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Family foster care: Let's not throw the baby out with the bathwater

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Abstract

In 2014, an article written by Dr Frank Ainsworth and Patricia Hansen was published in *Children Australia* entitled 'Family foster care: Can it survive the evidence?' The basic premise of the article was that evidence indicates family foster care either doesn't change the likelihood of positive outcomes for children, or makes it more difficult for positive outcomes to be achieved. Essentially, the view was that foster care is a risk to children in much the same way as there is a risk for children remaining at home with abusive or neglectful parents. As such, the authors stated that there should be a reduction in the use of family foster care, and increased efforts to keep children at home with supports. This article only came to our attention recently, and we had some issues with the

conclusions that were drawn by the authors, particularly in terms of the evidence that is used to support their proposition. We were kindly offered an opportunity by the journal editors to submit this responding article.

Keywords: foster care, juvenile offending, educational achievement, mental health, early parenting

Introduction

The title of Frank Ainsworth and Patricia Hansen's article, 'Family foster care: Can it survive the evidence?', immediately sets the tone for their commentary, suggesting that there is evidence available to indicate that family foster care cannot survive – that it is in serious peril. The article doesn't ask, 'what is the evidence?', but 'can it survive the evidence?' So, from the outset it is clear that this is a commentary written by academics who believe that there is evidence available that challenges the existence of family foster care, and they are going to provide the evidence to support this proposition. From an academic point of view, this is perfectly reasonable. Academia by its very nature is about independence of thought, and supporting argument with empirical evidence. However, we do not believe that the arguments of the authors are supported by the evidence they present.

What evidence is provided and is it convincing?

The article begins with reference to two highly influential US studies, one longitudinal, the 'Midwest Study' (Courtney et al., 2011), and one cross-sectional, the 'Northwest Study' (Pecora et al., 2010). The 'Midwest Study' tracks young people leaving care into adulthood, whilst the 'Northwest Study' examines adult functioning for those previously in foster care. Flagging up these studies in the article introduction gives the impression to the reader that the 'evidence' that the authors refer to in the title, will be coming from highly respected and influential research. Unfortunately, the authors simply describe these two studies, and do not explore in any way, shape, or form, the extent to which the findings of these studies are either supportive or critical of family foster care. A somewhat tenuous link is then made between these two studies, and a quote by Fernandez and Barth (2010, p.298) which states that,

'there is growing consensus in these international findings that foster care is not fulfilling its aspirations of helping to rehabilitate children to the point at which the negative impact of their prior experiences are largely mitigated'.

The authors attempt to link the two US studies with the comment by Fernandez and Barth, but provide no evidence that would support linking the studies in this way. The authors then go on, on the basis of the quote above, to state that *'this is the starting point for a new debate about the use*

of family foster care as one of the mainstays of the child welfare out-of-home system' (p.88). In our view, this is a very strong statement to make, particularly as the authors at this point had not presented any evidence that this might be a proposition worth considering. Furthermore, the Fernandez and Barth quote is not suggesting that a radical re-think of the use of family foster care is required, but more simply, as most academics writing in the field would accept, it is an acknowledgement of the fact that it is not a flawless system, and can struggle to provide optimum outcomes for children who have often experienced abuse and neglect in their early lives.

This is a fundamentally important point to bear in mind. Family foster care systems are not designed as receptacles for children who are being well cared for, and whose wellbeing is being well met by their parents. They are designed to respond to the reality that some parents can significantly harm their children in an abusive and/or neglectful way, and that these children often need to be removed from parental authority for their own safety. Furthermore, the abuse and neglect experienced can have a profoundly negative impact upon the child's life (Perry, 2009; Davidson et al., 2010; Devaney et al., 2014).

It is, therefore, a massive challenge for any family foster care system, once these vulnerable children have been removed from the source of harm, to provide the nurturing required to fully mitigate these negative effects. It clearly does this for some children, especially if they are placed at a young age and long-term (Biehal et al., 2010; McSherry et al., 2016), but if others do not fully recover by the time they leave care, does that mean that the foster care system has failed them? We would argue that this is not the case, and in doing so, would consider what the prospects might have been had these children not be removed into family foster care from their abusive and neglectful home backgrounds. We know from the research that even when birth parents have had their children returned home from care, and where the risk of significant harm has been deemed to be sufficiently reduced by social services, that on some outcomes measures, these children fare worse than those who remain in care (McSherry et al., 2013; Fargas Malet et al., 2014).

