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Assessing children's experiences of out-of-home care: Methodological challenges and opportunities

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The U.S. foster care system has undergone profound changes during the past decade. Caseload growth, increases in the number of very young children entering care, and especially problematic behaviors among some children characterize the shifting foster care population (Barth, Courtney, Berrick, & Albert, 1994; U.S. House of Representatives, 1998; Wulczyn, Harden, & Goerge, 1998). Changes among out-of-home-care clients have been accompanied by a rapid transformation in the services delivery system designed for children. Kinship care has absorbed much of the growth in foster care (General Accounting Office, 1999; Hegar & Scannapieco, 1999). Specialized or treatment foster care has found increasing favor in some states (Needell, Webster, CuccaroAlamin, & Armijo, 1998), and new paradigms of service delivery that include alterations in public finance for foster care, privatization, and managed care have been developed (Peter & Johnson, 1999; Wulczyn, Zeidman, & Svirsky, 1997). When systems of care undergo fundamental changes such as these, it is important to understand outcomes for the clients the systems are designed to serve. Although child welfare researchers are making significant contributions toward developing an understanding of foster care outcomes, the primary clients of this system—children—have been given few opportunities to contribute to the literature.

Researchers now have increased opportunities to understand the case characteristics and case outcomes of children in the foster care system. Administrative data systems in several large states allow extensive analysis of factors such as caseload dynamics, entries and exits from care, reunification, and adoption. Each of these outcomes now

can be analyzed by subgroup (for example, age and ethnicity), placement type, placement reason, placement region, and various other factors (Needell et al., 1998; Wulczyn et al., 1994). Surveys and focus groups with social workers, interviews with children's care providers, and case record extraction also have been used as methodological tools to help explain the phenomenon of foster care. Yet relatively little research has included children as research participants. In fact, some of the seminal works in child welfare research have excluded children from participating directly in the research enterprise (Fein, Maluccio, & Kluger, 1990), unless their voices were captured through interviews conducted primarily for clinical purposes (Fanshel, & Shinn, 1978). This limitation in foster care research has been widespread, despite the fact that children's perspectives on their experiences in care could inform the service delivery system.

Despite the importance of including children's voices in child welfare research, their relative absence from the literature is not surprising. Administrative, political, legal, and pragmatic barriers all conspire to limit researchers' access to and contact with foster children.

This article discusses some of the methodological issues raised in one study conducted in California. The study sample included 100 children ages six to 13 residing in kinship or nonkinship care for a minimum of six months. The study used face-to-face interviews with the children in the homes of their caregivers and was built on previous work by the investigator (Berrick, Needell, Shlonsky, & Simmel, 1998), also involving interviews with the children's kin and nonkin foster parents. Children's interviews lasted approximately one hour. The interviews were designed to assess children's experiences of care in four fundamental domains: their experience of safety, their understanding of and contact with family, their experience of permanency, and their experience of caregiver support for their overall well-being.

On the basis of our experience, we review in this article three of the most challenging issues that may be faced in conducting research with children in foster care: (1) recruitment of the study sample, (2) development of the study instrument, and (3) selection and training of interviewers. We highlight potentially problematic methodological concerns and suggest a variety of strategies to minimize their effect. It should be recognized, however, that the political or administrative

context of other settings might pose different challenges for other researchers.

RECRUITMENT

Although parents normally have authority over their children's participation in research, the legal status of children changes considerably when they receive out-of-home care. Under these circumstances, biological parents, foster parents, social workers, social services agency administrators, lawyers, and judges all may exert influence on children's activities. Access to children may be tightly controlled, foster parents may be suspicious of researcher motives, and incentives may be required for busy caregivers as much as for the children in their care.

Gaining Access to Children

Determine Sample Recruitment Methods through Collaboration with the Social Services Agency. Unlike research with children in schools, hospitals, recreation centers, or other settings, access to children in foster care is hampered by their dispersion in homes throughout a county or across counties or states. Contact must be made individually, and many barriers exist to keep researchers and other interested parties from contacting children in care. Public child welfare officials closely guard children's names and other identifying characteristics. It is with great difficulty that researchers can gain the confidence of agency administrators and the consent from legal officials to release this information for sampling purposes. In addition to children's identities being protected, foster parents' names and addresses also are tightly controlled. Unless they have given the child welfare agency advance permission, public officials are wary of providing researchers with caregivers' names and contact information.

