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Safety, Family, Permanency, and Child Well-Being: What We Can Learn from Children

Adair Fox, Jill Duerr Berrick, and Karie Frasch

This study is an attempt to infuse into discussions about system accountability the notion that children can speak to issues of safety, family, permanency, and well-being in child welfare. The study utilized a cross-sectional survey design involving in-home, semistructured interviews with children ages 6 to 13 in two urban California counties. Of the 100 children who participated in face-to-face interviews, 59 were living with kin caregivers and 41 were living with nonkin. Standardized instruments and measures developed specifically for this study were employed. Findings indicate that while children assess their homes as safe, neighborhood conditions are often challenging. A significant proportion of children reveal less than optimal relationships with their caregivers, and many experience feelings of impermanence. Nevertheless, children report positive regard for the caregiving they receive and are optimistic about the future. Implications for practice and research are addressed.

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The Adoption and Safe Families Act (ASFA) of 1997 clarified the fundamental goals of the child welfare system. According to federal law, the principal goal of child welfare now revolves around ensuring child safety at every point in the process—at intake and assessment, through the course of services, and at case termination (Department of Health and Human Services [DHHS], 2000). The second goal, permanency, and the related components of the law designed to offer incentives toward this goal, have shifted the emphasis in many public child welfare agencies to reducing children's length of stay in care, increasing efforts toward reunification, and encouraging adoption or guardianship for those children unable to return home (Gendell, 2001). These goals fall within the context of a family-focused approach, made philosophically prominent through the policy messages embodied in the Promoting Safe and Stable Families Program, authorized under ASFA.

The first two goals of ASFA may represent a shift in emphasis, but they are not markedly different from the general goals that most child welfare agencies were pursuing prior to the law (O'Flynn, 1999; Stein, 2000). A third goal of ASFA, set in the outcome measures established through the Child and Family Service Reviews, is to promote child well-being. States are now required to demonstrate that

- families have enhanced capacity to provide for their children's needs,
- children receive appropriate services to meet their educational needs, and
- children receive adequate services to meet their physical and mental health needs (DHHS, 2004).

Although child welfare workers may have, for some time, assumed that child welfare practice supported child well-being, only

now has the importance of this goal been articulated in law. Support for child well-being represents a departure for the federal government and for state and county agencies that may require philosophical and programmatic changes for which agencies are unprepared.

Even as significant efforts are underway at the federal, state, and local levels to assess the performance of the child welfare system vis-à-vis the principal goals of safety, permanency, family support, and child well-being, little is being done to assess the system's performance from children's vantage points. Indeed, children can be considered the most important stakeholders in child welfare, yet due to a variety of administrative, logistic, and sometimes judicial concerns, their voices are often absent from policy and programmatic discussions (Berrick, Frasch, & Fox, 1998).

Following a modest historical legacy in child welfare research in which foster children are directly asked about their experiences in care, this study is an attempt to infuse into discussions about system accountability the important notion that children can speak to issues of safety, family, permanency, and well-being. In our review of the literature, we identified almost two dozen studies involving current or former foster youth (see Fox & Berrick, in press), only seven of which (Brown, Cohen, & Wheeler, 2002; Chapman, Wall, Barth, & the NSCAW Research Group, in press; Fanshel, Finch, & Grundy, 1990; Gardner, 1996; Johnson, Yoken, & Voss, 1990; Kufeldt, Armstrong, & Dorosh, 1995; Wilson & Conroy, 1999) were published since 1990.

Methods

Study Design

The purpose of this study was to elicit foster children's perspectives on their experiences of safety, family, permanence, and caregiver

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support for their well-being while in out-of-home care. The study utilized a cross-sectional survey design involving in-home, semi-structured interviews with children ages 6 to 13 in two urban California counties.

Sample Selection

The study's sample was drawn from another study conducted one year previously involving in-home, semistructured interviews with 257 caregivers in three urban California counties. In each of the three counties, systematic samples of kin and nonkin providers who had a child in their care between the ages of 6 and 12 were invited to participate. To ensure that caregivers had sufficient knowledge about the child in their care, all children in that age range also were required to have lived in the caregiver's home for a minimum of six months. The response rate for the previous study was roughly 35% with some variation by county. (For more information on the study involving interviews with kin and nonkin caregivers, see Fox, Frasch, & Berrick, 2000; see also Berrick, Needell, Shlonsky, Simmel, & Pedrucci, 1998.)

