experience positive behavior change, and (e) receive opportunities not previously available to them. One km caregiver also said that being allowed to live with relatives, rather than with **strangers,** was a bonus.

How **Has Your Family Changed and How Do You Feel About the Changes? Caregivers were asked** to describe their families before and after caregiving. When asked how caregivers felt about the changes that had occurred since **caregiving** began, there were mixed feelings. Seven of 12 caregivers answering this question felt more negative than positive about the changes that had occurred. All but one of the caregivers describing negative feelings were those with birth or adopted children in the home. For families with birth children, most negative assessments stemmed from the loss of closeness they experienced with their birth/adopted children because foster children's needs were time-consuming and at tunes overwhelming. Although they felt the experience netted them greater knowledge and skills, they found time constraints difficult and missed moments alone. Overall, the knowledge that they were helping children gave them **a sense** of purpose and gratification, but at times they were discouraged. One long-term caregiver who had fostered over 200 children said that the primary differences between 'before' and 'after' foster children was their family's concerns for personal safety and hence their overly cautious stance related to impending diseases and strong needs for boundary setting.

Birth and Adopted Children's Perspectives. Eleven of 13 birth children responded when asked about changes that had occurred in their homes since foster children arrived. Five were in non-km homes. Things were described as more peaceful, happier, more prosperous, and less chaotic prior to foster children's arrival. All but one of these birth children described the differences after the arrival of foster children primarily in negative terms. The only birth child to describe changes in positive terms was an older one who mentioned that there were extra groceries and sugared cereal after a foster child came to live in the home. Marked differences after the arrival of foster children included:

- less attention paid to birth/adopted children and more focus on foster children
- changes in communication patterns
    - ~ more yelling by Mom
    - ~ more caregiver and family fights
    - ~ fewer conversations between siblings
- less money and things
- changes in food
- TV was used less as a baby-sitter
- birth/adopted children have to baby-sit foster children
- less feelings of happiness and peace
- less money paid for chores
- more baby toys and baby stuff all over
- morenoise
- shared space
- need for more privacy after
- less time in bathroom after

when asked how the birth/adopted children felt about the differences they saw, all the children attempted to soften their responses and say that things were okay or would eventually work out. Five of the 11 children indicated that they were angry, sad, or fed up with the whole arrangement. In other portions of the interviews, birth and adopted children's hostility or deep sadness surfaced again. The remaining six children shared their ambivalence about the situation. On one hand, they were tolerant of foster children's presence, but desired more space, privacy, and access **to** attention and resources that were theirs prior to foster children's arrival in the home. Most expressed longing for the way things used to be or at least the way they remembered things were. On the other hand, several of the children had adapted to the changes and felt okay about having children in the home. In one kinship family, the birth children were open-hearted and gracious to the related foster children, but the birth children could hardly wait for the foster children to be m-united with their biological family. In spite of the hardships, children in kin homes preferred having foster children with them rather than having them placed with "strangers."

Foster Children's Perspectives. When foster children were asked about changes that had occurred in their foster home since their arrival in the home, several foster children discussed changes that made them feel a bit guilty about being there. One foster child in a kin home worried that her/his presence in

the home distanced the other household members from each other. S/he also said it was hard for the others to "let me into their circle."

One foster child in a non-kin home believed that her/his foster family had changed **dramatically** since her/his arrival in the home. For this child, getting a new foster child was "like **getting** a whole new set of clothes. You have to figure a way to get the old clothes clean without a **proper washing machine.**" In one home, one child said that since their arrival, their **caregivers** had more to worry about than just bills and work. The other child in the home indicated that caregivers had to make **changes** in their activities because they had foster children to care for. In essence, foster children perceived themselves as somewhat of a burden, in part, because the stresses of caregiving prompted caregivers to share the hardships they were facing. Sometimes, they shared this information within the earshot of foster children who interpreted the information to mean that they were a burden.

In general, children in non-kin homes seemed less distressed over the presence of foster children than those in kin homes. Researchers' observations indicated that lower incomes, smaller homes, and children with more severe disabilities may have accounted for some of the additional pressures felt by **children** in kinship homes. Stipends paid for children placed with relatives were considerably less than stipends given to non-kin caregivers, which made it very difficult for kin families, especially those with several birth or adopted children living at home.

Is Foster Care Mostly Good or Mostly a Hassle? To ascertain children's perceptions about foster care, we asked them whether foster care most often felt 'good' or most often felt 'like a hassle.' Children were candid in their responses, especially children in kin homes.

Birth and Adopted Children's Perspectives. When asked whether foster care most often felt 'good' or 'like a hassle,' birth and adopted children had mixed feelings. Seven thought it was most often 'good.' Five thought it was most often a 'hassle.' Two children thought it was both 'good' and a 'hassle.'

Things that made foster care **good** were that it:

- provided opportunities to make new friends
- was enjoyable to help children who needed help/helps get children off the street
- helped foster children feel better about themselves and that felt good to birth/adopted children
- provided a playmate or company
- helped out a relative which felt good

Things that made foster care seem like a hassle were:

- disobedient or annoying foster children
- foster children's attempts to form intimate relationships with birth/adopted children
- too much responsibility
- less access to mother /feelings of jealousy
- too much time and effort was required to care for foster children
- canceled plans/increased boredom
- personal problems/more arguments
- less space/shared space
- excessive rules
- broken things
- having to baby-sit foster children
- excessive paperwork needed for child adoption

Foster Children's Perspectives. When foster children were asked whether foster care most often felt 'good' or most often felt 'like a hassle,' all 11 foster children mentioned. positive aspects such as (a) having a safe, stable home to live in, **(b)** being with a caring family that listens and responds to needs, (c) being able to live with people they know, (d) being in a house with fewer problems and more resources, and (e) being able to live with a loved sibling rather than being separated.

Things about foster care that seemed like a hassle were (a) not being with her/his own family, **(b)** feeling sad and wanting to go home, (c) having more and stricter rules, or (d) getting into trouble or being yelled at. Five foster children could not think of anything about foster care that was a hassle.

How Goodness of Fit Affects Quality of Care

The literature indicates that people who are similar to each other find it easy to get along and often seem attracted to and eventually bonded to each other (Knapp, 1984). Often members of a bonded units share common characteristics, values, beliefs and attitudes. Sometimes they do not. Differences can be a source of pleasure, humor, respect, or inspiration. However, when values, beliefs and attitudes collide, differences can also be a source of irritation, anger, ridicule, or stereotyping. In this study, we were interested in the degree to which foster household members were similar or different in their characteristics, interests and values. Specifically, we wondered if foster children were viewed as similar or different from other people in the homes and if findings would differ in kin and non-kin households. The primary goal of this part of our investigation was to determine if the quality of foster children's care was impacted because of perceived similarities or differences. The following paragraphs provide a summary of our procedures and our findings.

How Well Are You and Your Foster Children Matched in Terms of Interests and Personality? To better understand individuals' personalities or characteristics we asked each person to assign three words that best described themselves and to give three words that others would use to describe them. Kin caregivers felt more matched to their foster children in terms of interests than did non-kin caregivers. When asked to score how similar their interests were on a scale of 1-5 (1 = 'not at all;' 5 = 'lots'), the mean score of kin caregivers was 4.0 ('quite a bit') whereas the mean score for non-kin caregivers was 3.0 ('somewhat').

When asked to score how well they thought they were matched in terms of personality, 13 of 21 caregivers answering this question thought their personalities matched less well with their foster children's personalities than did their mutual interests. The more attached they were to the foster children, the more similar caregivers perceived themselves as being in terms of personality. Kin caregivers were more likely than were unrelated caregivers to think that their foster children's personalities were either 'lots' or 'quite a bit' like their own.

Non-kin caregivers without birth children enjoyed (a) teaching their foster children, (b) time spent together, (c) happy and contented moods, and (d) a good sense of humor. Kin caregivers like (a) watching positive changes occur, (b) affection displayed, (c) playful and venturesome personalities, (d) intelligence and school achievement, and (e) the opportunities to "spoil" the children. The eyes of kin caregivers without birth children lit up when they talked about their foster children. Their lives revolved around the children and they seemed to receive unmeasurable enjoyment from having related children in the home with whom they could share common interests.

How Well Are You and Your Foster Children Matched in Terms of Value Systems? To ascertain caregivers' primary values we asked them what was most and least important to them and what the wanted most for their children. To determine if and how their values were the same or different from children's in their homes we asked them to explain how their values were the same or different from each child. To assess the impact of any differences on quality of care, we asked how they handled situations in which their values or beliefs were different, challenged, or ignored by children.

Kin caregivers thought their foster children's value systems were more like their own than did unrelated caregivers. Only two non-kin caregivers felt their foster children had similar values. The remaining non-kin caregivers felt their foster children's values were primarily different from theirs. In both kin and non-kin homes, level of attachment did not seem to affect caregivers' perceptions of the match between their own values and those of their foster children. Foster children could be perceived as having very different values from their caregivers and yet be highly attached. Likewise, foster children with many behavior problems who were not viewed as being very attached to their caregivers were considered to have very similar value systems.

No birth or adopted children in either km or non-kin homes were perceived as having values and beliefs that differed from those of their parents. Foster children in non-kin foster households were most often perceived as having values and beliefs that were different from the caregiving families or were perceived as incapable of having values or beliefs. By contrast, five of six foster children living with relatives were perceived as having values and beliefs that were the same as the caregiving families.

How Well Are Foster Children Adjusted to the Home? Caregivers were asked the degree to which foster children were adjusted in their foster homes. Twenty of the 22 caregivers answered this question. Of those, only one thought their foster child was highly adjusted to their home. Nine thought the children were adjusted quite a bit and five thought their children were somewhat adjusted. Four children in three homes were considered either adjusted "hardly any" or "not at all." Interestingly, these three homes had ceased taking foster children by one year after these data were collected.

Caregivers were asked various things about each child in their homes. They found pleasure in their birth/adopted children's (a) laughter and sense of humor; (b) talents and interests; (c) personalities and traits; (d) joint activities and time spent together; (e) good behavior, including cooperation and willingness to help; and (f) the enjoyable parts of themselves that were reflected in their children. Caregivers with birth children enjoyed their older foster children's (a) smiles and sense of humor, (b) initiative, (c) mothering and leadership abilities, (d) even-tempered personalities, (e) adaptability, (f) willingness to help, and (g) time spent together. Younger foster children were enjoyable based on their (a) positive, happy personalities, (b) physical attributes, (c) independent attitudes which were perceived as cute, and (d) time spent talking and having fun together.

How Well Do Foster Children Fit into the Household Routine? When asked how well foster children fit into the household routine, most caregivers (14 of 19 caregivers) answering this question felt that foster children fit either 'lots' or 'quite a bit.' Foster children who were perceived as fitting less well into the household routine were in homes with birth children. The two foster children who were perceived as fitting in only 'somewhat' or 'hardly at all' were both in homes with three or more birth/adopted children.

The Impact of Boundary Setting and Maintenance on Quality of Care

Researchers were interested in the degree to which boundaries were set and maintained in kin and non-km homes and how much children recognized and obeyed set rules. We asked all household members about the rules that had been established in each home and the degree to which each child in the homes obeyed the rules. Four categories of rules were explored in the 12 homes. These were rules governing the use of: (a) space, (b) time, (c) resources, and (d) language. Safety was also discussed in some homes where safety rules had been established.

We were also interested in the level of equity demonstrated in the enforcement of rules and in the consequences for breaking rules. We examined the evolution of rules over time, when rules became more or less strict and if rules changed when someone new entered the home.

Rule Compliance. Fifteen of the 21 caregivers (9 females and 6 males) responded to questions of how much birth, adopted and foster children obeyed household rules. In general, male caregivers were more likely to view birth children as less rule compliant than were female caregivers. Caregivers were closer in their perceptions of foster children's compliance to household rules.

Specifically, nine of 13 birth or adopted children were perceived by their mothers as obeying rules either "lots" or "quite a bit" of the time. Only one birth child was believed by her/his mother to obey rules only "some" of the time. By contrast, none of the six fathers perceived their birth/adopted children as obeying rules "lots" and only one birth child was perceived by a father as obeying rules "quite a bit." Fathers perceived three birth/adopted children as obeying rules "some" of the time. Two birth or adopted children were said to obey rules "hardly any" of the time.

One male caregiver perceived his foster child as obeying rules "lots" and three foster fathers thought their foster children were rule compliant "quite a bit" of the time. Only three foster children were believed by any caregivers to obey rules only "some" of the time. Most caregivers thought foster children were rule compliant either "lots" or "quite a bit" of the time.

Consequences for Ignoring/Breaking Rules. Next, caregivers were queried about the consequences of birth, adopted and foster children ignoring or breaking a rule. Caregivers responses to disobedience were similar across kin and non-km homes. Types of discipline fell into seven categories: (a) clarifying the broken rule or reminding children about the rule; (b) talking out the issue; (c) taking away a favored privilege (e.g., TV, car), grounding or other restriction; (d) natural consequences specific to the rule (e.g., removing a bedroom door that was slammed); (e) punishment not associated with the rule (e.g., writing

when rules were broken by foster children. Minor irritating behavior such as rocking an empty chair and watching it hit the wall was also overlooked when done by birth/adopted children, but was halted immediately when a foster child mimicked identical behavior with the same chair.

Rules Change for New Members in House. Caregivers were asked if rules changed when a new foster child came into the house. This was true for six of the seven caregivers who responded. All but one of the caregivers who changed rules for new foster children were caregivers with birth/adopted children in the home. Reasons for new rules when a new foster children arrived were (a) to accommodate foster children's behavior problems; (b) to formally state "rules" that were otherwise considered common courtesy by birth/adopted children and caregivers, (c) a lack of trust in unfamiliar children and fears that unknown foster children would steal from the original family members, and (d) phone rules were formalized because foster children tried to use the phone excessively upon arrival. One caregiver indicated that the rules about cleanliness became less strict after foster children's arrival because overcrowded rooms were more difficult to clean. Most families had written rules for foster children although only one caregiver mentioned written rules when answering this series of questions. Written rules observed by data collectors in the homes indicated detailed and often lengthy rules outlining expectations for foster children that were not required for birth/adopted children.

Use of Time as an Indicator of Quality of Care

Researchers investigated four aspects of time as indicators of the quality of care in both non-kin and kin homes. These were: (a) types of recreational activities and pastimes, (b) household members' levels of involvement in recreational activities, (c) time spent with caregivers or others, and (d) involvement in household tasks or chores.

Types of Recreational Activities and Pastimes

Caregivers reported household members' involvement in a wide variety of recreational activities and pastimes that were active and passive in nature. Each family had a unique recreation palette from which they periodically, often seasonally, chose activities that some or all members enjoyed. The most popular pastimes-across all families-were (a) day trips, (b) out-of-state travel, (c) camping, (d) participant or spectator sports, (e) eating out, and (f) hunting or fishing.

Non-kin caregivers with birth or adopted children in the home engaged in the widest range of activities. These activities ranged from out-of-state trips to camping in the back yard or running through yard lawn sprinklers. Children in these homes had opportunities to try after school and outdoor sports, including swimming, fishing and hunting. They went to the beach, mountains, movies, the library, community events and church. They experienced concerts, ice shows and the performing arts. Quiet evenings were spent at home enjoying board games, movies and neighborhood walks.

Kin families with birth or adopted children had more limited resources for recreation and entertainment than non-km families. However, children in these homes also participated in a number of activities at and away from home. Favorite pastimes included camping, swimming, boating, water-skiing, and school sports. Children attended family-oriented events such as car shows and swap meets. Some birth and adopted children in these homes were able to go to summer camp or join Scouts. Some family members were involved in events and fund-raising projects in their neighborhoods.

The range of recreational opportunities was even more limited in both kin and non-km families without birth or adopted children living in the home. Activities in which foster children were involved focused primarily on the interests of the male caregiver. Most recreation involved outdoor activities such as camping, fishing and hunting. Although SCF had guidelines around exposing foster children to guns, foster children went bear and elk hunting with a caregiver in one non-km family. Other outdoor pastimes included crabbing and clamming. One family took foster children on educational nature walks.

Household Members' Involvement in Activities and Pastimes

Researchers discovered early in this study that the integration of foster children into caregiving families was based, in part, on the children's level of participation and their willingness to be part of their foster families. Part of family life involved recreational activities and other pastimes. Integration also depended in part on familiarity, mutual admiration and acceptance. Involvement in fun activities and spending time with others in the home were ways that household members could learn about others in the home and have opportunities to develop more understanding or to become more closely bonded.