One approach to gaining access to a foster child sample is to work through a county's foster parent population to select and recruit study participants. With assistance from a community advisory board, we determined that the best approach to gaining access to children was through our established relationship with children's caregivers. In the preceding year, we had conducted a series of inhome interviews with kin and nonkin caregivers in our identified counties. (For a review of that study's methods, findings, and instrumentation, see Berrick et al., 1998). To contact our original sample, the local child welfare agency examined its database of caregivers and developed a list with

the targeted characteristics. Our staff provided the necessary contact materials to child welfare staff who then conducted a mailing through their offices, using agency envelopes and agency mailing labels. This strategy allowed letters to be mailed without the researchers' knowledge of potential respondents' names or addresses. The caregivers who consented to participate contacted the researchers and, in doing so, revealed their identities. Once we had the sample, we returned to the caregivers a year later with a solicitation letter requesting their child's participation. The letter explicitly stated that the juvenile court judge in the county had approved of the study and had provided blanket consent for children to participate.

Special challenges associated with this method include the fact that some child welfare agencies do not have databases that list their active foster parents; some databases do not distinguish among kin, nonkin, or specialized foster caregivers; and many of these databases are not linked to the children in care. In such instances it is difficult to determine whether caregivers have any children residing in their homes—let alone, children in the age range of interest.

As the method for contacting potential sample respondents is being developed, researchers need to determine whether they want respondents to perceive the research as completely separate from the child welfare agency or whether the collaborative relationship developed between the researcher and the agency should be highlighted. Some caregivers may see the research as more valid if it is viewed as emanating from the child welfare agency; others may look with skepticism on research associated with their child's social worker.

Determine Who Is the "Parent." Foster children's biological parents may or may not be notified about their child's participation in a research study, and they may or may not be asked for consent. Because the legal authority for children in foster care is transferred to the court, parents are no longer obliged legally—or in some cases, allowed—to consent to their children's participation. Instead, researchers must gain informed consent from social services agencies and judges. In some cases they also may need to gain informed consent from children's lawyers, biological parents, and caregivers.

Obtaining Consent

The social services agency must be an active partner in developing the research study and

therefore, must give consent for children's participation. Agency staff must be ready to describe the study if social workers, foster parents, or other concerned parties raise questions about the study's purpose. Although one or more agency administrators should be involved in developing the procedures for the study and all social workers should be notified that the study is underway, it may not be necessary or advisable to inform social workers about the participation of individual children on their caseload. Informing social workers would breach the confidentiality of children and might prompt social workers to question children in a way that could be inappropriate and upsetting.

Beyond social workers and agency administrators, judges must provide informed consent for children's participation. In our research we met individually with the juvenile court judges; introduced the purpose, methods, and potential implications of the study; and reviewed the interview protocol in some detail. The judges approved of the study for all children in the county who fit the sample criteria and signed a consent form to grant their participation. To highlight one of the most daunting challenges in conducting research in this area, one need only examine the role of judges in gaining consent. Judges, acting in loco parentis, may or may not consent to children's participation. In one county our staff repeatedly attempted to gain consent from the local judge. Despite our efforts and those of the agency administrator, the judge would not be swayed, and children in that county were systematically excluded from the study.

Beyond administrators and judges, some localities also may require consent from other prominent individuals in foster children's lives, such as their lawyers. Lawyers, in turn, may require consent from children's biological parents. In this study judges required caregivers' consent, not because they had legal authority for the children in their care, but simply because their homes were used as the host setting for data collection.

Determine Whether Children Are Old Enough to Consent. Children generally do not give consent toward their participation in research. Nevertheless, children should be given as much information as possible about the research before the interview begins. The purpose for the study can be described in child-friendly terms, and their assent can be obtained verbally or in written form. Children should be empowered to understand their right not to participate at all, to terminate the in-

terview at any time, and to "pass" on any questions they wish.