The sample selection procedures for the present study were developed in collaboration with a multiconstituent advisory committee. Since children in foster care represent a particularly vulnerable population, juvenile court judges, county child welfare administrators, caregivers, and children all granted informed consent. Because we could not obtain consent from the juvenile court judge in one county, potential study participants from that county were not included in this study. Of the 179 caregivers with whom researchers had continued access (from the study conducted one year previously with children's caregivers), 97 provided consent for at least one child in their care to participate (54% of caregivers). From these caregivers, 114 children were enrolled in the study. The final sample of 100 children excluded children for whom data were incomplete or for whom interviews could not be conducted. (For more information on this study's sample selection procedures and human subjects' protections, see Fox, Frasch, & Berrick, 2000.)

Sample

Of the 100 children in this study, 59 children lived with kin caregivers, and 41 children lived with nonkin caregivers. The sample was evenly divided by gender. The mean age of children was 9.89 years. The majority of children were identified by their caregivers as African American (82%); 6% were identified as Hispanic, 6% as Caucasian, 5% as biracial, and 1% as Asian American. The vast majority of children were in long-term foster care, indicated in the finding that children, on average, had lived in their current placement for 5.44 years. Some demographic differences emerged by kin or nonkin placement type. Children living with kin were significantly more likely to be African American (92% vs. 71%, $X^2 = 7.413$, $p < .01$) and to live in public housing (25% vs. 2%, $X^2 = 9.509$, $p < .01$) than those living with nonkin. Children living with kin had also experienced longer lengths of stay (6 years in care vs. 4.63 years, $t = -2.131$, $p < .05$) and higher percentages of their life in their current placement (63% vs. 47%, $t = -2.389$, $p < .05$).

Instrumentation

Since few studies have involved in-person interviews with foster children (particularly younger foster children), this study required a rather intensive instrument development process. Literature reviews, consultation with a multiconstituent advisory committee, and pilot testing with children were all essential components of the instrument development process. The final instrument package consisted of standardized and nonstandardized measures. To sustain children's attention, children were invited to use a series of developmentally engaging props. Importantly, for some children, props provided a safer way of responding to sensitive items by allowing them to give nonverbal, rather than verbal responses. Interviews generally lasted one hour.

Dimensions of the children's experiences of safety were assessed in three ways. First, children completed a semistandardized scale designed to acquire relatively objective accounts of their exposure

to discrete, potentially harmful events in their homes and neighborhoods. The measure used to capture this dimension was a modified version of the "Things I Have Seen and Heard" developed by Richters and Martinez (1990). Test-retest reliability on the original measure was relatively high at $r = .81$ (Richters & Martinez, 1993), and the measure is currently being used in the LONGSCAN study (www.iprc.unc.edu/longscan). Eleven items were included or adapted from the original, and six additional questions were included to probe children's exposure to more moderate forms of violence within their homes.

Children next responded to several questions designed to assess their more subjective feelings of safety in specific contexts (e.g., When you are inside this home, how safe do you feel?). Finally, interviewers completed scales following the interview to provide external evaluations of the children's home and neighborhood environments.

Regarding children's experiences of family, questions addressed the following domains: (1) amount and degree of contact with birth-family (including siblings), (2) perceptions of their foster home's social climate using a modified version of Colton's (1989) Social Climate Scale, and (3) children's patterns of relationship with their caregiver. The latter was assessed using the "Relatedness Scale," adapted from the Rochester Assessment Package for Schools and originally developed by Wellborn and Connell (1987). The scale has been used in previous studies with nonmaltreated and maltreated samples. Empirical studies involving maltreated children indicate that they are more likely to have nonsecure or confused attachments with their primary caregiver than are nonmaltreated children, with some variations by placement type (Cicchetti, Toth, & Lynch, 1995; Lynch & Cicchetti, 1991).

Permanency was also a focus of this study. The children in this sample were in long-term foster care, considered one of the lowest preferences for permanency, after reunification, adoption, and guardianship, and were not considered to be in legally permanent homes. Nevertheless, psychological permanence speaks to a "sense

of permanence," rather than a legal status, and may be predictive of the child's commitment to the placement's continuation (Colton, 1989) and overall well-being (Lahti, 1982). Psychological sense of permanence, which does not necessarily exist in tandem with legal permanence, has been relatively unexplored from children's perspectives (Gil & Bogart, 1981; Johnson, Yoken, & Voss, 1990; Wilson, 1994) and was therefore included here.