We were interested in the types of activities in which foster children were involved and their level of involvement in recreation and pastimes with other household members. We also wanted to know the quantity and quality of time that caregivers spent with birth/adopted children and foster children. We were particularly interested in how children felt about the time caregivers spent with each child and also how each child felt about the time caregivers spent with other children in each home.

Caregivers' **Perceptions of Children's Involvement. Not surprisingly,** all children's frequency of involvement depended in part on age **and** need for supervision. Older children were less frequently involved with household activities, in part because their interests lie elsewhere. The younger the child, the more likely s/he was to spend time with **parents/caregivers,** regardless of child status.

Only two male **caregivers** and five female caregivers completed the questions about children's involvement in activities. Their perceptions related to birth/adopted children were very similar. Caregivers perceived all children as being involved in household activities. Men perceived that foster children were always involved. Women said that foster children were involved most of the time.

Children's Perceptions of Their Own Involvement. Twenty-four of the 26 children over age ten in the 12 homes were asked how frequently they were involved in household activities. The 13 birth or adopted children in six of the kin and non-kin homes reportedinvolvement in activities ranging from once every two months to once per week or more. Seven of the 13 children reported involvement in activities one to four times per month. In both kin and non-kin homes, older children were considerably less involved in household activities than *were* younger children. They reported involvement only once every two months.

Five of the six foster children in the six homes with birth or adopted children were also asked about the household activities that they were involved in with others in their foster households. (Permission to interview a foster child in the sixth home could not be obtained.) Foster children most frequently reported involvement in household activities one to four times weekly. One foster child reported involvement in activities only once every two months. However, throughout the interviews, others in that child's foster home reported that the child was much more frequently involved.

Five of the six foster children living in the six kin or non-kin homes without birth or adopted children indicated that they were involved in some household activities. Activity involvement varied from once a week to about once every two months. Age was not a factor for children in these homes.

Caregivers' Involvement. Female caregivers were more likely to be involved in activities that they did not particularly enjoy than were male caregivers. These activities were usually selected by their husbands rather than themselves. Women said they participated in the less enjoyable activities out of a desire to be cooperative and helpful to their spouses.

Time Spent with Caregivers Without Other Children

Time alone with caregivers was important to most children in this study. It was particularly important to birth and adopted children who could vividly remember a great deal of time spent with their parents before foster children came to their homes.

Birth and Adopted Children's Perspectives. Ten of the 13 birth or adopted children reported spending time alone with one or more of their parents. One older birth child could not remember when s/he did something alone with her/his parents.

Birth or adopted children reported doing a variety of things at home and in the community when other children were not present. The most frequently cited activities were shopping or going "to town" with Mom, outdoor activities with Dad and eating out with both parents. Five of the 13 children recalled recreational type events alone with their parents. The remaining children said that their only time alone with their parents involved going with them to work, grocery shopping, or to doctor'sappointments.

When asked, "How do you feel about time spent with your parents?" all seven birth/adopted children responding to this question were pleased to spend time alone with their parents. They appreciated the private time with their parents as well as the peace and quiet. One child stressed the importance of having time with parents without foster children present.

Foster Children's Perspectives. Four of the five foster children living in homes with birth or adopted children perceived that their foster caregivers also did recreational activities alone with birth/adopted children without involving them. Only one foster child was aware of the kinds of things that birth/adopted children did with caregivers when foster children were not with them. Of the five foster children, two reported that they did things alone with their foster caregivers. Although most foster children did not think they ever spent time alone with their caregivers, all but one birth/adopted child perceived that their parents did spend time alone with foster children without involving any birth or adopted children.

When asked to describe the kinds of activities foster children did with their foster caregivers when no other children were with them, two foster children described activities done both in and out of the home. One foster child said s/he spent time with her/his foster father; the other had gone to a fair, played games and talked to her/his caregivers when no other children were present. Both children said that they enjoyed the experiences.

When asked, "How do you feel about caregivers' time spent with other children?" most foster children did not resent other children's time alone with caregivers. Only one of four children responding

would rather go with caregivers than be left out. One was particularly happy that caregivers spent time alone with their birth or adopted children.

Reasons for Time Spent with Foster Children without Birth or Adopted Children. When asked why foster children spent time with caregivers without birth or adopted children being there, one foster child, in essence, said it was because no other children were available. S/he indicated that foster children in her/his home sometimes played games with their caregivers because younger birth children were not old enough to play or else they were napping. The remaining foster children in homes with birth or adopted children could not recall foster children doing activities with caregivers when birth/adopted children were not present.

Five of the eight birth/adopted children responding to this question thought their parents' time with foster children was for the foster children's benefit. Time with foster caregivers was considered a chance to: (a) get to know foster children better, (b) provide them with needed privacy or time away from birth/ adopted children, (c) make the foster child feel like part of the family, or (d) provide fun or entertainment for the foster child.

Birth and adopted children were not always aware of the types of things that their parents did with foster children when they were not around. Four of the eight children responding to this question thought that their parents and foster children engaged in recreational activities when the birth/adopted children were not present. Some thought their parents spent this time shopping or transporting foster children to counseling appointments.

when asked, "How do you feel about your parents' time with foster children?" seven of the nine children responding said that they did not mind if their parents spent time alone with foster children. Three birth/adopted children indicated that time alone with foster children occurred only when birth/adopted children were not home or when foster children went to counseling which could not involve them anyway. Two children said that they either got jealous or angry when their parents did things with foster children without involving them.

Time Spent with Caregivers and Siblings/Foster Siblings

We asked all children who lived in families with birth or adopted children if birth/adopted children ever did things with their parents and siblings (the core/nuclear family) without foster children being there. Birth or adopted children and foster children responded candidly.

Birth Children's Perspectives. Seven of the 13 birth/adopted children reported spending time together with their parents and siblings without involving foster children. By contrast, only one foster child in these homes reported any involvement in recreational activities together with their foster caregivers and the caregivers' birth/adopted children.

Birth and adopted children said their families were more likely to engage in recreational activities out of town, or those involving extended family, when their siblings, but not foster children, were with them. Kin families were more likely to do activities away from home with all their biological and adopted children when foster children were not present. Activities outside the home at these times did not seem to be influenced by the number of children in the home or by family income. One child indicated that her/his family liked to stay at home when foster children were not with them. S/he said that s/he felt more free and more open when foster children were away on visits with their biological families. However, several birth or adopted children reported that their family often did things with their parents, when foster children were also present. Another child in a kin home indicated that this was necessary because foster children would "throw a fit" if they w&e not involved in all activities.

Foster *Children's Perspectives.* When asked about the kinds of things that their foster families did together when foster children were not present, foster children said caregivers and their birth/adopted children took yearly vacations, went out to dinner, shopping, and/or watched movies. One young foster child in a home with teen birth children reported that her/his foster caregivers ate popcorn with their birth/adopted children after s/he had gone to bed.

Reasons for Time Spent with Birth/Adopted Children without Foster Children. Six of the seven birth or adopted children who responded to this question perceived time with their parents and siblings without foster children as "a break" from child care. One child said that her/his family needed time away

from foster children so that things could be like they were before foster children came to the home. Children in two homes cited foster children's negative behaviors as the reason their families needed time alone. These times with just the nuclear family unit occurred primarily when foster children were on visits with their biological parents.

Most interesting was the range of reasons foster children gave for why they were not involved in all activities with caregivers and their birth/adopted children. One foster child with a history of juvenile delinquency thought that s/he and other foster children were not included because foster children (a) were not trustworthy, (b) might get hurt, or (c) might throw tantrums and cry. Another foster child said s/he did not go on these activities because s/he was needed as a baby sitter. The third foster child said that caregivers needed to spend time alone with their biological children without others around

Time Spent Doing Household Chores

Chores and other household responsibilities play an important role in family life. Three elements associated with chores were explored in this study. These were: (a) types of children's chores assigned, (b) adjustments that would be made in the assignment of chores if children left the home or were absent for a time, and (c) expectations regarding follow-through.

Birth/Adopted Children's Chores. Oldest birth children in non-kin homes were more likely to work in the kitchen than younger birth/adopted children or foster children. Birth/Adopted children were also responsible for various phases of laundry, cleaning their personal spaces and cleaning the community living areas of the homes. Birth/adopted children in kin homes had less responsibility. Reasons were unknown since children's age, members' obligations to school and work, and family sizes were similar.

Foster Children's Chores. Foster children were more likely than were birth/adopted children to be assigned clean up chores such as clearing the table, cleaning bathrooms, recycling, taking out garbage and picking up dirty clothes. When allowed to work in the kitchen, they most often assisted a birth child or caregiver, but were seldom assigned a kitchen chore that involved food preparation or table setting. Some foster children chopped or gathered wood or filled the pellet bucket depending on their age. Several foster children were allowed to water animals. In one home, foster children cared for pets, but were not allowed to give pets medication because, that was the birth children's responsibility.

Foster children seldom ran household equipment such as vacuums or lawn mowers. One caregiver feared the equipment would be broken. Observations indicated that all foster children were expected to clean up after themselves, although not all caregivers mentioned this when queried about children's chores. Caregivers were more likely to pick up after birth/adopted children without mentioning "the mess" they were cleaning up.   . .

Some foster children helped **with** dishes, but washing dishes was not a regular chore for most foster children. They more regularly set the table and unloaded the dishwasher. Older children in homes without birth children did more cleaning than children in homes with birth/adopted children or with younger foster children. In non-kin homes, it appeared that older foster children were given chores that required less skill, less instruction and less supervision. Younger foster children in kin homes were provided opportunities to do age appropriate "chores," such as closing the garage door, cleaning their rooms and doing homework.

Who Would Do the Chores if Children Were Absent? Caregivers were asked what adjustments would be made to the chores routine if either their birth/adopted children or their foster children were absent for a time or were not living in the home. In homes with birth/adopted children, most chores would be assumed by the female caregiver or a different birth/adopted child. Birth or adopted child/ren's chores would be specifically reassigned to a foster child in only two of the six homes with birth/adopted children. In one of those homes, a kin child was being adopted by the caregivers. In the second home the foster child was a very compliant female. Kin families with birth or adopted children were the most inclined to say that no adjustment would be made. This was in part due to the younger age level of the targeted children.

If foster children were absent for a time or no longer lived in the home, several caregivers in both kin and non-kin homes said that either **no** adjustment would need to be made or the chores would be absorbed by the birth child who was actually "in charge" of the chore. Seven of the 14 caregivers who

answered this question said they would assume the resp

said that they would reassign them to other foster children. For the most part, foste

were less desirable chores. Several caregivers wrinkled their noses as they volunteer

chores if foster children were not there to do them. However, observers did not see

foster children were overworked or made to do distasteful duties that were not part

everyday life.

Caregivers' Perceptions of Children's Follow-Through on Chores. Bir

perceived as following through on chores and responsibilities more often than were f

homes where caregivers birth/adopted children were present. Most birth/adopted

perceived as completing chores either 'lots' or 'quite a bit 'of the time, whereas foste

to complete chores only 'some' of the time or 'hardly any.' Observations indicated th

children were diligent in completing

caregivers. Caregivers standards were less stringent for birth or adopted children.

Rewards for completing chores in a timely manner included extra privi

praise. No differences were reported in rewards provided for birth/adopted childre

Use of Space as an Indicator of Quality of Care

We examined three components of space: (a) physical space, (b) psychological space, and (c) emotional space. Physical space included household members' access to personal space, private places, and community or open spaces in the foster home. In other studies (Hatmaker, 1993) psychological space was defined as the space in individuals' minds that is utilized for thinking and planning. In this study we examined caregivers' use of psychological space manifested in thinking about children and planning for their future. We focused primarily on the thinking and planning for foster children in both kin and non-kin homes. Each component of space will be discussed below.

Use of Physical Space

Allocation of physical space in a foster home is a gift for many children who would otherwise not have a place to live. One child in this study said that foster care was "having a shelter while your parents...get some things done or corrected..." Although often temporary, most foster children in this study tried to make the best of it for the time they were in each home.

Common sense tells us that the more children in a home, the less space there is to share. Nobody knows this better than the birth, adopted and foster children in this study. Although most foster homes were quite crowded, there was plenty of room in two of the twelve homes. There was only one kin home in which space was not at a premium. In this kin home, all children had a private bedroom. Three children shared two bathrooms. Each child also had their own assigned eating place. Likewise, there was plenty of room for everyone in one very large non-kin home, in spite of the fact that nine residents lived there.

One sensitive foster child reported that other people in her foster home sacrificed space for each other, particularly for foster children, if they needed it. To gain needed space in her/his overcrowded foster home, this well cared for, but sad, foster child who missed her/his biological family said that s/he and a biological sister would be willing "to go home" in order to make more room for other people in their foster home. Their wish was a long time in coming.

SCF Guidelines **Governing Space.** Foster caregivers tried to provide safe protected space for foster children. They were careful to abide by SCF guidelines governing use of space in the home. For example, foster children had their own beds and their own dressers. In some homes they **were** given access to storage space in other areas of the home such as in a basement or garage. When sharing rooms, foster children generally got "their own little spaces" in the room they shared. Foster children were most often responsible for caring for their assigned areas.

Preparing space for the arrival of foster children was an exciting time for some of the families and was stressful for others. SCF guidelines sometimes contributed to stress because families had to adjust their lives and their space to accommodate SCF rules. In this study, the first space issues surfaced for one family when caregivers originally were prepared to place two young children of the opposite gender in the same room Since SCF guidelines do not allow boys and girls to share a room, two bedrooms, instead of one, had to be emptied and prepared for the children prior to their arrival. These extra bedrooms had been used for many years as craft rooms and long-term storage for caregivers' belongings. It was no small task to empty and prepare the rooms for young children.

Birth and adopted children did not always understand the guidelines set by SCF, nor did they always understand the histories of foster children placed in the homes or the impact that the children's histories had on the rules governing sleeping arrangements and supervision. For example, one birth/adopted child did not know why a foster child in her/his home had a private room while other children in the home were housed three to each bedroom. If this child had known that this foster child had a history of sexual abuse involving young children s/he may have better understood why the foster child could not be placed in a room with others and may have had less anger about subsequent space issues.

Perceived Levels of Fairness Related to Space. Regardless of size of house or number of people sharing bedroom space, most children were satisfied with their personal space as long as available space was evenly divided. In one house, a child shared a bedroom with three other children, but since all got one quarter of the available space, the crowded condition was well-tolerated. In another home, space shared by a foster child and birth child became an issue only when the foster child's belongings began to

encroach on the other child's assigned or claimed territory. Two birth children reported that foster children in their home had less than their fair share of available space.

Foster *Children's Perspective.* Most foster children believed they got their fair share of space in their foster homes. Some thought they got more than their fair share. One long term foster child was allotted a large portion of personal space which was perceived as being a "fair" amount. That child also indicated that s/he had access to the community areas of the house, "We all live downstairs so we have a fair amount [of space]. We come up here and we can watch TV anytime we want." A foster child in another home who shared a room with a sibling said that allocation of space in their room was "sort of fair" because each foster child "gets her own space in the room."

Birth *and* Adopted *Children's Perspective.* It was the birth and adopted children who most often voiced complaints about lack of space after the arrival of foster children. One child said, "Our house is more full (after foster children are here)." S/he also perceived older children as not having a fair share of space in the home, although younger children were said to have adequate space allotment. According to household members, younger children in that home had both indoor space and outdoor space for toys and personal items.

Birth children found it particularly difficult to share a bedroom with a foster child rather than with a biological or adopted sibling. One birth child indicated when foster children first arrived, her/his bedroom space was freely shared with the foster child who was perceived a temporary visitor or guest in the home. However, as time went on, this birth/adopted child felt that her/his personal space gradually shrank and the foster child's space grew. At the time of the interviews the birth/adopted child reported that about 60% of an approximately 9x9 room was hers and the foster child's share had increased from one shelf to 40% of the space. (The foster child in this home perceived that her/his share of space was more than fair and very much appreciated that the birth/adopted child was willing to share space.)

Giving up personal space to make room for foster children was very difficult for one birth/adopted child, even though this child lived in a home where space was available and respected. When asked "what could make foster care better for you, the child replied, "To never have to move another bed into my room or me move into a different room or something like that. To just stay in one spot."

Challenges Related to Use of Physical Space

There were several challenges related to physical space that families in this study faced. The primary ones were (a) sharing limited space, (b) differing levels of respect for space, (c) unequal access to private spaces in the homes, and (d) changes in rules governing space. Each is discussed briefly below.

Sharing Limited Space. It was difficult for birth children in this home to share space.which was at a premium. "They say that they understand that it sometimes gets annoying having to share a room with someone that I don't have much in common with. If I was sharing a room with one of my best friends, then that would be okay. But I don't really have very much in common with [foster child]. So it's not easy sometimes." This was not a selfish or mean-spirited child, but it was difficult to have foster children for longer than expected and still feel welcoming.