Expect and Manage Caregiver Suspicion. Foster children's personal and family histories may have left painful emotional scars. Caregivers who are responsible for protecting these vulnerable children therefore are appropriately suspicious of strangers who wish to query children about foster care. On the one hand, it is rather remarkable that any caregivers consent to their child's participation in these face-to-face interviews, whereas on the other, their suspicions can lead to considerable selection bias in the final sample. When researchers assume that suspicion is appropriate and healthy, their interactions with caregivers are likely to be more fruitful and may lead to less defensive responses and, in some cases, very positive responses. Caregivers are a critical link in gaining access to children, and their role in either supporting or undermining the research cannot be underestimated.

Use Appropriate Incentives. As a courtesy to study participants and as acknowledgment for their time, modest honoraria should be provided. In the case of foster care, it also may be appropriate to offer incentives to caregivers for arranging children's interviews. In our study it became clear that foster parents often had complicated schedules to negotiate to accommodate in-home interviews. As an incentive as well as recognition for their efforts, we offered children a gift certificate to Toys 'R Us, along with a "Certificate of Achievement." We also offered caregivers cash payments.

MEASUREMENT

Once a sampling strategy has been devised, instrument development begins. Conducting research with children requires designing an instrument package that is developmentally appropriate and previously validated in the field. Instrumentation for studies with children considered vulnerable, such as those in out-of-home care, create additional methodological challenges. Issues in instrument development can be grouped into three main areas: (1) selecting scales and designing questions, (2) creating the instrument package, and (3) including special considerations for vulnerable populations. (See Fox, Frasch, & Berrick, 2000, for a copy of the final instrument.)

Selecting Scales and Designing Questions

Review Existing Literature Critically. Very few researchers have examined out-of-home care

from children's perspectives, and of those who have, few used standardized measures (Johnson, Yoken, & Voss, 1994; Wilson, 1996). We reviewed the literature on our major domains of interest to identify previously developed measures, including ones that could be used in their original form or adapted to accommodate the unique needs of our population. Alternatively, we could formulate entirely new scales and items. Trade-offs clearly exist. Using a measure with a population for which it is not intended undermines the measure's validity. And changing the wording of a measure may mean a loss of psychometric rigor, as well as the ability to compare results found in other studies. Inclusion of largely untested scales and items is sometimes necessary, but not always meaningful in the long run.

Select Available Measures Where Possible.

Some of the questions we used to assess existing measures included Is the measure developmentally appropriate for the age range represented in the study? Is each question short, and does it build on children's concrete approach to reasoning tasks? Is it an appropriate length? Does it engage children? Is it sensitive to the lives of children in out-of-home care, such as their experience living in an alternative family structure? Does it make biased assumptions about out-of-home care?

In the domain of children's understanding of and contact with family, we were able to use the Relatedness Scale developed by Wellborn and Connell (1987) to assess children's relatedness to their current caregiver and one of their biological parents. Earlier studies have used the measure with maltreated and nonmaltreated children to explore self-reported patterns of relatedness (Lynch & Cicchetti, 1991). To assess children's experiences of their family environment, we adapted the language and tone of the Revised Social Climate Scale, used by Colton (1989) with a sample of older British children in foster and group homes. For example, we changed a true/false statement from "The staff/foster parents here allow you to be cheeky," to "[Caregiver] lets you be disrespectful."

Develop New Questions Where No Instrumentation Exists. In child welfare little instrumentation exists for assessing certain aspects of children's experiences in care. Children's experience of permanency, for example, is a critical domain of interest but has not been examined adequately in the past. In this domain we developed many questions to assess whether children believe

they are in stable, permanent living situations. We adapted other questions from a published study by Johnson et al. (1994) and a child survey developed by Westat, Inc. (1998). Some of the questions include: "Do you feel like you're part of this family?" "Do you think you'll be living with [caregiver] next year?" "Can you keep living here until you grow up?" To understand children's experiences more thoroughly, we also included open-ended questions in each section of the interview. This qualitative approach significantly strengthened our overall understanding of the topic and provided an opportunity for children to express their concrete and emotional experiences in their own words. A number of themes that emerged from children's responses to these openended questions would have been impossible to elicit using traditional, quantitative survey methods. One of the questions was "If you met a person about your age who could not live at home with [his or her] birth parents, you might be able to give him [her] some advice. What advice would you give?"