We found no standardized measures available to assess children's experiences of permanency and thus created a series of questions to assess this domain. The research advisory committee was consulted to review questions for face validity. Children were asked questions focusing on their expectations and hopes for whom they will live with in the future, including but not limited to the following: Do you think that you'll be living with [current caregiver] next year? When you're a teenager, who do you think you will live with? Can you keep living here until you grow up? Do you want this to be your permanent home—the home where you will live until you are grown? If you could live anywhere or with anyone, who would it be with?

Similar to the paucity of information currently available on children's perceptions of permanency, we found little in the way of standardized assessments available to measure children's perceptions of *well-being*. A large number of studies provide evidence regarding kin and foster children's physical health, mental health, and educational status while in care (for a review, see Curtis, Dale, & Kendall, 1999; Silver, Amster, & Haecker, 1999). This study, however, attempted to depart from the traditional approach and instead examine children's perceptions of their caregivers' support for their well-being. Children were asked about their caregivers' support for their physical well-being and school-related well-being. They were also asked about their expectations for the future, completing two 12-item scales that were revised from a study of children transitioning to subsidized guardianship (Westat, n.d.). The beliefs children hold about their future are an important aspect of their overall well-being, specifically as they provide insights into their current

functioning and self-esteem. Additionally, research with children at risk of later difficulties indicates a positive correlation between positive future expectations and resilient adaptation (Werner & Smith, 1992). The first scale used in this portion of the study assessed children's perceptions of their caregiver's expectations, and the second scale assessed children's personal expectations.

Data Collection

MSW students conducted in-person interviews in children's homes. Throughout data collection, interviewers were provided with ongoing training, support, and supervision. One major training goal was to assist interviewers in establishing a private space for conducting their interviews with children. When total privacy could not be achieved, interviews were conducted in semiprivate spaces.

Analysis

Data were scanned then downloaded into an SPSS data entry shell. The data were cleaned before analysis. A systematic check of 10% of the instruments revealed a high level of data entry accuracy. Numerous descriptive and bivariate analyses were conducted. Whenever possible, multivariate analyses were conducted to examine aspects of children's experiences while controlling for other variables.

Limitations

In spite of this study's overall value, the findings are limited in several important respects. First, since the sample was restricted to two urban counties, findings cannot be generalized to populations beyond the study counties. Second, since the sample was restricted to children who had lived in their current caregiver's home for at least six months, the experiences of children in long-term care are over-represented. Third, the fairly low response rates may signify a bias in the sample that is unknown and restricts the generalizability of findings. Although significant incentives were offered to subjects

(\$50 for caregivers and a \$15 toy store gift certificate for children), the sample may be biased in favor of a more stable population. Also noteworthy, although one interviewer spoke Spanish, non-English reading or speaking caregivers may have been particularly non-responsive. Finally, given that the instrument relied on children's self-reports and that some of the questions may have elicited socially desirable responses (particularly in instances where children felt that their caregivers were in close physical proximity), the data may portray a more positive perspective on children's experiences in care than might have been discerned using other methods.

Results

Safety

By and large, children reported feeling very safe inside of their caregiver's home. When asked, "Of any place in the world, where do you feel most safe?" almost two thirds of children spontaneously identified their caregiver's home. And when asked how safe they felt (not at all, a little, a lot, or very) in various settings, 84% claimed they felt "very safe" in their caregiver's home. Outside of their homes, however, children's responses indicated lower levels of perceived safety. When playing outside, but close to home, 41% reported feeling "very safe." When asked how safe they felt when walking around their caregiver's neighborhood, their evaluations further diminished with 28% feeling "very safe." Exposure to violence was particularly high. With regard to witnessing violent episodes children reported the following rates of exposure to events occurring "in or near [their] home" (in descending order of commonality): seeing somebody get arrested (72%), seeing somebody get beat up (63%), hearing gun shots (57%), seeing a drug deal (50%), seeing somebody get shot and/or stabbed (23%), and seeing a dead body outside (10%). With regard to events occurring specifically in children's homes, 45% reported witnessing domestic violence, 12% reported seeing a gun, and 10% reported seeing drugs (see Table 1). Sixty percent reported that "grownups