S/He also said,

> Well, I thought it would be kind of cool because we had J— stay with us for 2 weeks. We had a lot of fun, but.... I didn't think it would be for very long. I thought it would be less than a year. After a while it just gets kind of old. I'm going to be very glad when they get to leave. I want them to be where they will be happy, and I actually would like having a room to myself again. (Are things working out like you thought they would?) "No" (How is it the same as you thought it might be?) "I was right that it would be a little difficult sharing a room with someone."

When asked how fair space allotment was for foster children one birth child replied,

> Sort of fair and sort of less than fair because me and [Brother] were here first and we're used to having our own rooms and all the space in our rooms to do whatever we want with our stuff. Then all of a sudden [foster children] are here and they have to push and shove, I mean, we all have to totally compact everything just to get enough space for the basic things. [foster child]'s area is sort of creeping out and pushing me back into little comers. Look at all the stuff s/he has all over her/his walls. Half the stuff is garbage and candy wrappers. S/He still says s/he needs

more room for all of her/his stuff. And that's all the stuff I have hanging **up on** the **wall.. . . And** it's only taking up that much space. [foster child] is taking up almost a whole wall and s/he used to have this whole thing plastered with posters." (Sounds like it's **pretty fair to her/him.**) "Yeah, but it's beginning to be unfair to me because s/he's pushing me back into comers."

Differing Levels of Respect for Children's Space. Foster children's spaces were said to be respected by others in the homes. Intrusion into foster children's personal **space was discouraged.** As is true in most homes, some of the homes in this study had young children who sometimes unwittingly violated boundaries and got into other people's things. One foster child said that toddlers in her/his home were always getting into trouble for getting "into my stuff."

However, birth and adopted were not always afforded the same respect for their personal spaces. Their space had been violated, primarily by former foster children who were not currently living in the home but birth and adopted children's memories are vivid. One child reported that in the past foster children had intruded into her/his space and ruined/broken her/his things. This type of incident, created uneasiness, distrust or fear in birth/adopted children and caused them to become quite territorial. When data collectors were touring the homes and the children's rooms, birth and adopted children voiced many concerns that foster children violated their personal and private spaces and often they said that they resented foster children's presence in the homes.

Limited Access to Other Places in the **Home.** Desires for increased privacy and feelings of distrust, particularly for newly placed foster children, led household members to limit foster children's access to some areas in the homes. Areas that were usually off limits were the master bedrooms and bathrooms, desks, storage areas, purses, wallets, mail, "little nooks and crannies," the garage, and extra rooms in the homes. One foster child had never been in the other children's rooms in her/his foster home and had no clue what their living spaces were like. These areas and other private spaces were not as frequently off limits to birth or adopted children. Areas where birth and adopted children also were restricted had to do more with SCF guidelines or the fact that caregivers did not know how to say "yes to our own" and then say "no to them."

Changes in Rules Governing Space. Birth and **adopted children** expressed displeasure because space rules changed in their house after the arrival of foster children and they were not happy with rules that they did not totally understand. In one house, a rule had been established to keep boys and girls separated in the bedroom areas. One child described the rule:

"But now it's no boys in girls' and no girls in boys' rooms. So whenever we want to play together, it's like outside or in the family room or kitchen. We used to have fun making tents with bedspreads in our rooms, but now we can't do that because we can't go in each other rooms." (So it's more restricted in your house where you can go?) "Yes. And we can't go upstairs now. Can't go in the garage." (Can't go in the garage?) "Well, unless, you can't go in the garage just to go in the garage. You have to have a reason and stuff." (Why?) "We had some problems with one of our foster kids who got into the garage and was messing with stuff." (So that's still a rule?) "Yes."

Another child said, "I think it would be a lot easier if boys and girls were allowed to share a room. Me and [Brother] think it would be a lot easier if we just got one extra bedroom and [foster brother and sister] shared a room and me and [Brother] got our own rooms. But CSD will not let boys and girls share the same **room.** I think that is stupid, especially if they're brother and sister."

Most birth/adopted children in this study had their own rooms. When sharing rooms, children with the fewest complaints were those who shared space with a biological sibling or with a foster child who displayed minimal behavior problems. Space was **at a** premium in the kin homes that had birth/adopted children. Overcrowded conditions contributed to complaints and stress, but observations of birth children indicated that they went to great efforts to get along and to make foster children feel welcome and secure.

Use of Psychological Space

Our inquiry into the use of space as an indicator of quality of care not only examined physical space in each home, but also investigated two abstract types of space, specifically, (a) the psychological space, and (b) the emotional space that were provided for children. Psychological space included three elements: (a) caregivers' overall desires for their children and the degree to which they wanted the best for them,

(b) thinking about and planning for children's future, including understanding SCF's long-term plan for each child, and (c) household members' ability to recognize and provide attention to children when needed or wanted. Data related to emotional space will be presented after the discussion of psychological space.

Services to Children and Families has a great deal of control over the lives of foster children. Ultimately, this control over foster children's lives also impacts the lives of their caregiving families. To maximize the positive impact and to minimize the negative impact on their lives, the plans and goals of many caregivers are based, to some degree, on SCF's permanent plan for foster children in each home. This also includes goal setting and planning for foster children's future. For children who are expected to remain in the home a long time, goal setting and planning for the future can be beneficial for foster children. For those who are not expected to stay, a lack of goal setting or planning for the future can not only negatively impact a child's future, but can also affect the quality of care they receive even while still in the home. For this reason we were interested in the degree to which foster caregivers' desires and plans for the future of the children in their homes and also the degree to which children's immediate needs for attention were being met.

What do You Want Most **for** Your Children? Caregivers were asked an open-ended question about what they wanted most for their children. Interviewers did not specify whether the question applied to caregivers' birth, adopted or foster children. On one level, this question was asking who caregivers considered their children to be. On the other hand, this question was intended to discover caregivers' hopes or dreams for the children they held in their hearts and housed in their homes. We were interested in whether differences would exist between caregivers with and without birth or adopted children living in the homes and also if differences existed between the responses of kin and non-km care providers.

Caregivers with birth or adopted children answered the question in relation to their birth or adopted children, without reference to foster children. Caregivers, with birth or adopted children, in all km and non-km homes wanted their birth and adopted children to experience peace, success, good will toward others, and happiness. Education was viewed as a means to success. Meaningful employment and happiness were considered to be the standard by which success ultimately would be measured.

Although unrelated caregivers with birth or adopted children in the home did not mention their foster children when answering this question, caregivers without birth/adopted children did talk about their desires for foster children. They wanted their foster children to have a chance to succeed in life, although they did not specify how this would be achieved.

Kin caregivers also mentioned foster children. They indicated that they wanted their foster children to have a chance to have a good education, good jobs and happiness. Kin caregivers also wanted their foster children to avoid being on welfare and to be good parents.

Thinking About Children and Planning for the Years Ahead. We asked caregivers to tell us about several areas in which they may or may not have thought about children's future or made plans for the years ahead. We explored whether they had discussed or finalized plans for any children in their homes in one or more of nine areas. We asked, have you: (a) discussed or made firm goals or plans for any child in your home, (b) requested or received information related to college or job training for children, (c) talked with any child about college or job opportunities, (d) visited a college campus with a child, (e) requested or received information about careers or jobs for children, (f) saved money for any child's future, (g) purchased a life insurance policy for any child, (h) named any child as a beneficiary on your life insurance policy, or (i) named any child as a beneficiary in your will?

Results indicated that caregivers were concerned about the future and well-being of their birth, adopted, and foster children. Fifteen caregivers had talked about goals or made plans of some type for at least one child in their home. Of these, nine were non-km caregivers and six were kin. Homes with birth and adopted children were the most likely to have discussed plans or set goals with children. Birth or adopted children were more likely to have planned for higher education. Foster children were more likely to have discussed job or career opportunities.

Only birth/adopted parents and km caregivers had saved money for any child's future. Birth children and adopted children were more likely to be given a life insurance policy or be named on a caregiver's life insurance policy or in a caregiver's will. Three foster children in the 12 homes were

reportedly named in a will. Two were in kin placements for children about to be adopted or were in guardianship. The other child was in a long-term placement in a non-kin home. Only one caregiver in the non-kin home reported their foster child as a benefactor in a will. The amount of the inheritance was described as a token. Table 3 shows the distribution by kin and non-kin homes and those with and without birth and adopted children.

Table 3. Topics Discussed or Actions Finalized for Children in Non-kin and Kin Foster Homes.

Variables	Non-Kin			Kin		
	With Birth Children		Without Birth Children	With Birth Children		Without Birth Children
	Birth Children	Foster Children	Foster Children	Birth Children	Foster Children	Foster Children
Goals/Plans	4	4	1	3	3	
Got Info	4					
Higher Ed/Training	4					
Visited Colleges						
Career/Job			2		2	
Saved Money	4					2
Life Insurance	4	1				
Will Beneficiary	4	1				2

Planning for the Future of Foster Children. Based on previous work (Hatmaker, 1993), several variables were believed to affect the probability of caregivers thinking about or planning for foster children's future: (a) SCF's goal or permanent plan for each child, (b) length of stay in the home, (c) expected length of stay in the home, (d) total time spent in foster care, (e) number of previous foster placements, and (f) reason/s for being in care. Researchers in this study asked direct questions related to each variable and also gathered data during informal contacts with caregivers (i.e., phone calls, informal conversations, and comments made during direct observations).

Five variables seemed to be influential in caregivers' planning for or thinking about the future of foster children. In order of importance, these were (a)SCF's permanent plan, (b) the child's age, (c) expected length of stay, (d) the length of time children had already been in the home, and (e) the child's behavior. Children's behavior seemed also to affect caregivers' willingness to be involved in a child's future life. Reasons for being in care, number of previous placements, and length of stay in care were not influential for the participants in this study.

Regardless of the length of time a child had been in the home or was expected to stay, SCF's plan for a child was the most influential variable for motivating a caregiver to plan for a foster child's future. If a child was to be reunited with a birth family, moved to another foster home, emancipated, or adopted by others, then caregivers did not get as involved in planning for the child's future. If the child was to be adopted by the caregiver or was expected to remain in long-term foster care, the caregivers became more involved in planning processes and discussions about the future with a child.

Surprisingly, negative behavior was not a turn-off for all caregivers. In fact, two caregivers of a severely disturbed child and one caregiver of a behaviorally disordered teen wanted to plan and to be involved in their foster children's future in order to help influence the children's destiny and to ensure that appropriate services were sought and received.

Children who had been in the home for several years had been provided more opportunities to be involved in discussions about education and career opportunities. Not surprisingly, younger children were less likely to have been engaged in discussions related to their future.

What Is SCF's Plan for Foster Children in Your Home? We asked all household members what SCF's permanent plan was for each foster child in their home. Most had some idea of how long foster children would be in the home and thought they knew SCF's long term plan for each child. They were not always correct.

Caregivers' Perspectives. Caregivers were certain of SCF's plan for nine of 13 foster children in their homes. Three children were expected to be reunited with their families of origin. Two children were being adopted by their caregivers. One child was being transferred to a treatment facility for youth with

behavior disorders. Three children were expected to

home. Two children were under their foster caregivers' long-term guardianship.

Birth/Adopted

Children's F

the long term plan for foster children. Two birth/adopted children did not understar

held for the foster

child/ren

adopted by the birth/adopted child's parents, when in actuality that foster child was

home. The second birth/adopted child thought a foster child would move from the f

return within the year. There were no plans to have this child returned once the mov

Knowledge that this child would not return would have relieved a great deal of anxi

birth/adopted child who resented the foster child's presence in the home.

Foster

Children's Perspecti
SCI

thought they knew what

happen to her/him, but a younger sibling was correct in her/his assessment of the lo

both children. Of the eleven foster children, six believed that they would be reunited

families. Three children thought that they would be adopted into their kin homes. Or

emancipated and one child would enter a treatment facility for troubled youth.

Reasons that children perceived that some children got more attention than others were:

- child demanded attention or manipulated others
- caregiver recognized their need
- child causes fights and gets negative attention
- use of humor
- age (older children get more attention)
- spends time with parent

Much of the time, caregivers recognized and gave attention to all children in the home. However, data collectors noted that if a child's bid for attention was to go unnoticed, it was generally the birth and adopted children who did not receive the attention they were needing or requesting.

Use of Emotional Space

In this study, whereas psychological space is described as the utilization of space in a person's mind, emotional space is the utilization of places in a person's heart. We examined the level of attachment between foster children and other members in their foster homes. In our investigation of the use of emotional space, we compared differences in attachment levels of household members in non-km and kin homes. We also asked respondents about terms of endearment, primarily nicknames, that were used for the children in each home. Respondents were also queried about how well they thought they got along with others in the home. Each will be discussed in the paragraphs that follow.

Level of Attachment. Household members' level of attachment to foster children and caregivers' perceptions of foster children's level of attachment to other household members were examined through a series of interview questions. Interviewers asked how attached each foster child was to each caregiver and caregivers' perceptions of how attached each foster child was to each caregiver's spouse.

Attachment to Caregivers. Overall, women perceived the children as being more attached to them than to their partners. In both km and non-km homes with birth or adopted children, female caregivers perceived foster children's attachment to them as being lower than the attachment of female caregivers to their foster children. On a scale of 1-5 with 5 being most attached, foster children's level of attachment in these homes ranged from 1-4, averaging 2.9 and 3.8 for female caregivers. By contrast, in km and non-kin homes without birth/adopted children, female caregivers perceived foster children's level of attachment as equal to their own attachment to each child. In these homes, the perceived level of attachment averaged 4.5 for both foster children and female caregivers.

Dual Attachment to Biological and Foster Caregivers. According to most caregivers, foster children's level of attachment was perceived as being stronger to members of foster homes when their level of attachment to their biological mothers was weak. Foster fathers were slightly more inclined than foster mothers to perceive their own level of attachment to foster children as high when foster children were highly attached to their biological mothers. If children were attached to their biological mothers and visited them regularly, female caregivers in homes with no birth children were less inclined to perceive foster children as attached to themselves or others in the home unless the foster children were sibling pairs. By contrast, non-km caregivers without birth children were more often able to share high levels of attachment with foster children who were also highly attached to their biological mothers.

Attachment to Other Children. Caregivers were also asked how attached they thought foster children and birth children were to each other. Female caregivers in km families perceived the attachment level among children to be less than did female caregivers in non-km families (1.75 for km as compared to 2.66 for non-km families). Caregivers were asked the degree to which they thought foster children were attached to other foster children in each home. Male caregivers perceptions differed dramatically in both km and non-km homes. Fathers thought foster children were tightly attached to each other (5.0), whereas mothers agreed that related sibling groups were highly attached (5.0), women perceived levels of attachment as only 2.0 for unrelated foster children.

Terms of Endearment. In many families, nicknames are a term of endearment often associated with familiarity or shared history. We were interested in whether any children in this study had nicknames and if differences existed in the types of nicknames used by caregivers in km and non-km foster homes.

Caregivers in five of the six families with birth or adopted children responded to this question. In all five homes, seven of the ten (70%) birth or adopted children had a nickname. Three of seven (43%) foster children had nicknames, one of whom was about to be adopted. The other two foster children with nicknames had been under their caregivers' guardianship for a number of years. Only one child in the non-km homes without birth children had a nickname. That child received the nickname from a grandmother prior to entrance into foster care. It was surprising that no older children living with relatives had nicknames, however, all younger children in kin homes had been given one. Types of nicknames varied widely, but were often variations of the children's given names such as 'Jeanie' for Jean or 'Shawners' for Shawn.

How Well Do You Get Along with Others in the Home? We asked all birth/adopted children how well they got along with their parents, siblings and foster children and how well they thought foster children got along with the foster caregivers. We used a scale from one to five with one indicating 'not at all' and five indicating 'very well.'

Getting along with parents/caregivers. In the three non-kin homes, birth/adopted children said that they got along with their father and mother either 'very well' (5) or 'well' (4). The three foster children's responses varied from 'very well' (5) to 'well' (3). In one home with a biological parent and a step-parent, the children consistently reported getting along better with the biological parent. Foster children were asked how well they got along with their foster caregivers and other children in the home. Long term foster children and related foster children reported the highest levels of getting along with both caregivers (5). A foster child who was moving from the home reported the lowest levels of getting along (3) with caregivers. In general, caregivers and all children got along amazingly well.

Getting along with siblings. When asked how well they got along with siblings, no birth children included foster children in their answers, although in all cases foster children included birth/adopted children as their siblings. Foster children most often reported getting along with the child closest to themselves in age, regardless of gender. Most birth/adopted children in both km and non-kin homes reported getting along with their biological siblings either 'very well' or 'well.' Children who reported getting along less well with a sibling included siblings that were older and more detached from the family, as can be expected as older teens near adulthood.