Creating the Instrument Package

Assemble a Community-Based Advisory Committee. We included former foster youths, current and former foster parents (kin and nonkin), social workers, social work administrators, and researchers not working directly on the project in a workshop to examine the draft instrument item by item. Our advisory committee offered critical information on neglected areas of research, sensitive ordering of questions, and instrument language. For example, our advisory committee developed a protocol for using the terms "real" or "birth" in reference to biological parents. Although the feedback of the committee informed our decision making usefully, the feedback was not prescriptive, and we attempted to weigh the feedback with unique methodological considerations.

Pilot Test the Instrument with Children from the Same Population. We pilot tested our instrument with current foster children, although access to the children was very difficult. We also tested the instrument with children who were not in foster care. It was important to pilot test the instrument with children of various ages to understand whether the instrument's distinct components were developmentally appropriate. Pilot participants, particularly those who were older, provided important feedback on these components.

Create an Instrument that Engages Children's Attention. Young children, particularly those who

have experienced maltreatment, may have a difficult time maintaining focus during an interview. We created an interview schedule that was intended to last no more than one hour, including the introduction and conclusion. The actual time range was wide; some interviews lasted up to two hours, and others were as short as 45 minutes.

Significantly, our population of interest included children in the concrete as well as the formal operational stage of cognitive development (Piaget & Inhelder, 1969). For this reason our questions needed to be sufficiently descriptive. We used a standardized measure called Things I Have Seen or Heard (Richters & Martinez, 1993) to examine children's exposure to community violence. After our review of existing instruments, we concluded that the Richters and Martinez scale was by far the most appropriate instrument for young children. Nevertheless, some of the questions are potentially upsetting and include: "I have heard guns being shot," "Grownups in my home yell at each other," and "Somebody threatened to kill me." Because we anticipated that some young children might have difficulty differentiating what they have fantasized or seen on television and what they have actually seen or heard, we were careful to administer the scale in such a way that children understood the questions posed to them.

Make the Interview Experience Enjoyable. We created a sheet of paper with squares for children to stamp after completing each colorcoded section of the instrument. In this way, children were always aware of how much of the interview was left to complete. To engage children's attention and make the interview experience enjoyable, interviewers invited children to use props to accompany or serve in lieu of verbal responses. For example, for yes/no questions children could place rubber fruit into a balance beam, ring a bell, or shake a maraca. For Likert-scale questions children could toss a Koosh ball onto a mat or use a stamp to mark their response. Although a few older children did not elect to use props, the majority of children appreciated them. It is important to note that for some children props provided a safer way of responding to sensitive items by allowing them to give nonverbal, rather than verbal responses. Although the use of props was a positive addition to the overall study instrument, the props also could have contributed to the unintended consequence of encouraging children to treat the interview as a game rather than an important interview. Two strategies helped to reduce this possibility:

(1) the verbal introduction to the study clearly identified the importance of the interview, and (2) interviewers were trained to help keep children on track and take breaks when necessary.

Including Special Considerations for Vulnerable Populations

Order the Instrument Scales and Questions to Match the Unique Needs of Children in Care Thoughtfully. We developed an "ice breaker" section in the beginning of the instrument to learn the terms that each child used for his or her current caregivers and biological parents. This strategy allowed us to tailor the rest of the interview to the child's unique family situation. For example, some children addressed their foster mother as "mom" and their biological mother by her first name, or vice versa. Similarly, in our sample of 100 children, 19 percent had a deceased biological parent. For this sizable proportion of children, we skipped all questions in the interview that inquired about a current relationship with that biological parent. In addition, some children had spent their entire life with a relative, such as a grandmother, and did not know that they lived in out-of-home care. We assessed these situations and then skipped questions such as "Has (caretaker) ever talked to you about having this be your permanent home—a home where you'll live until you're grown?"