TABLE 1Children's Exposure to Violence in Current Caregiver's Home^a

THINGS I HAVE SEEN AND HEARD	% 1+TIMES (n =100)	KIN (n =59)	NONKIN (n =41)
Witnessing Domain			
Stabbing/shooting in or near home ^b	23%	31%	10% *
Dead body outside	10%	14%	5%
Gun shots in or near home	57%	64%	46%
Somebody get arrested in or near home	72%	79%	62%
Drug deals in or near home	50%	53%	44%
Somebody being beat up in or near home	63%	55%	74%
Gun (specifically in home)	12%	17%	5%
Drugs (specifically in home)	10%	7%	15%
Domestic violence (specifically in home) ^c	45%	43%	47%
Victimization Domain			
Lethally threatened in or near home ^d	12%	7%	18%
Beat up in or near home	30%	24%	39%
Exposure to Moderate Violence^e			
Somebody has touched me in a way that made me feel uncomfortable.	19%	16%	23%
I never know when I am going to get into trouble.	45%	42%	50%
Grownups yell at kids in this home when they are mad.	60%	55%	68%
Grownups hit, push, or throw things at kids in this home.	18%	21%	13%
Kids hit, push, or throw things at other kids in this home.	40%	38%	42%
People in this home say mean things to me.	38%	29%	50% *

* indicates $p < .05$ ^a Responses were provided on a Likert scale (0, 1, 2, 3, or many times)^b The "stabbing/shooting" category is composed of children's responses to two statements: I have seen somebody get stabbed and I have seen somebody get shot.^c The "domestic violence" category is composed of children's responses to three statements: Grownups in my home hit each other, Grownups in my home threaten to stab or shoot each other, and Grownups in my home yell at each other.^d The "lethally threatened" category is composed of children's responses to three statements: Somebody threatened to kill me, Somebody threatened to shoot me, and Somebody threatened to stab me.^e Additional questions developed by the authors in concert with the Research Advisory Committee.

yell at kids in [their] home when they are mad," 40% reported that "kids hit, push, or throw things at other kids in [their] home," and 18% reported that "grownups hit, push, or throw things at kids in [their] home." A comparison of frequencies by kin or nonkin placement type revealed one statistically significant difference: Children in kin placements were more likely than children in nonkin placements to report having witnessed a stabbing and/or shooting at least once "in or near [their] home" (31% kin vs. 10% nonkin, $X^2 = 5.741$, $p < .05$).

Asked about personal victimization, 30% of the children reported they had been "beat up" in or near their home, and 12% reported that they had been lethally threatened in at least one way—again, in or near their home. With respect to their exposure to moderate violence, 45% reported that "[they] never know when [they] will get into trouble," 38% reported that "people in [their] home say mean things to [them]," and 19% reported that "somebody [had] touched [them] in a way that made [them] feel uncomfortable." One statistically significant difference was found by placement type: Children in nonkin placements were more likely than children in kin placements to report that "people in [their] home say mean things to [them]" (50% nonkin vs. 29% kin, $X^2 = 4.193$, $p < .05$).

Self-reported violence exposure, as measured by children's summed scores, was associated with several variables. Children living in public housing reported significantly higher levels of violence exposure relative to children not living in public housing ($t = -3.506$, $p < .01$). Self-reported violence exposure also was significantly associated with two interviewer assessment scales: positively with number of hazards outside of the home ($r = .331$, $p < .05$), and negatively with overall neighborhood quality ($r = -.331$, $p < .01$). Finally, children reporting lower levels of violence exposure also reported more positive perceptions of their home's social climate ($r = -.414$, $p < .001$), their caregiver's involvement in their lives ($r = -.265$, $p < .01$), and their caregiver's supervisory practices ($r = -.390$, $p < .001$).

The relative contributions of these variables to the prediction of children's overall scores were examined using two statistically significant forward stepwise regression models (see Table 2). In the first model ($R^2 = .27$), living in public housing had the greatest effect (.304), followed by perceived caregiver supervision (-.234), and perceived social climate of the home (-.233). In the second model, explaining a somewhat larger portion of the variability in scores ($R^2 = .37$), the interviewer assessment of neighborhood quality had the greatest effect (-.334), followed by perceived caregiver supervision (-.263), perceived social climate of the home (-.226), and living in public housing (.191).