Getting along with foster children. Birth and adopted children indicated that their parents got along fairly well with foster children. The younger the foster child (preschool) the better the children were said to get along with caregivers. Birth/adopted children in non-kin homes reported that their parents got along well with foster children. Birth/Adopted children in km homes were less likely to report caregivers and foster children as getting along well.

Getting along with foster children seemed to have much to do with a foster child's behavior, level of ability and age. The more disturbing the behavior or severe the handicap, the less well birth/adopted child/ren perceived their parents getting along with her/him. In general, fathers were perceived by birth/adopted children as getting along better with foster children than were mothers. Direct observation indicated that caregivers getting along with foster children was situation-specific.

Direct observations also indicated that physically and emotionally handicapped children were treated with exceptional care by both km and non-km caregivers. Birth/adopted children themselves tended to shy away from foster children who were different from themselves.

Use of Resources as an Indicator of Quality of Care

Access to Household Resources

Prior to entering foster care, some foster children had experienced many difficult times. In both non-kin and kin foster homes in this study, children's needs for food, clothing, toys, and money were more than adequately met. When the children first came to a foster home, they usually did not have clothing, shoes, or toys, so more household resources were expended at the onset to outfit the children. After entering non-kin foster care, one child was particularly grateful to have food and electricity in the foster home. When in her/his biological home these were not available. S/he also boasted that in foster care s/he had more money and nicer things and could live in a home without drugs, arguments and stealing. Another child in non-kin care was pleased to have clothes that fit.

After entering foster care, foster children sometimes discovered a new world of toys, pets and other resources. One child was delighted with all the things s/he had in the foster home. Although this child would rather go home than remain in care, s/he was nevertheless delighted with her/his new home. The following quotes from one interview explain why:

> "Because of the Segas and all the stuff like games that I've never seen before and I thought I'd like to play them. I have lots of fun." (So you got to play a bunch of new games?) "Yes."

> "I love parrots. Parakeets and parrots that talk." (So was it all the animals or just the parrots?) "And all the pets. I'd never seen a dog before in my whole life." (You never saw a dog before you came here?) "No. I'd never seen a dog in my whole life before."

However, not all foster children had more resources after entering foster care than they had in their biological homes. While living in her/his biological home, one foster child was active in scouting type activities that cost a good deal of money, received tuition for attending summer camp, and participated in sports that required fees and uniforms. In foster care s/he did not do these things, very likely because there was not enough money given to caregivers to enable them to provide these advantages for the foster children in their home.

Perceived Level of Fairness

Direct observations also suggested that all children were properly fed and clothed. Likewise, birth and adopted children and long-term foster children had accumulated many personal resources and seemed to have a sense of freedom in accessing food and supplies. Children with physical limitations and behavioral problems and children new to the home were more restricted in access of resources.

Regardless of whether foster children received lots or little in their foster homes, most perceived that they were treated fairly. A foster child in one non-kin home without birth or adopted children believed that foster children got 'fair 'treatment and perhaps 'more than fair access to household resources. In homes with birth/adopted children, foster children were not always treated as equal to birth children, but they rarely seemed aware of inequities. A foster child in a non-kin home perceived that s/he was treated equally and thus saw her/himself as a family member on a par with nuclear family members with regard to allocation of resources.

One foster child in an affluent home with no other children perceived 'unfair' distribution of nearly everything; food, money, clothes, time, and space. Although this child's opinions are respected by researchers, direct observations clearly contradicted this child's perceptions.

Three-fourths of the birth/adopted children perceived that the distribution of food, clothes, toys and other household resources as fair. Two children thought birth/adopted children got "more than their fair share." One child thought birth children got less. Birth children perceived that foster children were well taken of also. Some birth children were aware that a foster care stipend was paid to caregivers by SCF. One child said, "They get the money the state provides for clothes and things they need.. .." "They get a fair amount of food." Another birth child in one home said foster children were treated fairly, as indicated in the quote below.

> . . .because they get lots and lots of clothes and stuff. 'Cause every other month or every month they get a clothing allowance and they can buy as much clothing.. . . There will be like a

check, and there will be a certain amount of money and you c

up to that money. And sometimes you can spend just a li

Since birth and adopted children did not receive a care stipend, families w

children had fewer resources than families with fewer members. One birth child perc

equal distribution of limited resources such as food and clothing: "My mom doesn't go

of stuff for either of us. Another child agreed, saying that foster children were treated

in terms of resource allocation. With regard to allocated resources for foster children,

"I think my parents are real reasonable about getting them things they want and need.

possible to make them happy and get them things they want."

get too much. I mean, we don't just buy them loads of candy or whatever. And everyt

provided for. We try not to spoil them rotten." In one kin home where a foster child w

adopted, all children were said to be treated fairly, but not equally. This was in part be

range. For example, older children received more money.

When asked if they got their fair share of the money given to children, bir

homes said that the foster children's share was less than fair. This difference occurred

birth/adopted children were older than the foster children. Extra money was given to

Only one child in the study reported not receiving an allowance. This was a highly regarded birth child in a non-kin home in which all other children received an allowance. It was inconceivable to data collectors why this favored child would not have received an allowance, yet others in the home did. No explanation was ascertained. We wondered if the child's monetary needs were met as they arose and thus was not perceived as an allowance.

Earned Income. One foster child in a non-kin home was able to earn extra money baby-sitting young children in the home. In addition, s/he worked outside the home. S/he was the only one in the house who was given an allowance. Foster children in another non-kin home were given opportunities to make extra money by washing a van for $10.00, $4.00 for mowing the lawn and were paid $30.00 per month for a clean room. No reward was given for work done on time. One birth child received extra money from caregivers for baby-sitting foster children. S/he also could ask for money when needed and received it if the request was perceived by her/his parents as reasonable.

While in foster care, not all children received extra money, in part, because of the perception that foster children would waste it. One foster child was not given extra money because the child was perceived as not being able to save up money for something more expensive, but instead would only spend it on soda pop or candy.

Saving for the Future

As indicated in the discussion of planning for children's future, results showed that all but one family had saved money for their birth/adopted children's college education. All but one family had purchased life insurance and their birth/adopted children were beneficiaries on their insurance policies. Four of 12 families had drafted a will and named their birth/adopted children as beneficiaries.

As mentioned earlier, foster children had considerably less security than birth and adopted children. Although six families had engaged in short-term planning with foster children, such as discussing career options or choice of schools, none had set aside money to help with the children's college expenses and only three had made any provisions for a foster child on life insurance policies or in wills. Two of these children were in the process of adoption or guardianship. In one isolated case, one caregiver in a family indicated that one foster child had been mentioned in the will and was to receive an undisclosed portion of a life insurance policy. The amount was said to be unequal to the shares specified for birth/adopted children. The second caregiver in this home did not mention inheritance or life insurance provisions for any foster children in the home.

It was interesting to note, that foster children did not have a secure vision of future access to parental resources but some visualized parental help for birth and adopted children. For example, they did not indicate that they could count on their biological parents or their foster caregivers to help them out with finances in early adulthood. Only birth children were perceived as having access to parental resources after they got out on their own. One foster child believed that in five years s/he would be working and needing a car. The same child indicated that in five years a birth child in the home would be working and have a car. Birth children were not perceived as "wanting" in the future. Foster children were also unaware of financial aid for college expenses.

Living Rich

Most foster families were of modest means. In most homes there were enough resources to go around, but not much excess. However, there was one family that stood out from the rest. Members in that kin home thought of themselves as rich. This family with very limited income was very creative and imaginative when it came to their perceptions of resources. One child in that home was very excited one day about a new fort that the child had gotten that day. S/he wanted to show it off to the data collectors. When describing the new fort, the excited child said, the fort is "An open roof one-it's a pretty neat thing." The child went on to tell that the fort was made by their cows. When asked for clarification, the 'fort' was further described as a path forged by the fence as the cows walked through brush. This delightful family perceived themselves as rich indeed, even though the family of six lived on less than $14,000 per year.

Use of Language as an Indicator of Quality of Care

Family Membership

We examined the language of all household members in the study. We were interested in the knowing and unknowing stories that their language would tell. Through an analysis of language we better understood who was in and out of the family and how members perceived family and non-family. We learned a lot about the attitudes of the people in the homes, particularly attitudes about foster children. We examined (a) family membership, (b) foster children as non-family members, (c) foster children's perceptions of themselves as separates, (d) 'real' children, 'real' homes and foster children, (e) impersonal phrases used when referring to foster children, and (f) use of personal pronouns. This most interesting exploration merely touches on the surface of what we can learn from language.

When listening to the language of foster household members, we learned a lot about family membership. Language told the story of who was in the family and who was not.

Generally, birth or adopted children clearly differentiated between biological siblings and foster siblings. When asked, "How many brothers do you have?" these children would ask who they were supposed to include. For example, one child said, "Counting foster brothers?" Another birth child asked, "Foster kids, too?"

Adopted children clearly identified with their adoptive families and showed us that children who are adopted are perceived by others as full family members. Adopted children's words tell us their story:

"They're in my family and they're my brothers and sisters. We were all adopted together."

"Us kids-we're all just one whole family and we live together and we're adopted."

Birth children also spoke about soon to be adopted children. One child said, "I feel like she's already my sister." When asked where this child would be living in five years, a birth child said, "In her home," meaning living with them. When thinking of a child who was about to be adopted, another birth child said a soon-to-be-adopted foster child would "Probably look at me as her brother." Mom would be "Mom and Dad to her.. . . [the foster child would] be adopted by us."

One birth child explained that having foster children in the home was &having a bigger family ".. .sometimes it's just kind of like having a huge family, which I didn't really have when I was growing up, but . . ..suddenly I had all these extra members in my family. So I'm kind of used to it...I might not know who everybody is, but the kids that stick around, we do."

In Non-kin Families. Sometimes birth or adopted children spoke about foster children as though they were considered members of the family and then later in another part of the interview would disallow them as members of the families. For example, on one occasion, a birth/adopted child was asked about allowances received by brothers and sisters in her/his home. The child named a foster child in the answer. Later, on many other occasions, this child differentiated the foster child from the rest of the family.

One long-term foster child in this study clearly considered herself/himself to be a member of her/his foster family. S/he called foster family members "my mom, my dad, my sister." When speaking of extended foster family members, s/he said, "my niece, my nephew." S/he also called a former foster child her/his sister. This foster child always referred to the family as her/his own. S/he had lived in the home several years and was expected to remain until after emancipation. When asked about this child, other household members called her/him part of the family, but also referred to her/him as a non-family member throughout the interviews and during observations.

Another foster child said, "Well, I'm not exactly part of the family, but I kind of am, so I'm on the edge. But [biological sister] I consider her exactly part of my family.. . . I guess I consider myself part of their family, kind of and kind of not." When referring to caregivers in the home, this child said, "She's my foster mom... she acts like a foster mom. He's the foster Dad."

In Kin Families. When talking about a related foster family, one foster child said "I'm with my family. I'm not in another foster family that I don't know." When speaking of a member of this kin family, one child said, "She's just family and it's kind of hard not to get attached to them if you see them all the time." When talking about her/his comfort level in the home, this foster child said, "I'm used to them

because they were my family before." "We're just like a regular family. Just like we're their own kids." From this child's perspective, s/he was integrated. The rest of the family accepted the child as an extended family member, but clearly differentiated their "own children" from relatives' children who lived in the house. This was true in other kin homes also.

A young foster child in another home that was in the process of being adopted by related foster caregivers said that her/his foster caregivers were "Adoptive parents" and s/he was a member of the family. S/he referred to the cat as "my cat" and had adopted things in the house as "my Legos... my room." This child was integrated.

Foster Children Were Perceived as Non-Family Members or Separate from Family

Most often, foster children were perceived as separate from other family members in both witting and unwitting ways. We examined language as an indicator of foster children's non-family status. The following **is** a sample of language used to **differentiate children from other** family members.

- "They're living in my house."
- ". . .The kids on the outside are not adopted and they're not really a member of my family."
- "Somehow they are a member of the family.. . . I don't know them very well. Because they're not really like my brothers and sisters or nothing. They're just foster children."
- "Well, I don't think of them really as my family."
- "Foster sister...I don't consider them my family.. .."
- "I kind of think of her kind of like not much of a sister."
- "He's not our immediate family." "He's not as close as my parents and my brother." ". . another kid in the house."
- "I don't like it too much because the foster children are always at my house, so I don't really get to go on vacation with just my brothers and sisters and my parents. I have to stay home with them all the time.

Sometimes a foster child was considered part of the "assembled" family or what some families in previous studies have called the "under-the-roof family." One birth child in this study considered one of the foster children who would be in the home only a short time as ". . .part of the family, but she's not really a permanent person in my life." Part of not including foster children as full family members was because their length of stay and their level of involvement with the family was considered temporary. "S/he [foster child] probably won't even want anything to do with our family after s/he leaves."

Assignment of Family Membership in Foster Children's Families of Origin. Birth and adopted children were also very clear in their assignment of foster children's family membership in each foster child's family of origin. The following are a few of the birth and adopted children's references to foster children's families of origin.

- "I think it will be better up there for him with his own parents?
- [FCs] will be living with their mom."
- "Sometimes [foster children] go to see their Mom.. .."
- "their mother"
- "Their [foster children's] grandma."
- "If they get to live with their mom, they'll be a lot happier, too."

When speaking of a foster child's biological parents, one birth child differentiated the foster child's parents from her own by saying,

- "my mom" or "her parents" rather than using "our mom" or "our parents."

When asked where one foster child would be in five years, one birth/adopted child said,

- "Not here. Maybe with her Mom and Dad? . . .Hard to say."
- "his parents," "his sister."
- "...his mom..."

Another child's language showed the kindness in her/his heart when s/he defined a foster family as "reaching out and opening our family to other kids who don't have a great family and need a family to stay with until their family is able to have **them back.**"

When asked, Are foster children treated like actual members of the family? one child said,

> **"Sometimes." (When are they?)** "At dinner time, because I think it's a law that when you have foster kids, they have to be able to stay at the table. They can't be asked to go in the front room and eat or to another little tiny table or anything like that."

Other foster children were said to be treated a little bit differently than other members of the family. When asked how, one birth child said, "A little bit different. (How?) Like when we're talking about them, we say like, "Our foster sister" or "Our foster brother." We don't really say "Our sister.""

Foster Children Also Perceived Themselves as Separate from Foster Families

Some people may think that children in foster care need and want a family because they can no longer be in their own home. For most foster children, this is far from the truth. Foster children are generally still connected to their biological families and most have little, if any, desire to unite with the foster family members beyond their stay in foster care. The 11 foster children in this study talked with us and their language indicates that they differentiate their "own" families from their foster families.

A foster child in a non-kin home listed everyone in the house as members of her/his family, but later during that interview stated that, ". . .nobody who lives here is in my family.. ." ". . .nobody who lives in this house is any relative of mine besides foster relatives." This child specified those in the house as "my foster family."

When referring to caregivers, another child in foster care called them by name—"I just call them [name] and [name] . . .because they're not my Mom and Dad. . . . They're my foster parents..."I'm not a member of this family...Yet, when drawing a picture of her/his foster family, s/he said, "This is my family that I live with right now."

Except for one child, only foster children's biological parent/s were called "my parents" or "my mom." Foster sisters were said to be "like a sister," "a pretty good friend," or "like a friend." One foster mother was called "a friend and a mom by a newly placed child. The father in the family was called "a dad." In this home, the birth/adopted children were referred to as "their kids. The child said, "I consider them as "some family...They're like family...the others."

In one interview, a child who adamantly claimed throughout the interviews that s/he was not a member of the foster family, referred to her/his foster father as 'Dad.' This child commonly called her/his foster mother 'She' rather than using her name. Another child called caregivers "the parents."

Another child explained time spent with her/his foster family as, "Doing things with the people I'm staying with.. ."Well, I'm not exactly part of the family, but I kind of am, so I'm on the edge. But [biological sister's name] I consider her exactly part of my family.. . . I guess I consider myself part of their family, kind of and kind of not." After giving her/himself a 5 (on a scale of 1 to 10, one child said, "a five is more family than strangers." Later explaining, "I'm in a foster home, separated from my parents.. .." "We still do things that are kind of just the regular family. . .."

When speaking of a former foster home one child used the terms: "they," "their family, we didn't know any of them." However, when speaking of the child's biological family members the child used the term "we." In another home, a foster child said that a birth child is associated with "the family." "She's their daughter.. .she can probably talk to any member of that family."