Allow Children to "Pass" on Sensitive Questions. We frequently reminded children that if a question raised uncomfortable feelings, they could say "pass" or honk a horn that meant "pass." Although we were concerned that some children might overuse the pass option, that was not our experience. If a child seemed distracted or unengaged, the interviewer was trained to ask the child if he or she wanted to take a break. In this way we prevented situations in which children might say "pass" only to get through the interview more quickly.

Selection of Interviewers

Children are notoriously difficult to interview in a way that yields reliable data across respondents (Bierman, 1983; Sattler, 1992; Yarrow, 1960). The literature, coupled with our awareness that foster children often evoke particularly strong feelings in clinicians, urged us to be thoughtful about our selection and training of interviewers. To minimize interviewer bias and build interviewers' skills in conducting semistructured interviews with this population, we implemented a rigorous

application process, required participation in two weeks of training, and provided ongoing supervision throughout the data collection process.

Seek the Ideal Interviewer, but Be Prepared to Set Priorities. Strong interviewers will possess a variety of characteristics, all of which are very important to the study's success. These qualities include the following: experience and previously developed skills working with children in the age range of interest; a high level of maturity for communicating effectively with caregivers; experience working with families whose lives can be disorganized; interest in spending time in poor communities; a capacity to focus in noisy, distracting environments; a racial or ethnic background that matches one of the population's primary racial groups; proficiency in the population's spoken language; a flexible schedule; a car; familiarity with the child welfare system; research experience; and a generally engaging personality. Although all qualities may be important, some compromises are inevitable, and it is important to anticipate those qualities most important to gaining caregivers' trust and children's honest responses.

Use Mock Interviews to Assess Potential Interviewer Applicants. As a research team, we reviewed applicants' letters of interest, resumé, references, and responses to standard interview questions. In addition, we asked each applicant to conduct a mock interview with a staff member playing the role of an eight-year-old foster child. This component of the interview process provided the team with direct insights into how prospective interviewers might build rapport with children and engage their attention.

Training the Interviewers

Provide Interviewers with Ample Information about the Research. To ensure that interviewers felt entirely comfortable explaining the study's purpose, they read selected literature about the child welfare system and met with supervisors to discuss the study's relevance. We then conducted an item-by-item review of the instrument, providing theoretical and psychometric reasons underlying inclusion of each question. We were particularly concerned about interviewers' comfort regarding the delivery of sensitive questions. In the event that caregivers raised concerns about these questions, interviewers needed to provide appropriate justifications. Finally, interviewers needed a context for making educated decisions in situations involving potentially missing data (for

example, situations when time pressures required compromising certain sections, or situations when the child's clear desire to "pass" on a sensitive question required compromising the concurrent need to maximize a forced choice response). Our training provided the interviewers with ample background information for making informed, spontaneous judgments.

Develop a Plan for Achieving Interrater Reliability in Assessments of the Home and Neighborhood. The instrument included an interviewer-based measure for assessing children's homes and neighborhoods. To enhance interrater reliability we followed several important steps. Before study initiation the interviewers conducted independent assessments of nine representative sites. Reliability was poor on seemingly objective dichotomous questions (for example, Does the child live in a public housing project?), as well as more subjective questions requiring Likert-scale assessments (for example, On a scale of 1 to 10, how much green space exists in the neighborhood?). Given initial poor interrater reliability, the team spent substantial time creating operational definitions for certain words, as well as a detailed rubric to accompany the instrument. Subsequent neighborhood assessment rounds achieved high interrater reliability.

Adopt Strategies to Maximize Interviewers' Safety in the Field. Before study initiation we established certain precautionary measures, given our experience in the field during the previous study (Berrick et al., 1998) and given that a large percentage of foster children reside in low-income, high unemployment neighborhoods. First, for interviews occurring in high-crime neighborhoods, we automatically paired interviewers with a "shadow," an accompanying peer or supervisor who also served as a scribe during the interview. Second, no interviews were scheduled for the first weekday of the month. Experience from our previous year's interviews with caregivers suggested that interviewers were uncomfortable with the level of street activity in these low-income communities on those days. Third, most interviews were scheduled on weekdays between the hours of 9:00 A.M. and 4:00 P.M. and on Fridays before 2:00 P.M. Finally, during the preparatory training period and throughout data collection, interviewers were coached on ways to be mindful of their safety.