Family

When asked to "name everyone in their family" a majority of children in kin and nonkin care included their caregiver. Children included their birthmothers in over two-thirds of kin cases and in

TABLE 2

Summary of Regression Analysis for Predicting Children's Violence Exposure (n = 94)

VARIABLE	B (STD. ERROR)	STANDARDIZED B
Model One ($R^2 = .27$)		
Living in public housing***	6.872 (2.069)	.304
Caregiver's degree of supervision*	-.812 (.331)	-.234
Social climate of home*	-.660 (.275)	-.233
Model Two ($R^2 = .37$)		
Neighborhood quality***	-.199 (.054)	-.334
Caregiver's degree of supervision**	-.912 (.311)	-.263
Social climate of home*	-.640 (.257)	-.226
Living in public housing*	4.311 (2.054)	.191

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

about one-third of nonkin cases. Although many children referred to their current caregiver as part of their "family," their relationships to these caregivers were mixed: 19% had relatedness patterns identified as optimal, 29% as adequate, 10% as deprived, 5% as disengaged, and 37% as confused. Additional analyses revealed that the children's relatedness patterns with their current caregiver are positively associated with the children's perceptions of their caregiver's involvement in their lives ($t = -2.774, p < .01$) and their home's overall social climate ($t = -3.186, p < .01$).

Children who recalled and/or had ongoing contact with a birthparent also completed the relatedness scale with respect to that parent ($n = 80$). Not surprisingly, children having frequent contact with their birthmother were significantly more likely to report having an *adequate* or *optimal* relatedness pattern with her ($X^2 = 6.785, p < .01$). Finally, a comparison of children's relatedness patterns with their birthparent and current caregiver indicated a moderately high degree of concordance. Of children who experienced adequate or optimal relatedness with their birthparent, 73% also experienced adequate or optimal relatedness patterns with their current caregiver ($X^2 = 11.369, p < .01$).

Permanency

About half of the children in this study indicated that their caregiver had talked to them at some time about their current home being a permanent home. When children were asked if they thought that they would be living with their current caregiver the next year, 69% replied affirmatively. When later asked the open-ended question, "When you are a teenager, who do you think you will live with?" children were significantly less likely to identify their current caregiver's home. Overall, 42% of children expected to live with their current caregiver as a teenager, though children in kin care were significantly less likely to expect permanence through adolescence ($X^2 = 3.877, p < .05$). Uncertainty characterized many children's expectations. Of the total sample, 12% reported they did not know whom they would live with the

following year, and 16% reported they did not know whom they would live with as a teenager. When asked whether they could keep living with their caregiver until they grew up, 17% said they did not know.

When children were asked, "Do you want this to be your permanent home—the home where you will live until you're grown?" 77% said "yes." But when later asked the open-ended question, "If you could live anywhere or with anyone, who would it be with?" only 37% identified their current caregiver. Others indicated an extended relative's home (22%), a birthparent's home (20%), an individual classified as "other" (11%), or "don't know" (10%). Children were also asked if they thought they would live with their birthmother or birthfather again someday. Of the children, 61% replied affirmatively.

In addition to some degree of hesitancy about their future living arrangements, a significant proportion of the children evidenced uncertainty concerning who had control over their future permanency arrangements. When asked, "Who decides whether this will be your permanent home?" nearly half identified their current caregiver, while 26% identified themselves. Very few children thought that social workers, relatives, or birthparents held this decision making power, while 18% identified "other" individuals (largely judges). However, when asked, "Could you live with someone else if you wanted to?" nearly half reported they could.

Child Well-Being

In general, children indicated their caregivers provided for their physical health, hygiene, food, and clothing needs. On most questions, 92% to 98% of children noted that their physical needs were met either "most of the time" or "all of the time." Similarly, children generally gave very positive evaluations of their caregivers' efforts to support them educationally in various specific ways. The evaluations of children in kin care were significantly more positive than those of children in nonkin care with respect to providing homework-related help (93% vs. 77%, $X^2 = 5.101$, $p < .05$).

The data also suggest that the vast majority of children believe that their caregiver holds positive expectations for their future. For example, when asked whether their caregiver believes that they will finish high school, go to college, have a job as a grownup, be "successful," and be "happy," affirmative responses ranged from 93% to 99%. Similarly, very few children indicated that their caregiver believes that they will smoke cigarettes, use drugs, have problems with alcohol, or get into trouble with the police (frequencies ranged from 5% to 7%). Children's personal outlooks for their future were slightly less positive, but also bright and hopeful. Of the children, 85% expected to finish high school, 74% expected to go to college, 92% expected to have a job as a grownup, 86% expected to be successful, and 92% expected to be happy. No differences were noted between children in kin and nonkin placements.