Not viewing someone as a family member did not necessarily diminish emotional attachment. Children's language often reflected a separation from family membership, in other cases, children's language expressed both separation and closeness or love for foster family members.

"Real" Children, "Real" Homes and Foster Children

Sometimes, household members unwittingly talked about biological parents or birth and adopted children as being "real" when they wished to differentiate "full" family members from others in the home who were not perceived as "full" family members. Although researchers knew what they meant, on one

level their language implied that foster children were not "real" children. The following statements provide the flavor of their conversations about "real" children, "real" homes, and "actual" relatives.

When asked how many brothers and sisters one child had, s/he answered, "Foster brothers and sisters or <u>real</u>? I have two <u>real</u> brothers. I don't have any <u>real</u> sisters." Another child said s/he had "One <u>real</u> brother.. .and then there is [names foster child]." My <u>real</u> sister.. . my foster sister." "My mom," "my brother.. . a stepbrother." "He's my real brother." "She's my real sister." Others said, <u>"Actual</u> brother, sister, and Mom."

Another child spoke of a caregiver who did not want her/his biological children to be negatively impacted by foster care experiences: "She doesn't want to ruin her <u>real</u> kid's life just because of a foster kid. That's something I like." When speaking of differential treatment of biological or adopted children and foster children, one birth child said "Mom treats the <u>real</u> children as more than the foster children.. .."

When asked where one foster child would be in five years, a birth/adopted child in another home said, "Not here. Maybe with her Mom and Dad? Maybe in a <u>real</u> home that they got adopted, or maybe a foster house. Hard to say."

Foster children also differentiated "real" family from foster household members. When speaking of a foster family, one child said, "They are not my <u>actual</u> relatives." During an activity when a foster child was asked to place "Mom," on the diagram, s/he asked, <u>"Real</u> mother or foster mother?"

Impersonal **Phrases Used When Referring to Foster Children**

When talking to foster children face-to-face, caregivers and birth/adopted children were generally respectful to foster children. However, when talking to researchers during interviews, on the phone and during informal conversations, researchers noted that many of the respondents in this study unwittingly used impersonal terms when referring to children in foster care. The following is a brief list of the terms used only during interviews of birth and adopted children in non-kin homes.

- "She's a foster daughter." "foster sister" "foster **brother"**
- "... a foster child." • "She's like **a** foster kid, child."
- "Oh, that's <u>another foster kid</u> that we had <u>in our home."</u>
- ". . <u>another kid</u> in the house" • "...<u>another one.</u> ." • "... <u>the</u> other one.. ."
- ". . .she thinks that her kids are more than <u>the foster,</u> so if it's way too much to handle, she can just call the foster thing [SCF] and say, "We can't do it. Just take <u>this child</u> out."
- One foster child was called, ". . .<u>that other thing</u>."
- Another child **was** called "...a <u>temporary.</u> ."
- "...<u>not</u> **really** <u>a permanent person</u>"
- "They're <u>just foster children</u>."
- "They're <u>foster children, s</u>o some of <u>them</u> you can't trust and <u>they</u> have to be watched a lot."
- "We had <u>these other</u> kids.. ." "other <u>kids</u>" • "other kids that need a home"
- <u>the kids</u> who live here
- ". . . <u>people</u> in my house."
- "people <u>other than</u> just our immediate <u>family</u>"
- <u>Them;</u> <u>They;</u> "We really can't go with <u>them</u>"
- "We'll get rid of <u>them</u> sooner than Christmas of next year."

Foster children said of themselves:

- "we're <u>the longest</u> they've had . . . . "
- ". . .<u>they</u> probably won't have any more <u>people</u> <u>like me</u> . . <u>.in</u> the house.. ." meaning caregivers probably will not get other foster children after s/he is gone.
- One foster child being adopted was said to be "almost family."

Kin families tended to utilize the relationship of the child rather than use impersonal phrases when referring to foster children. Some of the phrases used in kin families are included below:

- "[Name] is a foster sister."
- "My cousins live with us until we can find another place for them."
- ". . . its my relative.. .."
- ". . . another one…"
- "I don't know if I'd really want another one in."

Pronoun Usage

We examined the use of personal pronouns across all respondent groups. We are including a few gleaned during interviews with birth, adopted, and foster children.

Birth/Adopted Children's Use of Pronouns. Birth and adopted children's use of personal pronouns was evident of their perceptions of family membership. Following are a few phrases taken from children's face-to-face interviews in which they refer to their biological family members.

- "My sister.. . .
- "my family," "my mom," "my parents," "my sister," "our house," "my best friend."
- ". . .be around my family more." "my dad," "my mom," "my older sister," "my other sister," "my brother," "my family."
- "I kind of like my regular Dad.. ."
- My mom, my dad, my cousin, my brother
- "Just the four of us, it's really a lot more fun that way."
- "I'm one of their kids." "She's my mom." . . .my parents.. ."
- "I think of us as a family that have learned to share, like ourselves, our affections and stuff, with other people other than just our immediate family."

Birth and adopted children's references were similar for former foster children who were still connected to their former foster families. Pronouns were also used for foster children who were in the process of being adopted by their foster families and for blood relatives.

For example, an older birth child still living at home considered one former foster child to be

- ". . .still a member of our family.. ." ". . .my sister.. . . She's Mom's daughter.. .."
- a foster child being adopted was considered "my sister."
- "My cousins live with us.. .."
- "my grandma," "my grandpa," "our grandpa," "my grandparents,"
- "…our relative.. .."

Foster Children's Use of Pronouns. Foster children's use of personal pronouns was also evident of their perceptions of family membership in their families of origin. Following are a few phrases taken from foster children's face-to-face interviews in which they refer to their biological family members.

- "our parents," "my brother," "our cousin," "our uncle," "our dad," 'we.'
- "My sister"
- "She's my sister."
- "we," "my brother," "my mom," "my family..."
- "My dad," " my mom," "Our parents spoil us rotten."
- "My uncle," "my aunt," "my sister," " my birth mom," "birth dad," a "baby sister," "a home."
- "Our dad" "My mom" "She's my mom, my blood mom."
- ". . .It wouldn't be fun without my other [bio] parents." ". . .us."

When explaining the function of a foster family, one foster child said,

- "Somebody takes you in until you're ready to go back to live with your family-or back with a family." This child feared s/he would not go home.

Satisfaction with Foster Caregiving

Caregivers' birth and adopted children played a large role in their families' successful caregiving. Birth and adopted children sacrificed a great deal and certainly did their part in helping foster children feel safe, secure, and to experience the normal ups and downs of everyday family life. We were interested in the degree to which birth and adopted children wanted to have foster children in their homes. We also wanted to explore their perceptions of how long they thought their families would continue foster caregiving.

Do You Want Your Family to be Bigger, Smaller, or Its Exact Size? We decided to explore this question in a covert manner. First, we asked birth and adopted children about the size of their families and whether they wanted their families to remain the 'exact same size,' get bigger,' or get 'smaller.' Second, we asked them how they thought that size could best be achieved.

Birth Children's Perspectives. Seven of the 13 birth/adopted children wanted their current family to be 'smaller.' One wanted it 'bigger' and the remainder wanted it to remain the 'exact same size.' Of those who wanted the family smaller, all but one child said the best way to get it smaller was to not have foster children in the home. The remaining child who wanted a smaller family refused to say how a reduction in family size should occur.

Children who wanted their family to remain the exact same size were either: (a) in a family that was about to adopt their foster child, (b) the only foster child in the home, or (c) the oldest birth/adopted child in the family and about to leave home. One older birth/adopted child enjoyed helping children and was pleased to have foster children in the home. One child who wanted a bigger family wanted to adopt a baby. This child also said that s/he would also be tolerant of getting more foster children if they were not like the current foster child in the family.

Foster Children's Perspectives. We also wanted to know about foster children's preferences for family size in their foster homes and how that size could best be achieved. When asked about their preference for family size, eight foster children wanted the foster family the exact size it was at the time of the interviews. One child wanted the house bigger. S/he mentioned a desire for a playmate her/his own age. One child wanted the family smaller and suggested s/he and her/his sister be sent home as a means of gaming more space in the foster home.

Would You Continue To Take Foster Children If It Was Up To You? Nine of the 13 birth/adopted children would not **continue** to take foster children if it were up to them. All the children who said they would not continue if it were up to them had indicated that they would like a 'smaller' family. By contrast, birth/adopted children who were either adults or nearing adulthood said theywould continue care if it were up to them to decide. One child in a family that was adopting their foster child initially said that s/he would continue care because SCF wanted her/his **family** to do it, but later said s/he was not sure if s/he "could take that."

How Long Will Caregiving Continue? When asked how long each family planned to continue caregiving, seven of 13 birth/adopted children were unsure. For the remainder, two more years was the most common answer. When asked why, six were not sure or gave no response. Others thought they would either continue because their mothers thought their families should help or because it was the right thing to do. Those who thought they would quit, thought they would do so "because the foster kids would have moved out" or because they would need time to focus on their own families.

When asked how long their caregivers planned to continue foster care, only one foster child was unsure. Six foster children said that their caregivers would continue as long as the current foster children were in the home. Four foster children thought their caregivers would continue anywhere from two to ten years or for as long as possible. Of those four homes, only one family was still providing care by the end of this study.

Caregivers' Perspectives. When caregivers were asked how long they planned to continue caregiving, seven were unsure and three thought it would range from one to eight years. Four caregivers said that they would continue until the current foster children left the homes and four would stop caregiving after the adoptions of their foster children were final.

We asked caregivers what could cause them to quit caregiving prior to the time they plan to quit. There was a variety of responses that fell into ten categories: (a) age or health problems; (b) death of a spouse or foster child; (c) unreasonable requirements or pressures unposed by SCF; (d) lack of SCF cooperation, support or appreciation; (e) interference by the foster child/ren's biological families; (f) false accusations by foster children; (g) extensive behavior problems; (h) undue stress or threats on the core family unit; (i) unhappiness or discontent among birth children, caregivers or foster children; or (j) an inability to remain effective.

Caregivers said that they could be encouraged to continue caregiving longer than anticipated if they felt they were (a) fulfilling a need, particularly for their current foster children; (b) doing a good job or making a difference; (c) encouraged enough by SCF, friends, and peers; (d) given enough support and financial compensation; (e) able to choose their own caseworkers; (f) given more responsibilities and control; and (g) unable to adopt their current foster child for some reason. Three caregivers said nothing could cause them to quit before their current foster children left the home. Two of these were non-km caregivers and one cared for related children.

By the end of this study, only one of the 12 families was still taking unrelated foster children into their home. Of the remaining 11 families, four ceased doing foster care because they had adopted their foster children or had received permanent guardianship, three km families quit caregiving after their foster children left their homes, two non-km homes closed forever because of issues with SCF, and two families could not be reached for comment.

Appendix A:

Case Study Report -
Integration and Quality of Care

Abstract

Case Study Report ▪
Integration and Quality of Care

Integration of foster children into kin and non-kin homes was influenced by several variables including the presence of birth children. For the most part in both kin and non-kin homes foster caregivers included foster children in most activities and showed extraordinary concern for foster children.

Nevertheless, in most homes two family units existed: **the "core family"** that included only caregivers and their birth or adopted children and the **"under one roof family"** that included all household members. The boundaries of the core family unit were strong and most often specifically excluded foster children. Of 24 foster children, only four children (all of whom lived in kin care) were considered members of the core family.

The "under one roof family" boundaries were more permeable than the boundaries of the core family. Anyone who lived in the household was quickly included. This permeability well served foster children who were new to the household or who were shorter-term residents. Clearly, however, the socio-emotional attachment among core family unit members was stronger than emotional attachment to foster children even when foster children were long-term residents in the household.

Comparing core and "under one roof" family units, there were few obvious differences by use of space, time or resources. When differences did exist, it was most frequently that birth and adopted children (who were members of the core family) perceived that they were receiving less parental time and household space than did foster children. The most pervasive indicator of membership in the core family unit was the use of language. Foster caregivers, birth and adopted children and foster children themselves used words and pronouns that indicated who was in the real "core family" and who was not.

Foster Home/Caregiver Demographics Profile

Variable	Non-Kin with BC	Non-Kin w/o BC	Kin with BC	Kin without BC
	(n = 6)	(n = 6)	(n = 4)	(n = 5)
Mean Ages of Caregivers	48	43	45	48
Marital Status	married	married	married	married
Number of Years Married	19.3	23	16.3	16
Married Previously	N	N	N	Y
Number of Birth Children at home	3.0	0	3.0	0
Number of Foster Children in Home	1.7	1.3	1.3	1.3
Average Age of Birth Children	17.3	—	14.1	—
Average Age of Foster Children	12.0	12.7	13.0	9.5
Caregiver Education Level	11.8	14.3	13.3	13.0
Employed	Yes	Yes	Yes	No
Paid Employment	Yes	Yes	Yes	Yes
Mean Family Income per Year, including Foster Care Payments	$30,000	$52,000	$30,000	$58,000
Foster Care Income	$800	$767	$767	$433
Prefers Long Term Placements	Y	Y	Y	Y
Received Eke-Training	Y	Y	Y	Y
Received Foster Caregiver Training	Y	Y	Y	Y
Years as Foster Caregiver	10	6	3	2
Mean Number of Foster Children Served	85	20	2	2
Plan to Continue with Caregiving?	Less than 5 years	Unsure	'Til child leaves or is adopted	'Til child leaves or is adopted

Appendix B:

Case Study Report -
Biological Children's Perceptions of Foster Care

Case Study Report -
Birth Children's Perceptions of Foster Care

All members of families who begin to care for foster children are likely to undergo major changes in their family life experiences. This includes foster parents' own birth children. Relationships between birth children and foster children may contribute to the success or failure of specific foster placements. Foster parents often refer to a concern for their birth children as an important reason for ending their foster parenting service. Despite the potential import of birth children's experiences in foster families, we were unable to find more than a few studies that examined them.

In this study, we focused on one fundamental research question. What feelings, perceptions, and experiences are associated with birth children's satisfaction or dissatisfaction with family life in foster families? From the perspective of symbolic interaction theory, it is the birth children's perceptions and interpretations of their interactions and experiences within a foster family that tell us the meanings these experiences hold for them.

METHOD

A qualitative approach was chosen to learn about these experiences through the birth children's own words. Structured interviews with birth children were conducted as part of a larger study of foster families.

Participants. Foster families caring for either kin or non-kin foster children over the age of 10 were located through local branches of the state children's services agency. Foster families who agreed to the extensive interviews involved participated in the study.

The resulting sample of foster families was not representative of the population of foster families with birth children in the home.

The findings presented here focus on 14 birth children's perceptions and interpretations of their experiences. These children ranged in age from 11 to 19. They were from seven families. Three families were caring for a child who was related to them in some way (kin foster families), and four families were caring for unrelated foster children (non-kin foster families). The families had been providing foster care for periods ranging from 1.5 to more than 11 years.

Interview Protocol and Analysis. Birth child interview questions focused on inclusion in the family, fairness in access to parent's time and other resources, relationship quality between the foster and birth children, involvement in recreational activities, sharing parental attention, and satisfaction with being a member of a foster family.

The analysis process involved repetitive reading of the interviews, extended consideration of possible interpretations, and eventual coding of the data. Grounded theory was used to draw both anticipated and unexpected themes from the data.

FINDINGS

Two major themes emerged. First, some of the birth children seemed to be content with their family's transition to foster caregiving. Second, other birth children seemed to be unhappy with their situation and experiencing a sense of loss of their remembered family life before the arrival of foster children. These two types of perceptions were as prevalent in non-kin as in km foster families.

Several other characteristics of the birth children's perceptions appeared to differentiate between feelings of contentment and feelings of loss. These included perceptions about (a) the worth of providing care to foster children, (b) the adequacy of parental attention, (c) levels of family conflict and stress, (d) personal feelings toward a foster child, and (e) access to personal space and privacy.

Sense of Contentment. Birth children who seemed content with being in a foster family didn't always feel positive about the changes in their families since the arrival of foster children, but they did express a number of more positive perceptions. These included a sense of satisfaction with being able to help the foster children, receiving enough attention from their parents, feeling good about their current family, and not wishing to change it. They did not perceive high levels of family conflict, although they mentioned that levels of conflict had increased with the arrival of foster children. They felt that while there were more conflict and obligations, these changes were acceptable because they were balanced by more positive feelings as well. For example, when asked about how being part of a foster family usually feels, Linda (age 17) replied,

> It feels good. Most of the kids *you help* are changed or feel better about themselves and their problems. It makes *me feel* good to *know* I'm making a *difference* in someone's life. (emphasis added)

Sense of Loss. In contrast to children who expressed overall contentment with foster family life, some children expressed a sense of loss of their previous family dynamic. Most expressed the wish to return to the way their family was before the arrival of foster children. This sense of loss was **often** accompanied by: (a) a longing for more attention from parents, (b) dismay at high levels of conflict between family members and one or more foster children, (c) feelings of

annoyance toward a foster child, (d) a desire for greater access to privacy and/or personal space, and (e) a perception of greater family stress since the arrival of foster children.