Train Interviewers on Ways to Create and Maintain Effective Rapport with Caregivers. In our study, interviewers needed to be skilled at

building rapport with a diverse group of caregivers. Caregivers' ages spanned over 50 years. Their personalities and life circumstances were equally varied. Some were employed full-time, whereas others were full-time caregivers. Some suffered from substance dependencies and mental illnesses. Caregivers also had various motivations for participating in the study—most prominently, interest in helping to improve the delivery of child welfare services and interest in providing a meaningful opportunity for their child.

Although interviewers generally spent the majority of their total interview time with children, they also needed to be skillful in their various communications with caregivers: confirming appointments, handling cancellations and “no show” interviews, presenting thoughtful overviews of the study, building trust, solidifying consent, responding to interruptions, responding to reservations and occasional hostility, negotiating longer time periods if needed, and providing closure at the end of interviews. Scripts were created for phone confirmations, greetings, and goodbyes. Interviewers also provided caregivers with study brochures and personal business cards. Interviewer training involved extensive role playing, with staff members enacting caregivers with varying personalities. Interviewers were trained to communicate all of the information contained in the scripts, while nurturing natural, responsive conversations.

Provide Guidance on Ways to Talk to Caregivers about the Need for Privacy. To ensure children's willingness to talk openly about their current living situation and elicit valid responses, the interview needs to occur in a space that the child perceives as private. Ideally, this space is a separate room. More typically, because children lived in cramped quarters (for example, small apartments or large apartments with multiple family members), interviews occurred in semiprivate spaces (for example, a room with an open door or one end of the living room). In anticipation of possible difficulties surrounding the need for privacy, the phone scheduler provided advance notice to each caregiver and requested that he or she select a space before the interview. Even with this advance notice, interviewers almost always needed to go through a similar process in person.

Many caregivers communicated a healthy skepticism about the interviewer's need for privacy. A few were overtly hostile. As part of their training, interviewers engaged in a number of roleplaying exercises to practice negotiating an appropriate

space, while maintaining their sensitivity to caregivers' concerns. In particular, they practiced talking openly about the importance of identifying a space with minimal distractions and a degree of privacy so children would feel free to discuss their experiences without worrying about family members' reactions.

Support Interviewers to Work with Children at Varying Developmental Stages and with Varying Temperaments. Guided role-playing exercises focused on building interviewers' skills in the following areas: making quick, accurate assessments of children (particularly their overall cognitive functioning and ability to sustain attention); modifying response formats to match children's developmental needs; using specific strategies to engage children's attention; and responding sensitively when children appear distressed. In addition, during training the interviewers made posters with 30 positive phrases that they might use over the course of their interviews. The phrases were used as additional training tools to help remind interviewers about the many ways to influence children's interview experience positively.

Provide Interviewers with Specific Guidance on Ways to Anticipate and Manage Children's Disclosures about Unsafe Situations. Interviewers need to know their state's mandated reporting laws, as well as the procedures developed by their research institution. In addition, interviewers need ongoing support in managing their personal feelings about their intimate knowledge that some participating children live in nonnurturing and sometimes unsafe environments. During our training the research team carefully reviewed legal and procedural information. The team also facilitated multiple roleplaying exercises. Using a script, interviewers practiced explaining confidentiality and its limits. They also practiced responding to nonreportable, ambiguous, and clearly reportable disclosures. Regardless of a response's reportability, interviewers were trained to encourage children to talk to adults about situations that made them feel unsafe. If a child indicated hopes regarding the interviewer's future availability for support, the interviewer gave the child her work number, but helped the child brainstorm alternative sources of support.