Discussion

Many children feel safe in their caregiver's home. Outside of the home, however, the children's experiences are more uncertain. Children in this study reported high levels of exposure to community violence, similar to that of children from a moderately violent neighborhood in Washington, DC (Richters & Martinez, 1993). What are the effects of this exposure on children? In the last decade, our knowledge about community violence as a serious public and mental health problem has grown substantially, evidenced, for example, in the large number of academic journals devoted to the topic (e.g., *American Journal of Orthopsychiatry*, 1996; *Journal of the American Academy of Child and Adolescent Psychiatry*, 1995; *Journal of the American Medical Association*, 1995; *Psychiatry*, 1993). This literature indicates that exposure to community violence often exerts a substantial toll on children's psychological well-being and overall development, although much work remains in identifying causal pathways (Cicchetti & Lynch, 1993). Some argue that community violence challenges children's basic belief that the world is a safe, predictable place (Cicchetti & Lynch, 1993; Garbarino, Dubrow,

Pardo, & Kostelny, 1992), such that "danger replaces safety as the organizing principle" in children's lives (Garbarino et al., 1992, p. 83). In response, children must constantly adapt in subtle ways, such as masking their own fears or developing aggressive behaviors in the interest of self-preservation (Richters & Martinez, 1993). If one assumes that this scenario closely captures the experiences of children living in violent communities, children who have already experienced maltreatment in their families of origin may perceive the violence of their new communities sharply and may be especially challenged to use "safety" as an organizing reference point for their lives.

Foster caregivers and kin providers are charged with protecting children from harm and supporting children's well-being. For caregivers living in hazardous communities (a sizable proportion in this study), this charge is likely to be particularly difficult. We know from the literature that child outcomes associated with community violence exposure are in fact differentially mediated by compensatory family factors (e.g., parenting processes). For example, parents who perceive danger and minimal resources in their neighborhood generally supervise their children more closely in an attempt to protect them from risk (Furstenberg, Cook, Eccles, Elder, & Sameroff, 1999; Korbin & Coulton, 1997; McLoyd, 1990; McLoyd & Wilson, 1992). This strategy is not without costs, however. Parental restrictiveness often limits children's opportunities to play, explore outside, socialize with peers, participate in their communities, and achieve age-appropriate autonomy (Garbarino, Kostelny, & Dubrow, 1991; Garbarino et al., 1992; Groves, Zuckerman, Marans, & Cohen, 1993; Osofsky, Wewers, Hamn, & Fick, 1993; Osofsky, 1997). On the other hand, behavioral control is just one dimension of parental influence. Furstenberg et al. (1999) effectively illustrate how parents in high-crime neighborhoods employ a wide variety of strategies with varying effectiveness to shield their children from dangers and promote positive outcomes (e.g., pursuing developmentally facilitative opportunities for their children outside their immediate neighborhood).

Findings from this study suggest that child welfare agencies should redouble their efforts to provide training and support to foster and kin providers in an effort to heighten caregivers' awareness of the dangers some children actually encounter and subjectively experience in their local communities.¹ Going to school, playing at the park, bicycling on the street, or stopping in at the corner store can be hazardous to some children's safety and turning a blind eye to these potential risks discounts the lived experience of many children in care. Recent efforts to assess child safety through the federal Child and Family Service Reviews have focused largely on child maltreatment in foster care. Although this is indeed an important dimension of children's safety, it is not the only aspect of safety relevant to children's foster care experience.

The meaning and boundaries of the term *family* are wide and permeable for many children in care. Birthparents, foster parents, kin caregivers, extended kin, and others were all included in this sample of children's constellation of care. It is probably useful to acknowledge and support children's perceptions of family by continuing to move child welfare practice, in general, toward more inclusive notions of family. Many American children, often living in single-parent households or divorced families (Cancian & Meyer, 2002; Dupree & Primus, 2001), must bridge multiple family settings and relationships; foster children, however, also manage relationships in bifamilial or trifamilial family patterns. Practitioners who recognize both legal and emotional ties for families will help children, their birthparents, their caregivers, and others to build bridges among and between these important parties to support children's growth and development.