For example, when asked how she felt about the changes in her family that occurred with the addition of foster children, Julie (age 11) replied, "I don't really like them . . .I wish that we were just like we used to be before we had foster kids." When asked to describe her family **after** foster children came, she replied "Annoyed . Slow, tired."

IMPLICATIONS

These results indicate that birth children's perception of foster care is a fruitful and important area for further study. Such study can elucidate possible ways for children's services personnel to increase the retention and well-being of foster families by helping them to anticipate, understand and respond to the feelings and concerns of their birth children. Possible strategies might include (a) ensuring that birth children are provided with adequate personal space, (b) scheduling respite care for biological (and adopted) family members together, and (c) communication and conflict resolution training for all foster family members to help reduce interpersonal annoyance and conflict.

Appendix C:

Foster Child Emergency Placement Form

FOSTER CHILD: EMERGENCY PLACEMENT FORM'

Caseworker Name _____

Office Phone: _____   **County** _____

After Hours Contact: _____

Other Emergency Contact: _____

Name of child or children in sibling groups	Age	Gender	Current school/ grade	Special Education or IEP?	Will school change with placement?	Special need/ equipment
		M F				
		M F				
		M F				

1. **Why does child(ren) need placement NOW?**

    ❑ Removal from birth home _____

    ☐ Leaving current foster home; length and number of previous placements: _____

    Cl Leaving institutional care, length of last placement _____

    ❑ Other _____

2. **When was child(ren) *first* removed from birth home?** _____

3. **Why was child(ren) removed from birth home? Please describe situation briefly.**

    ❑   Physical abuse:_____

    ☐ Sexual abuse:_____

    ❑   Neglect: _____

    Cl Voluntary placement: _____

    ☐ Parental arrest/other crisis: _____

    ☐ Other: _____

4. **How long do you expect child(ren) to live with us?**_____

5. **What is current status of parental rights?** _____

6. **How stable are the birth/adopted parents? Do we need to protect our identity and location?**

   _____

7. **Has child(ren) ever exhibited** _any_ **behaviors that are:**
   - a. dangerous to self? ☐ NO Cl YES: _____

   - b. dangerous to others? ☐   NO ☐ YES: _____

   - c. delinquent acts? ☐ NO ☐ YES: _____

8. **What are the child(ren)'s greatest behavior issues?** _____

   _____

9. **What behavior management strategies have been effective?** _____

   _____

10. **Does child(ren) use formula?** Cl NO ☐   YES: Type/brand _____ Bottle/nipple type _____

11. **Is child(ren) toilet-trained? Cl NO ☐ YES**

12. **Is child(ren) currently sick or needing health care?** ☐   NO ☐ YES _____

13. **Who provides child(ren)'s health care?** Medical: _____/phone: _____
    Dental: _____/phone: _____

14. **What are child(ren)'s most immediate needs from caregivers?** _____
    _____ ..

15. **What supplies (clothes, toys, school, medical) will child(ren) need right away?** _____

    _____

16. **Will I need to provide transportation to or from school, or for other services?**
    ☐ NO☐ ✡☜◆
    - a. Which schools or services? Frequently? _____
    - b. Is mileage reimbursement available? _____

17. **What is monetary care rate for child(ren)?** _____

18. **Are there other IMPORTANT CONCERNS OR ISSUES we should know about in making this placement decision?**   ☐ NO ☐   ✡☜◆ _____

    _____

Appendix D:

Foster Child Placement Information Form

FOSTER CHILD

PLACEMENT

INFORMATION FORM

CHILD'5 NAME: _____

FOSTER CHILD
PLACEMENT
INFORMATION FORM

As a foster caregiver, you need lots of information to effectively support a foster child. This form can help you obtain important information from a child's caseworker.

In some cases, the caseworker may not have the information. But the more you know, the better you can support your foster child.

This form covers seven topics:

Page 1: Child Demographic and Placement Information

Page 2: Family and Social Relationships

Page 3: Physical Health

Page 4: Social Emotional Health

Page 5: Behavior Problems and Issues

Page 6: Educational Progress and Needs

Page 7: Foster Caregiver Responsibilities

If answered **before** a child is placed, the answers can help match a child with the most appropriate foster caregiver. If this is not possible, the questions should be answered as soon as possible, shortly after initial placement.

b

CHILD DEMOGRAPHIC AND PLACEMENT INFORMATION

Caseworker: _____   County _____

Office phone: _____

After hours: _____   Other emergency contact: _____

1. Child's **full** name: _____   Nickname, if any _____

2. Age: _____   Birthdate: _____

3. Gender: ❑ Male   ❑ Female

4. How many siblings (step-siblings) are in family? ____ (If no siblings go to #5)
    4a. Child's **birth** order in family: ❑ only child ❑ oldest ❑ 2nd ❑   3rd ❑ 4th ❑   5th ❑ 6th
    4b. Are any siblings in/entering foster care? ❑ No ❑ Yes, who/ages _____

5. Why does child need placement NOW?
    ❑ Removal **from parental** home
        0 physical abuse _____
        0 sexual abuse _____
        0 neglect _____
        0 parental arrest/crisis _____
        0 other _____

    ❑ Voluntary placement _____
    ❑ Leaving current foster home _____
    ❑ Leaving institutional care _____
    ❑ Other _____

6. Has child been in foster care BEFORE or CURRENTLY?   ❑ NO (go to #7)   ❑ ✿
    6a. Number/dates of previous placements? _____
    6b. Reason for previous placement? _____
    6c. Reason for leaving last foster home? _____
    6d. Will I be able to talk with previous foster **caregiver/**   ❑ NO ❑ YES, name _____
                                               phone _____

7. Who is legally responsible for this child right NOW?
    ❑ Biological/adoptive parents   ❑ SCF   ❑ **Other** _____
    7a. Do you expect this legal arrangement to change?   ❑ ✿   ❑ YES, how? _____

8. Does the child have a Court-Appointed Special Advocate (CASA)?   ❑ NO   ❑ YES, name _____
                                               phone _____

9. Does child have a lawyer?   ❑ ✿   ❑ YES, name _____   phone _____

10. **What** are the long-term plans for the child?   ❑ adoption   ❑ return home
                                            ❑ long-term foster care   ❑ emancipation ❑ other _____

11. How long do you expect this child to live with us? _____

F/

1. Child's   biological/parent/s'

1 a. What is current status of parental rights?

1 b. Do we need to protect our identity and location

☐ NO   ☐ YES

2 . Is child allowed to visit with biological/adoptive parent or other family members?

☐ NO   ➜   2a. If there is no visitation plan NOW, will vis

☐ NO   ☐

PHYSICAL HEALTH

1. What is child's general physical health status? ❑ Excellent ❑ ⌐⌐⌐ ❑ Fair ❑ Poor

2. Is child currently sick? ❑ NO ❑ YES, describe: _____

3. Does child currently take medications?

   ❑ NO ❑ lYESa. _____ b. _____ c. _____
   ⬇

4. Does child have any allergies?

   ❑ NO ❑ YESa. _____ b. _____
   ⬇

5. Has child been diagnosed with any medical, physical or developmental condition?

   ❑NO ❑ lYES 5a. Describe: _____

   _____

   5b. Describe any specialized equipment needed/used: _____

   _____

   5c. Describe help child needs with daily tasks, if any (e.g., dress, feed, toilet) _____

   _____

   5d. How do I get a copy of any written report or other information on child's condition/needs?

   _____.

6. Will I need special training to meet this child's physical health needs?

   ❑ NO ❑ YES 6a. Is this training provided? ❑ NO ❑ YES
         6b. Where/when? _____
         6c. Extent/length of training? _____
         6d. Cost to foster home? _____

7. Does child use bottle? ❑ NO ❑ YES, formula type _____ nipple type _____

8. Is child toilet-trained? ❑ NO ❑ ⌐⌐⌐

9. Other than routine preventative care, will child be likely to need other medical, dental, or specialized health care while in our home?

   ❑ NO ❑ ⌐⌐⌐ _____

10. Who is the child's doctor? _____ phone _____
          1 0a. Approximate date of LAST visit?_____

11. Who is the child's dentist? _____
          11 a. Approximate date of LAST visit? _____

b

SOCIAL EMOTIONAL HEALTH

1. Has child been abused/neglected?

    ❑ NO ❑ ✿☞◆ ❑ Sexual   ❑ Physical   ❑ Emotional   ❑ Neglect

                  a. By whom? _____

                  b. At what age did maltreatment begin? _____

                  c. How long did maltreatment occur? _____

                  d. What issues does child face now as result of maltreatment? _____

                  _____

2. Is child currently in counseling/therapy?

    Cl No   ❑   Yes a. When did counseling/therapy begin? _____

                  b. Will child continue counseling/therapy while in our home?

                   ❑ NO go to #3   ❑ ✿☞◆

                   c. How o&n/when? _____

                   d. With whom? _____ phone: _____

3. Will I need special training to meet this child's emotional health needs?

    ❑ NO   ❑ YES 3a. Is this training provided? ❑   NO   ❑ ✿☞◆

                  3b. Where/when? _____

                  3c. Extent/length of training? _____

                  3d. Cost to foster home? _____

4. How **often** does child display *appropriate* behaviors?

	unknown	Rarely/ Never	Occasionally	Usually	Always/ Very Frequently
a. Shows age-appropriate social skills?	❑	0	❑	❑	❑
b. Respects others?	❑	0	0	❑	0
c. Respects property?	0	❑	❑	0	❑
d. Respects boundaries/privacy?	❑	cl	❑	❑	0
e. Understands and states own needs?	0	❑	0	❑	❑
f. Follows directions, rules, and guidelines?	❑	❑	0	❑	0
g. Displays self-protective behaviors (e.g., reports abuse, others' inappropriate behavior)?	❑	0	0	0	**0**

5. What are child's strengths? _____

    _____

1. How often has the child displayed the following

Been out-of-control, in tantrum

a.

Describe:

_____

b. Extremelyshy,withdrawn?

Describe:

_____

c. Destroyedproperty?

Describe:

EDUCATIONAL PROGRESS AND NEEDS

1. What is child's current grade level? _____

2. What school does child attend NOW? _____

   2a. Location _____

   2b. Name/phone of contact person at school _____

3. Following placement in our home, will child change schools?

   ❏ NO   ❏ ✿☞◆ _____

4. What is child's current level of progress in school?

   ❏ Above grade level
   ❏ At grade level
   ❏ Below grade level

   Comment: _____

5. Is child enrolled in Special Education or have an Individual Education Plan (IEP)?

   ❏ NO   ❏ Yes a. What issues lead to Special Ed or IEP?

       _____

       _____

       _____

       b. Who is the person at the school that I can talk to about child's Special Ed/IEP?

       Name _____ Phone _____

6. Is child currently involved in extra-curricular activities?

   ❏ NO ❏ Unknown ❏ ✿☞◆ a. What activities? _____

                              b. Which activities will child continue? _____

                              c. Are funds available to cover expenses?   ❏ NO   ❏ YES

7. Are there any extracurricular activities that this child would like to do?

   ❏ NO ❏ Unknown ❏ ✿☞◆ a. Which ones? _____

                              b. Are funds available to cover expenses? ❏ NO   ❏ ✿☞◆

FOSTER CAREGIVER RESPONSIBILITIES

1. What are the child's immediate needs from caregivers?

   a. social-emotional: _____

   b. physical/medical care, other health: _____

   c. clothes, school supplies, other: _____

2. Describe my other primary responsibilities for this child. _____

   _____

   _____

3. What will child bring with her/him (clothes, pets, other)?

   _____

4. Will I need to provide transportation to or from school, services, or other activities?

   ☐ NO   ☐

   a. About how much time will transportation involve? _____

   b. What mileage reimbursement rate is available? _____

5. What is monetary care rate (per month) for this child? _____

6. Are supplemental allowances available to meet this child's needs (clothing, medical, other)?

   ☐ NO   ☐ YES, Describe: _____

7. What is the next step in the process? _____

   _____

   _____

8. Other comments?

   _____

Appendix E:

Problem solving communication in foster and biologically related families:
Comparisons and associations with child behavior problems

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Problem Solving Communication in Foster and Biologically Related Families:

Comparisons and Associations with Child Behavior Problems

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ABSTRACT

Parent-child communication behaviors during problem solving were assessed in three samples of families with a young adolescent child (mean age 12.2 years): foster families, biologically related families with a child at risk for behavior problems, and biologically related comparison families with a child not at risk. Levels of positive and negative communication behaviors were about the same in foster families and lower-risk comparison families. Communication patterns in these two groups were more functional than in at-risk families. The children in foster care had levels of behavior problems comparable to those of the at-risk children. In foster families, parent and child communication behaviors in foster families were most strongly related to children's behavior problems. In foster families, mothers participated in problem solving significantly more, and fathers less, than in the at-risk and lower risk comparison families. Within foster families, elevated participation by mothers was associated with lower levels of children's behavior problems, and greater participation by fathers was linked to higher levels of behavior problems. The results suggest the potential for reducing child behavior problems in foster families by training foster parents in specific aspects of parent-child communication during problem solving.

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Problem-Solving Communication in Foster and Biologically

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Comparisons and As

Social conditions and child welfare policies hav

number of children in foster care during recent years in the United Sta

Foster Parent-Child Communication

A primary issue addressed by efforts to improve foster care is nature of the relationship between foster parent and foster child (Goerge, Wulzyn & Fanshel, 1994:535-536). That relationship is the basis for the provision of quality care, the child's psychological development, and limiting the number of placements that fail. One of the most important characteristics of this relationship is communication. Despite its importance, little is known about how communication behaviors between foster parents and foster children compare with similar interactions between biologically related parents and children. The purpose of this exploratory study is to compare specific communication behaviors during problem solving in foster and biologically related families, and to examine associations between those behaviors and children's behavior problems.

Parent-child communication is important in child development primarily because of its associations with important child outcomes.   Positive parent-child communication is essential in the normal development of attachment, social competence, emotional regulation, cognitive ability and morality. Negative communication within the family is linked to cognitive, emotional, and behavioral problems (e.g., Patterson, Reid & Dishion, 1992). It is not currently known whether parent-child communication behaviors have the same effects on child outcomes in foster families and biologically related families. It is possible that the same behaviors by a parent or child may have different meanings and consequences in foster and biologically related families.

From a developmental perspective, several factors predict deficits in foster parents and foster children relationship variables, including communication, compared

with biologically related parents and children. Foster parents typically don't have the opportunity to establish a bond with a child in the first few years of life (Marcus, 1991). Such a bond establishes an on-going foundation of trust and attachment between parents and children. In addition, foster family relationships are usually temporary. Many foster parents and children are reluctant to establish strong interpersonal bonds unless adoption is likely. Furthermore, children often enter foster care with psychological problems that may inhibit the positive foster parent/foster child communication and relationship development.

State child welfare systems seek to overcome these difficulties in several ways. These include screening potential foster parents, training foster parents in effective support and parenting of foster children, and providing on-going support and assistance through case workers. These strategies are successful in many cases (e.g., Fein, 1991). However, high rates of children's behavior problems and turnover in placements indicate failure in many other cases. These problems among foster families predict weaker parent-child bonds, and therefore a lower overall quality of parent-child communication in foster families compared with biologically related families.

Thus the first hypothesis examined in this current study is that parent-child communication is of lower in quality in foster families than in biologically related families (Hypothesis I). Differences in parent-child communication between foster families and biologically related families may be due to higher levels of children's behavior problems in foster families, rather than the other aspects of foster care previously identified. To address this concern the present study included two types of biologically related families. One was a comparison group of families with children who

were not at risk (lower risk families). The other was a group of biologically related parents and their young adolescent children who were at risk for behavior problems (at-risk families). If high rates of children's behavior problems detract from parent-child interactions and relationships, it may be expected that biologically related children at risk for the development of behavior problems will have less beneficial parent-child communication behaviors than biologically related families with children who are not at risk.

Finally because positive and negative parent-child communication behaviors are related to children's development, two additional hypotheses were tested. It was expected that among *all family types,* positive parent-child communication behaviors would be inversely (negatively) related to child behavior problems (Hypothesis II). Similarly, **among** *all family types* negative parent-child communication behaviors were expected to be associated with higher levels of child behavior problems (Hypothesis III).