Among 100 completed interviews, one led to a Child Protective Services report. During this interview two boys living in the same home independently reported having personally experienced and witnessed children being “beat up” several

times in their current home. With probing from the interviewers, the boys did not provide any additional information. In each interview the interviewer reminded the boys that she might need to break confidentiality and talk to a social worker. One boy inquired whether the interviewer would speak with his caregiver. He was relieved to hear that she would not but that he could if he wanted. Later that day the interviewer wrote detailed accounts of the interviews and called the principal investigator. The principal investigator called a social worker in the county who had been identified previously as a contact person for any reportable incidents. The social worker then contacted the boys' social workers. In turn, these social workers replied that they were already aware of possible abuse in the home and would not follow up specifically on the two interviews but would include the report in their files. In retrospect, the legal and procedural training, coupled with ongoing opportunities to discuss personal feelings about children's disclosures, critically influenced the research team's ability to respond effectively to this particular incident.

Provide Ongoing Training and Support throughout the Study. During the data collection phase of the study, at least one supervisor was available at all times for consultation. Interviewers were encouraged to call supervisors at home if needed. Supervisors intermittently "shadowed" interviewers in the field and provided constructive feedback. When an interviewer anticipated feeling uncomfortable in a particular home or neighborhood, she could request a shadow. Weekly team meetings provided opportunities to review interviews, examine recorded responses, give feedback, brainstorm strategies for responding to unexpected events, and generally bolster interviewers' sense of belonging in a productive team.

Even with extensive preparation, interviews with children often exert an emotional toll on field staff. Although many foster children live in safe, loving homes, interviewers reported considerable concern about some children's neighborhood and home conditions. Providing ample time to discuss reflections about their field experience and time to complete nonfield-related tasks helped balance the emotional demands of the work so interviewers could maintain their enthusiasm with children.

CONCLUSION

The challenges of conducting research with children in foster care are formidable. Barriers to

identifying a sample, gaining consent, developing population-specific research questions, managing highly emotional topics, and preparing staff for the work can hijack the research enterprise at every turn. Indeed, in this study, one judge's stroke of a pen compromised our final sample size by one-third. Our experience, however, highlights the importance of working collaboratively with social services agencies and the courts to overcome some of these obstacles. Researchers who have close working relationships with local agencies probably are more successful than others, because the agency-researcher-court relationship must be built on previously developed trust. Our experience also suggests that this research will continue to be implemented only sporadically and will depend on individual judges and the unique circumstances of particular jurisdictions.

The tenacious researcher may manage the methodological challenges listed. Nevertheless, these issues also have the potential to compromise a study in several respects. Problems with recruitment, for example, may lead to considerable selection bias that cannot be controlled by the investigator. The resulting nonprobability sample has implications for analysis, and severely limits the investigator's capacity to generalize to the full foster care population. Response rates might be increased if judges, social workers, or lawyers strongly encouraged potential respondents to participate, but problems with coercion—perceived or actual—would make this approach ethically unacceptable. Understanding and controlling for bias in the analysis can be accomplished only if the researcher has access to information concerning the foster youth population from which the sample was drawn. Depending on data systems and agency collaboration, this information may not be readily available to the researcher.

Instrumentation issues also may jeopardize the study's validity, despite the best efforts to create an engaging, nonthreatening atmosphere for the child. When the fundamental concepts in child welfare, such as permanency, have little or no lineage in the research literature, child welfare researchers also must strive to develop standardized scales with sufficient psychometric properties. However, the first generation studies may suffer in the interim.

Despite the considerable challenges posed by research with children in foster care, much more research is needed. Children are the primary clients of the child welfare system, yet their voices

are muffled by an array of difficult impediments. These obstructions can be overcome with thoughtful planning, but the process may be time consuming and arduous. With a half million children residing in out-of-home care in the United States, researchers should continue to include their perspective. Children can be important informants in our developing understanding of child welfare outcomes, yet Festinger's 1983 book title, "*No One Ever Asked Us*" continues to hold true today. The current challenge to child welfare investigators is to devise and refine techniques for gaining access to children in care and incorporating their perspectives into the research enterprise with deliberation and utmost care. ■

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