Although children in foster care maintain multiple close relationships with various adults, results from this study are consistent with the literature examining maltreated children's attachment

1 Although caregivers were not asked parallel questions about neighborhood safety in this study, Richters and Martinez (1993) suggest that parents' perceptions of neighborhood safety may be very dissimilar to children's; parents perceive their neighborhood as much safer than children do.

classifications and self-reported patterns of relatedness with different relationship figures. Most noteworthy are the high proportions of children with the *confused* relatedness pattern—that is, children who feel positive and secure in their relationship with their caregiver and, at the same time, express a desire for much more closeness. The relatively large proportions of children reporting *deprived*, *disengaged*, and *confused* patterns with their current caregiver may be of special concern since this sample includes high numbers of children in long-term, stable placements. What are the developmental consequences of having a less-than-optimal relatedness pattern with one's caregiver? We know that intrapsychic processes, including children's internal relationship models, generally interact with children's external environments in shaping future relationships (see Cicchetti, Toth, & Lynch, 1995, for a review). This theoretical framework may help explain the large number of empirical studies documenting foster children's heightened risk for adverse outcomes in interpersonal domains (Buehler, Orme, Post, & Patterson, 2000; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Jonson-Reid & Bivens, 1999). The fact that 61% of children in this sample reported continuously negative relatedness patterns with respect to their birthparent and current caregiver highlights developmental challenges and opportunities. Psychologists generally argue that children's internal representations of relationships are "working models" open to some degree of change across time and specific social partners; children develop both global and specific representational models of relationships (see Cicchetti, Toth, & Lynch, 1995, for a review). One valuable line of scientific inquiry is thus to learn from families where children have broken the grip of negative global models and incorporated information from more positive, novel relationships (e.g., with new caregivers).

Results from this study suggest that children who perceived their caregiver as "involved in their life" and those who benefited from a more positive social climate in the home were more likely to have favorable relationships with their caregiver. Again, the

challenge is for child welfare agencies to screen, select, and train caregivers thoughtfully so that the most devoted, engaged, and sensitive kin and nonkin caregivers join the field.

The inconsistencies, uncertainty, and confusion characterizing children's responses to questions assessing psychological permanency would not be surprising if the sample were one of children in emergency or short-term foster care. Short-term foster care is, by nature, characterized by ambiguity because it follows a crisis in which a child has been removed from his or her birthparents' care. The average length of stay in the current placement for the children in this sample, however, was over five years, and over half were living with their birth relatives. Although these children were generally optimistic about their future living arrangements, research from other studies suggests that children's hopeful expectations concerning reunification and placement stability are not likely to be realized. For instance, although reunification rates are quite high during the first few months in out-of-home care, the likelihood decreases significantly over time (Barth, Courtney, Berrick, & Albert, 1994; Courtney & Wong, 1996; Wulczyn & Goerge, 1992). The children in this sample, who are for the most part in stable, long-term placements, are unlikely to experience reunification, despite the fact that nearly two-thirds of them expect that they will.

Interviews with emancipated foster youth may shed a different light on reunification. These studies indicate that some youth return to live with their birthfamilies as adults, especially when unable to find affordable housing (Courtney et al., 2001). With regard to placement stability, many children in this sample expressed uncertainty about their long-term permanency. Data from other studies indicate that this view may be appropriate as children enter adolescence. As children age, long-term out-of-home care is marked by placement instability. Among children in out-of-home care in California, about one-third over the age of 11 in long-term kinship care have had only one placement while in care, and between 10% and 15% of children in nonkin care experience placement stability (Needell et al., 2003).

Children who do not grow up in out-of-home care probably take their legal and psychological permanency for granted; they have an understanding of normative life stage tasks, including the gradual progression from total dependence on parents to eventual independence. The findings from this study indicate the significantly different way that children in out-of-home care experience their childhood. This begs a basic yet important question: To what extent can children in out-of-home care focus on relevant latency-age developmental tasks, such as developing peer relationships and achieving in school, when they are unsure about who will care for them or where they will live? Nurturance by a consistent caregiver is a basic need for children, but it must also be accompanied by felt security. Even though the children in this sample have a consistent caregiver, many experienced confusion about their long-term security and managed feelings of uncertainty beyond the appropriate tasks of their developmental stage. This lack of psychological permanency is likely to have an unmeasured influence on the children's overall well-being.