Selection of Study Methods

Only a few studies have compared specific components of parent-child interaction in samples of foster and biologically related families (e.g., Marcus, 1991; Simms & Horowitz, 1996; Goerge, Wulczyn & Fanshel, 1994). Results have been conflicting, with observational studies finding deficits in foster families (Marcus, 1991; Simms & Horowitz, 1996) and self-report studies finding no differences or better functioning in foster families (Seaberg & Harrigan, 1998). Self-report data, of course, must be considered with some caution due to social desirability bias. There have been no observational studies that have explicitly compared major characteristics of parent-child communication in foster and biologically related families.

The scarcity of observational studies is due in part to the methodological challenges involved. To maintain external validity, observations must be made in ways that minimize subject reactions to observational procedures. Ethical guidelines require provisions for informed consent and confidentiality. In studies of foster children, this requires permission not only from the children and caseworkers, but also from birth parents and foster parents, who may not know or be cooperating with each other. The present study addressed these issues in order to provide observational data on foster parent/foster child communication interactions not available in previous studies.

Once this observational data were gathered, it is possible to rate the overall positive or negative character of a family's interaction as a whole (e.g., Seaberg & Harrigan, 1997), or in terms of specific dyadic family relationships (Marcus, 1991). In foster families it may be especially important to examine the behavior of each family member. Because children often enter foster care with psychological problems, their individual behavior may be influence foster family interaction in ways that maintain or exacerbate their existing behavior problems. Research on adoptive family interaction has found that negative behavior by a newly adopted child elicits ineffective parenting practices (O'Connor et al., 1998). For this reason, the present analysis examined the communication behaviors of the children separately from those of each parent.

Previous research has found evidence of limited interaction of any kind between foster parents and foster children (Simms & Horowitz, 1996). This might be understood in terms of low levels of attachment in some foster families (Marcus, 1991). A tendency for foster children to withdraw from family interaction, or for a foster parent to dominate it, could maintain behavior problems. To consider this possibility, the current study

assessed the level of participation of the foster child, foster mother and foster father during problem solving communication.

Finally, the current study focused on children in early adolescence because of the prevalence of parent-child problems in this developmental phase, and because foster children at this age have often experienced several foster homes. Potential implications for training foster parents were developed.

METHODS

Subjects and Recruitment

Subjects were 69 family triads (two parents and one child), a total of 207 individuals. To eliminate sample size as a statistical artifact in the comparisons, each group included the same number of 23 families. Foster families were recruited for this study. Comparison lower risk and at-risk family samples were drawn from archived data sets (Vuchinich, Wood & Vuchinich, 1994; Patterson Reid & Dishion, 1992) that had used the same family videotaped assessment procedures. All families in the study lived within five counties in Western Oregon, which included suburban, rural and urban areas.

Foster families were recruited through cooperation with the state child protective services agency between 1996 and 1998. Recruitment letters were sent to all foster parents caring for an adolescent foster child in each county. Small monetary incentives were offered, consisting of $25 for the foster parents and $15 for the foster child at the completion of the family's participation. Within a few weeks of receiving the written request, foster parents were contacted by telephone to request their, and their adolescent foster child's, participation in the study. Informed consent, confidentiality and related

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matters were fully explained and signed consent by foster parents, a birth parent (or caseworker'), and the foster child were required before any research procedures began. When a family and foster child consented to participate, the child's caseworker was contacted and transmitted the request for consent to the foster child's biological parent (if available), along with the informed consent document. The foster child's participation was not pursued if the caseworker believed that participation would be too stressful for the child.

This recruitment method probably resulted in participation by foster families who were fimctioning relatively well. Thus this sample cannot be considered representative of all foster families. However, this is not a liability because the study is concerned with the general characteristics of foster families, many of which function well. In this sample, the average number of placements for the foster children was 3.3, and the average total time in foster care was 3.8 years. The average length of stay in the current foster care placement was 1.8 years.

The 23 lower risk and 23 at-risk families were selected from the archives by matching as closely as possible the age of child, family income, and marital satisfaction in the foster family sample. These are variables that could influence the character of family interaction, or child behavior problems. The lower risk comparison families had been recruited in 1992 (Vuchinich et al., 1994) through the cooperation of local school districts. Districts provided addresses of parents. Parents were mailed a brief description of the study and asked if they were interested in volunteering. The volunteer rate was

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[1] In a small number of cases, the birth parent was not available or no longer had parental rights. In these cases, consent was gained **from** the caseworker, foster parents, and foster child

samples both parents (or in the case of foster families, foster parents) completed the Child Behavior Checklist. The analyses used raw scores and calculated the mean of mother and father ratings of child externalizing and internalizing. The resulting mean scores for all three groups were below the clinical level.

Matching Variables. For purposes of matching cases across the three family types, marital satisfaction was measured with the Dyadic Adjustment Scale questionnaire (Spanier, 1976), a standard index of marital quality that might affect family interaction. Also for matching purposes, yearly family income, not counting foster care stipends, was measured by the average of mother and father responses on the following scale: 1= under $15,000, 2= $15,001 - $25,000, 3= $25,001 - $35,000, 4= $35,001 - $45,000, 5= $45,001 - $55,000, 6= over $55,000. Children's ages were also matched.

Family Problem Solving. The family problem solving interaction task has established validity and reliability (e.g., Forgatch, 1989; Vuchinich et al., 1994; Vuchinich, Angelelli and Gather-urn, 1996). The interaction task provides opportunities for positive, supportive communication behaviors and negative, conflicting communication behaviors. Previous research has linked these communication behaviors to children's behavior problems (Vuchinich et al., 1994; Vuchinich, Angelelli and Gatherum, 1996.)

For foster families, the procedure paralleled procedures used earlier to collect data from lower risk and at-risk families. For foster families and lower risk comparison families the procedure was conducted in the home. For at-risk families the procedure was conducted at a community family services and research center (Patterson, Reid & Dishion, 1992). Only the mother, father and child were present. A video camera was in

view and families were informed that they were being videotaped. To acclimate them to the setting they were told to take five minutes to plan a "fun family activity" that they might actually be able to do.

After that discussion, which was not used in the analysis, each family member separately reviewed a written list of 49 parent-child issues that are typically the source of parent-child difficulties in the home (e.g., allowance, chores, arguments with brothers and sisters, or foster brothers and sisters, curfew etc.). The parents, and independently the child, selected a specific problem that they felt had been an issue for them at home during the past month. The family was asked to take one of the issues and try to make progress toward resolving it ten minutes. Whether the parent-selected or child-selected issue was discussed first was randomly determined. After the first lo-minute discussion, the family was asked to take ten minutes and try to resolve the other issue.

Each lo-minutes session was coded separately. Coding of the positive behavior, negative behavior, and participation level of each family member were made by trained coders who observed the videotapes. Training required about 100 hours to attain criterion reliability. Coders were blind to the type of family (foster, at-risk, lower risk comparison) being coded. *Positive behavior* included displays of warmth, support, positive affect, intimacy, agreement, smiling toward the person and complying with their requests. *Negative behavior* included disagreeing, criticizing, showing anger toward, complaining about, arguing with, accusing, reprimanding, or insulting. *Participation* ratings of each family member were based on the amount of their verbal activity during the discussions. Ratings of participation and of positive and negative behavior were made on a scale ranging from 1 to 7, with 1 indicating none of the behavior to 7 indicating high levels of

the behavior. Such scalar ratings of positive and negative behavior in families have been used in several studies and have demonstrated their validity and reliability (e.g., Vuchinich et al., 1996; Vuchinich et al., 1994; Forgatch, 1989).

For each 1 O-minute discussion seven ratings were obtained: (1) parent-to-child positive behavior, (2) child-to-parent positive behavior, (3) parent-to-child negative behavior, (4) child-to-parent negative behavior, (5) mother participation, (6) father participation, and (7) child participation. Ratings for these seven family interaction behaviors were based on the mean level of behavior in the two problem-solving sessions. To obtain an overall assessment of the positive and negative parent to child behaviors, ratings of mother-to-child and father-to-child ratings were averaged. To obtain an overall assessment of the child's behavior toward parents during the family interaction, child-to-mother and child-to-father ratings were averaged. These procedures have been previously demonstrated to increase the validity and reliability of the assessment of family interaction (Vuchinich et al., 1996) compared to coding only one family interaction session or coding generic child behavior toward "parents", or "parent" behavior toward child.

Inter-coder reliability was assessed using Cohen's kappa (Cohen, 1968) which corrects for chance agreement. The kappa's for the behavior codes, and percent agreement (in parenthesis), were as follows: parent-to-child positive, 0.71 (91%); child-to-parent positive, 0.66 (88%); parent-to-child negative, 0.68 (89%); child-to-parent negative, 0.66 (88%); mother participation, 0.75 (93%); father participation, 0.70 (87%); child participation, 0.74 (94%).

Analysis   Procedures

The analysis plan for this study was straightforward. For Hypothesis I, analysis of variance was used to test for differences in family interaction behaviors between the foster families, at risk families, and lower risk comparison families. Foster families were expected to be less positive and more negative in their behaviors and to have lower levels of participation than the biologically related families. Hypothesis 1 was tested with a separate analysis of variance for each of the seven categories of family behavior. Planned contrasts were used to test whether behavior in foster families was significantly different from behavior in the two types of biologically related families.

To test Hypothesis II and Hypothesis III, correlations (Pearson's r) between the family behaviors and child behavior problems were calculated, within each family type. *Among all family types,* positive behaviors of parents and children were expected to be associated with lower scores on child behavior problems. Negative behaviors of both parents and children were expected to be associated with higher behavior problem scores. Greater participation was expected to be associated with lower behavior problem scores.

RESULTS

Hypothesis I. F tests demonstrated that behavior in foster families was significantly different from biologically related families in all behavior categories except mother participation. However, inspection of the means in Table 2 (and the values of the contrast coefficients, not shown) indicates that the significant differences are in the opposite direction of the predictions in Hypothesis 1 for five of the seven behavior categories.

[Table 2 About Here]

Foster families were more positive, less negative and had more child participation than biologically related families. Mothers in foster families participated more than in biologically related families. Fathers in foster families participated less than in biologically related families. Because the results were the opposite of predictions, an analysis of the group comparisons was conducted using *Scheffe* post hoc comparisons. Table 3 gives the omnibus F tests for the ANOVA of each of the seven behavior categories, and summarizes the post hoc comparisons.

[Table 3 About Here]

In foster families and lower risk comparison families, parents and children were less negative than parents or children in at-risk families. Foster mothers participated more than biologically related mothers in lower risk or at risk comparison families. Foster fathers participated *less* than biologically related fathers in either family type. In foster families, positive child behavior was greater than in at-risk families, but not significantly different from lower risk comparison families. There were no significant differences in positive parent behavior across family type.

Hypotheses II and Hypothesis III. Hypothesis II was supported for foster families. In foster families, substantial significant correlations indicated that higher levels *ofpositive family behavior* were associated with lower levels of both externalizing and internalizing children's behavior problems. Three of the four relevant correlations (r = - .60, *-0.36* for externalizing, and *-0.48* for internalizing, respectively) were statistically significant. In at-risk biologically related families, low levels of positive parent to child behavior were associated with higher levels of externalizing behavior among children (r

= -.40). Among lower risk families, positive family communication behaviors were not to child behavior problems.

[Table 4 About Here]

In foster families, Hypothesis III was also confirmed; higher levels of negative family behavior were correlated with greater child behavior problems. Again three of the four relevant correlations (0.55 and 49 for externalizing, and 0.39 for internalizing) were statistically significant. There was limited support for Hypotheses III in at-risk families, with significant predicted effects occurring for the association between negative parent-to-child behavior and externalizing (r = 0.40). Among lower risk comparison families, negative family communication behaviors were not related to child behavior problems. Overall the communication behaviors in foster families appeared much more closely linked to child behavior problems than in at-risk or comparison families.

There were no significant correlations between child participation and child behavior problems in any family type. However, parent participation was clearly associated with child behavior problems in foster families but not in lower risk comparison families. There were some marginal associations in at-risk families. Higher levels of father participation were associated with more internalizing behavior problems in at-risk families (r= .30) and more externalizing behavior problems in foster families (r = .41). In foster families only, higher levels of mother participation were associated with fewer child behavior problems (externalizing, r = -.45; internalizing, r = -.29). .

DISCUSSION

There were two main findings in this study. First, positive and negative communication was not significantly different in foster families and lower risk

biologically related comparison families. This is especially noteworthy in this sample of early adolescent foster children who on average had been exposed to over 3 foster homes in less than 4 years. The problem solving task could have easily elicited conflicts. Nevertheless, the observational results are consistent with self report survey data suggesting that, as a whole, foster families provide functional family environments for child development (Seaberg & Harrigan, 1997; Fein, 1991). Such findings provide a balance to reports of deficits in foster family interaction (e.g., Marcus, 1991; Simms & Horowitz, 1996)

The second main finding was that in only foster families were problem solving communication behaviors of parents *and* children associated with children's externalizing and internalizing behaviors. The cross-sectional design of this study did not permit disentangling the issue of directionality. Do the child behavior problems elicit the family communication behavior, or do family communication behaviors maintain the child behavior problems? It is likely that some influence goes in both directions. The presence of substantial associations involving parent behavior toward the child, especially with child externalizing, raises an important possibility that parent behavior may maintain or increase of child behavior problems. This link between parent behavior and child externalizing behaviors was seen in both foster and at-risk families. This link is consistent with the social learning theory position that parent behavior is critical in the maintenance of child externalizing problems (e.g., Patterson, Reid & Dishion, 1992; Chamberlain, 1996). It is reasonable to speculate that changes in parent behaviors could potentially reduce child behavior problems. In particular, less negative and more positive parent behavior toward children in foster or at-risk families could be recommended.

The current findings also revealed an important difference between foster families and at-risk families. Only in foster families was there a consistently stronger link between the ***child's*** communication and child behavior problems. All four correlations for this association were substantial and statistically significant in foster families. None of these associations were significant in at-risk families. This is especially interesting because levels of children's behavior problems were similar in at-risk and foster families. This differences is open to multiple interpretations. But it could mean that foster children are more active in expressing their behavior problems in family interaction, than are biological children with comparable psychological problems.

The participation findings point out another important difference between foster families and biologically related families. In foster families, mothers participate more and fathers participate less than in the two types of biologically related-families. Furthermore, higher levels of mother participation are linked to fewer child behavior problems in foster families, but not in biologically related families, Earlier work (Marcus, 1991) has shown that when foster children have a deficit in secure attachment, children's behavior problems increase. The present result suggests that when the foster mothers are more active in family problem-solving, behavior problems are reduced perhaps because of increased mother-child bonding.

In foster and at-risk families, higher levels of father participation were linked to higher behavior problems, In lower risk comparison families, levels of father participation were not related to child behavior perhaps because the lower rates of child behavior problems in these families obscured any relationship. Father participation may occur largely in the domain of discipline and parental authority. Previous studies of

Communication

biologically related families have found that fathers

adolescence (Vuchinich et al., 1996; Steinberg, 1981). Thus higher l

participation in foster and at-risk families may arise when early adol

problems challenge parental authority.

Limitations.   This explora

communication not previously examined.

followed, there are limitations.

biologically related families. In foster families, communication behaviors appear to be "hypersensitive" to child behavior problems. Past research and practice, and the pivotal role of child behavior in this study, suggest that such hypersensitivity may arise from the behavior problems a child brings into foster care. These problem behaviors may elicit negative foster family communication behaviors, thus perpetuating the cycle of negative behavior-negative communication-negative behavior.

The strong relationship between foster child behavior problems and foster family interactions argues for training foster parents to appropriately respond to negative and positive behavior of foster children (Chamberlain, 1996). It is well known from the standpoints of family therapy and social learning theory, that family interactions serve to maintain child behavior. The results from the present study supports that link, and thus the therapeutic principle that training foster parents to improve features of family interaction may reduce behavior problems in foster children (Chamberlain, 1996).

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Table 1. Descriptive Statistics: Means and Standard Deviations by Family Type

	Comparison (n = 23)	At - Risk (n = 23)	Foster Care (n = 23)
Income Level*	3.70 (1.43)	2.65 (1.07)	3.83 (1.27)
Percent with male child	47.8	100	52.2
Age of child	11.26 (0.45)	11.70 (0.63)	13.57 (2.35)
Child externalizing (CBCL)	11.22 (8.00)	49.52 (9.70)	26.15 (13.42)
Child internalizing (CBCL)	9.39 (6.07)	19.96 (10.95)	20.22 (11.98)
Marital Adjustment	122.70 (10.79)	107.35 (7.74)	123.65 (10.44)

*Level 1: under $15,000, 2: $15,001 - $25,000, 3: $25,001 - $35,000, 4: $35,001 - $45,000, 5: $45,001 - $55,000, 6: over $55,000.

Table 2. Means and Standard Deviations of Behavioral Codes by Family Type

Behavioral Codes	Comparison n = 23	At - Risk n= 23	Foster Care n = 23	F[a]
Negative				
Parent to child	2.61 (0.74)	4.16 (1.19)	2.22 (0.54)	21.50****
Child to parent	2.37 (0.71)	3.39 (1.30)	1.97 (0.80)	9.65**
Positive				
Parent to child	3.84 (1.09)	3.63 (1.14)	4.10 (0.55)	4.09"
Child to parent	2.90 (0.90)	2.55 (0.95)	3.37 (0.75)	8.78""""--
Participation				
Child	3.93 (0.91)	4.76 (1.08)	4.93 (0.71)	6.49*
Father	5.33 (0.83)	5.59 (0.87)	4.33 (1.01)	6.69*
Mother	5.83 (0.60)	5.83 (0.95)	5.15 (0.82)	2.72

[a] F test for the contrast between foster families and the two types of biologically related families.

*p < .05, **p < .01, ***p < .005, ****p < .001.

Table 3. Results of Analysis of Variance with Scheffe Post Hoc Tests

Behavior	F^a	p	Significant Differences in the Scheffe Tests (0.05 level)
Positive			
Child to Parent	**5.05**	0.0001	foster > at-risk
Parent to Child	1.26	0.26	no significant differences
Negative			
Child to Parent	13.19	0.0001	foster < at-risk comparison < at-risk
Parent to Child	**32.58**	0.0001	foster < at-risk comparison < at-risk
Participation			
Mother	**5.42**	**0.007**	foster > comparison foster > at-risk
Father	**12.35**	0.0001	foster < comparison foster < at-risk
Child	**7.92**	0.001	foster > comparison at-risk > comparison

[a] Omnibus F tests for whether the means for the three family types are equal.

Table 4. Correlations (Pearson's r) Between Family Behaviors and
Child Externalizing and Internalizing, by Family Type

FAMILY BEHAVIOR	Comparison		At-Risk		Foster Care	
	Ext[a]	Int[b]	Ext	Int	Ext	Int
Positive						
Child to Parent	-0.07	-0.00	-0.23	0.18	-0.60**	-0.48''''
Parent to Child	-0.15	-0.07	-0.40*	-0.04	-0.36*	-0.14
Negative						
Child to Parent	-0.00	0.11	0.24	-0.03	0.55**	0.39*
Parent to Child	0.28+	0.25	0.40*	-0.15	0.49**	0.19
Participation						
Mother	0.04	-0.08	-0.03	-0.10	-0.45*	-0.29+
Father	-0.02	0.06	0.17	0.38*	0.41*	0.19
Child	-0.19	0.05	-0.18	0.06	-0.20	-0.10

[a] Child Externalizing Scale from the Achenbach CBCL (mean of mother and father rating)

[b] Child Internalizing Scale from the Achenbach CBCL (mean of mother and father rating)

+p < .10, *p < .05, **p < .01

Appendix F:

Enhancing Foster Family Relationships through Problem Solving

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Problem Solving Steps

Step I: Define the problem

Step 2: List possible solutions

Step 3: Decide on the best solution

Step 4: Make a plan

Step 5: Evaluate the plan

This guide was developed to help foster families address the challenges of life together. From planning vacations to sharing space, foster families, like all families, make important decisions everyday. The guidelines in this publication can help foster families develop effective problem solving strategies.

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Enriching Foster Family Relationships Through Problem Solving

Problem Solving Guidelines for Foster Parents

by Rachel Ozretich, M.S., CFLE, Sam Vuchinich, Ph.D., and Clara Pratt, Ph.D.

Foster families provide care and support for over 500,000 foster children in the United States. Foster families, like all families, face conflicts and stresses that demand effective problem solving. This guide outlines some simple ideas for effective problem solving in foster families.

What is problem solving?

Problem solving is a discussion that is oriented toward resolving a particular issue, problem, or conflict. These discussions may take place in an informal way during everyday family activities (interpersonal problem solving), or they may be conducted more formally during a family meeting (family problem solving).

Interpersonal problem solving is usually used for issues that involve only two or three people, and a simple, temporary dispute. For example, a parent and two children may use interpersonal problem solving to resolve quarrels over toys or teasing.

Family problem solving involves the entire family, and is most useful for 'bigger' issues that are ongoing, and involve a number of family members, family events or parental expectations. Examples include developing plans for sharing chores, planning a family vacation, revising family rules about going places, and allocating personal space. Family problem solving is most effective when it is part of regular family meetings.

Interpersonal and family problem solving both involve similar basic steps, which are fairly easy to learn.

Problem solving enriches family relationships

Foster parents may find that interpersonal and family problem solving techniques are particularly useful tools for helping both biih children and foster children make necessary adjustments more easily and successfully. Foster families often face more challenges than other families. Problem solving helps families address these challenges. It also helps to improve family relationships.

Problem solving is a useful way for parents and children to listen to each other's feelings and ideas about important issues. Problem solving can help families find solutions that are agreeable. to all, within the limits set by family rules and parental expectations.

Family problem solving does not mean that parents resign their authority over children, nor is it simply an opportunity for parents to lecture children about their obligations to the family.

Family problem solving is an important part of 'authoritative' parenting, in which parents take children's feelings and opinions into consideration when making decisions that affect them

Careful listening and sitting down together enhance the problem solving process.

Careful Listening

Careful listening is perhaps the most important - and difficult - part of problem solving. Careful listening is important for several reasons. First, it provides information that is essential to finding a good solution for any problem

Second, careful listening helps each family member become more aware of how other family members are viewing an issue. This can increase feelings of empathy and caring. Increased caring and empathy may motivate family members to accommodate each other.

Third, sharing feelings and having other family members listen to, and accept those feelings, helps create a sense of safety, caring and belonging. It also leads to greater 'buy-in of the problem solving process and its outcome.

All family members with a stake in a problem need a chance to state their feelings within a *climate of acceptance* of those feelings. Creating a climate of acceptance where feelings are listened to carefully and accepted is critical to good problem solving.

A good rule of thumb is that everyone, including parents, should spend more time listening than talking. Also, parents should avoid lecturing and criticizing as much as possible. People don't think well when they are feeling defensive.

Children often find it difficult not to interrupt during a problem solving discussion. Assuring everyone that there will be several opportunities for each person to share their ideas may reduce interrupting.

Children as young as 3 years can participate in short problem solving discussions. With young children, you may need to help explain to one child what another is trying to say. Do not allow anyone to ridicule others or their ideas.

Anger and 'put-downs' interfere with the problem solving process. If tempers flare, call the meeting to a halt, and designate a time to continue after tempers have cooled down.

During family problem solving discussions, more positive interactions and fewer negative interactions between family members are linked to better resolution of problems, and lower levels of psychological problems among foster children (see box, **Research Results).**

Sitting down together

Make sure everyone is sitting together comfortably before you start problem solving. Even in simple interpersonal problem solving, sitting down together will help everyone focus on the process. Family problem solving works best as a part of regular family meetings that include fun activities (see **Further Reading).**

Expect problem solving to take about 5-15 minutes for a fairly simple issue, or 45-60 minutes for a more complex or emotional issue.

Problem solving usually requires that someone play the role of facilitator. The facilitator guides everyone through the problem solving process and needs to become familiar with the basic steps. In the following description of the basic steps of problem solving, it is assumed that you will play the role of facilitator.

Basic Steps

The following basic steps are essential parts of effective problem solving.

1. Define the problem

Often, the real problem that needs to be solved may be hidden beneath the first issue that is raised. You may need to listen carefully to figure out the focus and extent of the real problem.

For example, a birth child may say she "can't stand" a particular foster child, After asking her for more information and listening carefully, you may find that the real problem is that your birth child thinks that the foster child is breaking her toys when he plays with them or that she doesn't want to share a favorite toy.

It may help to ask each person to describe what they believe the problem is, and then describe the problem yourself in words that are simple and clear. Ask the others if this descrip-

tion is accurate, and revise it until all agree that the problem has been accurately defined.

2. List possible solutions

After the problem to be resolved is agreed upon, ask everyone for ideas for resolving the issue. Make a list of as many possible solutions as the group can think of at the time. Writing down all ideas is especially important during family problem solving, but is usually unnecessary during quick interpersonal problem solving.

Encourage creativity. Even outlandish ideas can lead to others that may be very good. Again a climate of acceptance is important. No one's idea should be ridiculed.

Sometimes, a workable solution comes up immediately, especially when resolving fairly simple issues, like how to share sports equipment.

At other times, families may need to work hard to compose a reasonable list of possible solutions to a more complex problem In some cases, several family problem solving discussions may be needed.

Only after you list a number of solutions should you begin to discuss the value of each one.

3. Decide on the best solution

Look at the list of possible solutions and discuss each one,

Problem Solving Steps

1. **Define the problem.**
   - **Describe** ▫▫◆▫ ▫•▪ **perception of the problem**
   - **Ask for other ideas about the problem.**
   - **Listen carefully and help each child 'hear' what the others are saying.**
   - **Agree on a definition.**

2. *List possible solutions.*
   - **Take turns and write down many ideas.**
   - **Wait to evaluate ideas until later.**
   - **Be creative and include crazy ideas.**
   - **Listen carefully without judging or lecturing.**

3. *Decide on the best solution.*
   - **Take turns evaluating each idea.**
   - **Talk about what might happen if the family followed the idea.**
   - **Give each idea a 'plus' or 'minus' accordingly.**
   - **Select one idea or combine several ideas. If none are rated 'plus' by everyone, negotiate a compromise.**

4. *Make a plan.*
   - **Write down exactly how the solution will work. Decide who will do what, where, and how-**
   - **Ask if everyone agrees to the plan.**
   - **Decide how long to give the plan a try.**
   - **Put the plan into action-**

5. *Evaluate the plan.*
   - **Meet again and ask each person how well the plan is working.**
   - **Decide whether the plan needs revision or will be continued.**

at least briefly. Be gentle and continue the climate of acceptance. Each solution was someone's idea.

Ask, "What do you think might happen if we tried this solution?" Help children think realistically about the answer to that question. If any solution is completely unacceptable to parents, clearly state the reasons early in the discussion.

Discussing possible solutions and deciding which one to try takes flexibility and patience. Sometimes parts of two or more solutions may be combined to form one that is acceptable. When a solution is chosen, ask all participants if the solution is agreeable, and if they are willing to give it a try. Tone of voice and facial expressions can provide clues about an individual's level of agreement with the proposed solution.

4. Make a plan

Write down a plan for putting the solution into practice. Decide on a trial period and write down the date for checking to see if the plan is working. Post the plan on the refrigerator or bulletin board so that everyone can easily refer to it during the trial period.

5. Evaluate the plan

The solution should be implemented exactly as it was planned. If you are tempted to

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> **Interpersonal Problem Solving**
> **An example:**
>
> *Sue and Bill are arguing about sharing a set of Legos blocks. They are starting to yell loudly.*
> **Parent:** What's the problem?
> **Jeff:** I hate Sue!
> **Parent:** You feel very angry with your foster sister.
> **Jeff:** Sue keeps grabbing all the blue Legos!
> **Parent:** You don't want Sue to take so many blue Legos.
> *(Sue has wandered over to another play area. Parent goes over fo her and leads her back, sayiig...)*
> Sue, please come sit down so that we can talk about this.
> **Sue:** I didn't do anything wrong.
> **Parent:** Jeff is upset and wants to problem solve. What do you think about this?
> **Sue:** I just wanted Jeff to play with me.
> **Parent:** Jeff, Sue would like you to play with her, and you don't like sharing the blue Legos. Sue and Jeff, what could you do so you can both be happy?
> **Jeff:** I could give Sue all the yellow Legos.
> **Sue:** Jeff could help me put my Legos together right.
> **Jeff:** I could help Sue but keep half the blue Legos.
> **Parent:** Are you ready to choose a solution?
> **Sue:** Yeah! Jeff can keep half the blue Legos and he'll help me.
> **Parent:** Do you both agree? You did a good job of problem solving!

make changes, check with the other family members first.

After giving a solution a good try, someone in the family may decide that it isn't working out. In that case, the solution may need to be revised in another problem solving session.

If a good revision isn't obvious, family members

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should reexamine the list of possible solutions and decide on another solution that is agreeable to everyone - or think up additional solutions to add to the list first.

It's worth the effort!

Problem solving is worth the effort. Effective family problem solving models positive behaviors, like talking, listening, perspective-taking, and planning. These are skills that children and parents can apply in other situations and times in their lives.

In foster families, effective problem solving discussions also increase the quality of communication between family members. This is likely to increase feelings of caring and warmth, as well. Overall, effective problem solving is a valuable tool for enriching family life in foster families.

Further Reading:
Communication through family meetings, published by OSU Extension Service, EC 1436.
How to falk so kids *will listen* and *listen so* kids *will talk,* by Adele Faber and Elaine Mazlish (1980): Avon Books.
Kids can cooperate, by Elizabeth Crary (1979): Parenting Press, Inc.
Parent Effectiveness Training, by Thomas Gordon (1975): New American Library.
Problem solving in families: Research and practice, by Samuel Vuchinich (1999): Sage Publications.
You and your adolescent: A parent's guide forages 10-20, by L.aurence Steinberg and Ann Levine (1987): HarperCollins Publishers, inc.
You, your child, and problem solving, published by OSU Extension Service, EC1451.

Family Problem Solving ▪ An Example

The Jones family has a teenage daughter and two younger foster sons. They hold regular family meetings during which they have a special snack, plan for fun family activities, bring up current family issues, and problem solve. Issues for problem solving are often identified during the week before the family meeting, and posted on the refrigerator.

Parent: *(Begins the process of defining the problem.)* **Now** it's time for problem solving. The problem has been brought up by Sally, and is about noise and getting homework done, is that right, Sally?

Sally: Yeah! I can't concentrate when the kids are always running around yelling and joking and playing loud music!

Greg: And Sally yells at us and calls us bad names!

Parent: *(Defining the problem and helping each family member to actively listen to the others.)* **So** when Sally is doing homework at the kitchen table, she feels angry when Greg and Bill are being noisy. Greg and Bill don't like being called bad names.

Bill: And being yelled at!

Parent: **Anything** else? Okay, what are some ideas for solving this problem? I'll write them down. Remember, it's Okay to have some crazy ideas, but no criticizing now!

Sally: The boys could stay in their room while I do homework.

Bill: Sally could do homework in her room.

Parent: *(Introduces a crazy idea.)* We could hope the tooth fairy might give us a desk for Sally.

Greg: Sally could wear earplugs.

Parent: Sally, you look **like** you're getting angry. Shall we take a break so you can cool **off?** No? Okay, let's all remember these are just ideas at this point, and they can be crazy.

Sally: Greg and Bill could do their homework at the same time as me.

Parent: We could schedule a quiet time for homework and resting.

Bill: Sally could pay a fine every time she calls us a bad name.

Sally: I could do homework in the kitchen after Greg and Bill have gone to bed.

Parent: Greg and Bill could go to bed right after dinner to give Sally enough time to do her homework.

Greg: If we all did homework at the kitchen table after **dinner,** then Sally could help me with math.

Bill: And she could help me with vocabulary.

Parent: Perhaps I could help you while I am working on paying bills or puttering in the kitchen. Any other ideas? Are we ready to discuss them?

Sally: Put a minus by Sally wears earplugs.

Bill: Put a minus by us staying in our rooms ▪ and the going to bed right after dinner.

Parent: Minus by tooth fairy idea, too. I don't think it will happen and we can't afford to buy a desk. Are there any plus's?

Greg: I like the idea of all doing homework at the same time. Give it a plus!

Sally: You would have to be quiet!

Parent: Do you think you and Bill could do it quietly?

Bill: Yeah ▪ but we don't have as much homework as Sally does.

Greg: But we could sit and read afterwards until Sally is done.

Parent: I think that's a wonderful idea. What do you think, Bill?

Bill: Okay, I guess. What about the bad names?

Sally: I'll agree to pay Bill and Greg a die if I call them a bad name.

Parent: Is that agreeable? *(Summarizes agreement.)* I'm going to write down our plan and put it on the refrigerator. How long shall we give the plan before we check on how well it's working?

Sally: One week.

Parent: Is that agreeable? Okay. I think we've done a great job!

After one week, Sally had been fined for name-calling twice, and Greg and **Bill** found that they needed to visit the school library more often to have some new books to read. The foster parent also decided she needed to sit with **Bill** to help **him** with his reading during this time. The family agreed that the revised solution was working and that they would continue to use it.