The relatively new emphasis on outcomes and accountability at the federal and state levels has promoted legal permanency for children (General Accounting Office, 1999), and it should continue to do so. Regardless of the number of disincentives guarding against long-term foster care, and the incentives to promote legal permanency, however, the child welfare system is likely to continue to have some children in long-term living arrangements. For the children staying in care, much remains to be done to assess and advance their sense of psychological permanency. Some foster children might benefit from being involved in ongoing case planning and six-month reviews (depending upon age and developmental appropriateness). Direct conversations about permanency, facilitated by social workers, might also help to acknowledge and celebrate aspects of these long-term relationships. At the very least, workers should attempt to obtain accurate information from children about their hopes, fears, and uncertainties so that

this information can be used to provide services tailored to the differing needs of children and their caregivers.

Whether children's physical health, mental health, and education are promoted and actually realized in out-of-home care, children in this sample had very positive views about their caregivers' support for their overall well-being. These children's positive experiences of their current care was extended to their high hopes for their future and mirrored the high aspirations reported in other studies (e.g., Chapman, Gibbons, Barth, McCrae, & the NSCAW Research Group, 2003; Courtney et al., 2001; McMillen, Auslander, Elze, White, & Thompson, 2003). The foster care outcome literature, however, suggests a less cheerful outlook for many children who leave care. A large body of evidence indicates that many children in foster care experience detrimental long-term outcomes. Compared to the general population, adults who experienced family foster care have lower levels of educational attainment (Blome, 1997; Westat, 1991), lower employment rates, higher employment instability (Buehler et al., 2000; McDonald, Allen, Westerfelt, & Piliavin, 1996), and higher rates of poverty (Barth, 1990; Benedict, Zuravin, & Stallings, 1996; Fanshel et al., 1990). As a population, they also have less positive behavioral adjustment, as evidenced by a somewhat greater likelihood for alcohol or other drug difficulties, higher rates of criminal behavior, higher rates of teen pregnancy, and higher rates of depression (Barth, 1990; Benedict et al., 1996; Buehler et al., 2000; Fanshel et al., 1990; Zimmerman, 1982).

The large disparity between the personal reports of children in this sample and empirical data from many studies raises a number of questions. First, what happens developmentally between expectations expressed in latency and actual behaviors in late adolescence and early adulthood to affect long-term outcomes negatively? And are foster children's expectations realistic given the myriad issues they face? These children may be employing defenses such as denial, magical thinking, and omnipotent thinking

to protect themselves from experiencing feelings of hopelessness about their past, present, and future. One empirical study lends support for this notion. In a study of older youth just prior to emancipation from the foster care system, Courtney et al. (2001) found that when asked, these youth also tended to express positive expectations for their future, even while significantly lacking the current achievement or planning to meet those goals. Interviews with the sample approximately 18 months after emancipation revealed negative outcomes consistent with the general literature. An alternative hypothesis, eluded to earlier, might indicate that these children are challenged to focus on the developmental tasks required in latency and adolescence; their experience of impermanency may impede the realization of future success in various domains.

The positive expectations communicated by children in this sample may become a reality and defy the findings from other studies. The children in this study are primarily in stable, long-term foster care, and many outcome studies do not differentiate between length of time in out-of-home care or placement type (McDonald et al., 1997). Long-term care with a consistent caregiver who expresses positive expectations may provide a resiliency function. This sample consists mainly of African American children, many of whom are living with kin. Aspects of these children's cultural experience, such as close involvement with an extended family network or authoritative protectiveness, may serve to support children's positive development (Chapman et al., 2003).

Whatever the explanation for the disparity between children's expectations and their more likely future, the question remains, do fundamental practices within the foster care system impact children's well-being in such a way that they cannot realize their hopes? Indeed, as child welfare agencies take the message of ASFA to heart and infuse practice with a renewed focus on child well-being, more effort may be required to assess children's expectations, help them with realistic goal setting, and support them in achieving their short- and long-term aspirations. Child well-being hinges on

quality care, so again, we return to the notion of carefully screened and selected caregivers, supported with ongoing training and support (see Orme, Buehler, McSurdy, Rhodes, Cox, & Patterson, 2004, for a review of caregiver characteristics and needs), along with individualized services to meet children's unique needs during care and as they transition to adulthood.

The emphasis on accountability in child welfare is appropriate; policymakers and practitioners alike hope to build a service structure for children and families that ensures safety, promotes permanency, supports families, and enhances well-being. The accountability mechanisms in place, however, are in their infancy and are likely to undergo change as they mature. Data from this study suggest we can learn a great deal from children, and efforts to solicit their perspectives in child welfare practice, policy planning, and research would be worth further consideration.

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