This highlights what we consider to be the fundamental flaw in the Ainsworth and Hansen paper, the premise that, because the family foster care system is not perfect and does not always result in optimum outcomes for children in care, it is to be considered a failure, a case of throwing the baby out with the bathwater. It is a classic example of guilt by association. As mentioned earlier, the family foster care system is designed to care for children who have been significantly harmed. This significant harm has consequences that can manifest in poor performance across a range of coping indicators whilst in care, and after leaving care. It is important to understand that the root cause of the poor performance is the early experience, not the care system itself.

Let's consider the hospital system for a moment. Hospitals are places where people go because they are ill. When visiting a hospital and seeing ill people, you don't think to yourself, this must be a place that makes people ill. You don't assume that because people are ill in hospitals, that the hospital must be making them ill. The same logic should apply to the family foster care system. Foster care systems are designed for children who have experienced significant harm, which can negatively impact their development across a range of psychosocial domains. As such, when evidence is presented of negative development for children in foster care across those domains, we should not assume that the care system itself is responsible. This, unfortunately, is what we would argue Ainsworth and Hansen have inadvertently done in their article.

The authors also specifically address a number of outcome domains, suggesting that the evidence they provide is supportive of their conclusions. They focused on: educational achievement; juvenile offending; youth mental health; early parenthood (for both males and females); abuse in care; and impermanence not permanence. However, it is important to bear in mind that they have omitted a range of equally important coping indicators, such as attachment or life satisfaction, which may have allowed them to develop an alternative perspective on outcomes for these children.

Educational achievements

Education is the cornerstone for any child's development and achievement in life. Thus, if there were evidence that family foster care was educationally disadvantaging children, beyond that which might have been anticipated had they remained in risky situations at home, it would be very important that this be put in the public domain. However, no evidence of that nature is provided by the authors. Instead, they cite research by Wise et al. (2010) and the Create Foundation (2003) that highlights poor educational outcomes for children in care. Again, this is not a contested point within the field. It is widely acknowledged that the educational profile of children leaving care is not as good as that for their non-care peers. But it is also generally acknowledged that this is not unexpected, given the challenges that children in foster care face, including dealing with the trauma of their past experiences prior to entering care, and the disruption in family and peer relationships that coming into care often inevitably involves. Moreover, there is evidence that many care-leavers go on to further and higher education much later in life, so studies that focus on the leaving care period are unable to take that into account (Duncalf, 2010).

The family foster care system clearly needs to improve how it tackles these challenges, but the notion that reducing the numbers coming into care is justified, because children in family foster care do not do as well educationally as their non-care peers, makes little sense. Again, is it really conceivable that their educational performance would have been better if they had remained in

risky environments at home? There is no evidence of that. Indeed, research that has compared the educational performance and scholastic aptitude of children returned home from care and those who remained in long-term foster care, showed that those in foster care performed significantly better (McClung & Gayle, 2010; McSherry et al., 2013).

Furthermore, a recent major study of educational performance amongst children in care in England, relative to their non-care peers, found that those who were in care did much better educationally than those on the margins of care. It was also found that within the care population, the longer the care episode, the better the school performance (Sebba et al., 2015). This evidence clearly counters the notion that entry to care can disadvantage children educationally. In fact, it would appear that for children who are deemed to require care, the opposite is the case.

Juvenile offending

The authors highlight the fact that large percentages of young offenders have a history of care (Wood, 2008) as a justification for decreasing the use of care for vulnerable children. However, what they do not acknowledge is that many young people enter the care system as teenagers because they are, at that point, beyond parental control and engaging in anti-social behaviour in their communities. This flags the need for academics to consider the care population, not as homogenous, but as heterogeneous, with multiple sub-populations, such as: early entry stable care; late entry stable care; early entry unstable care; late entry unstable care; kinship care; residential care, etc. (McSherry et al., 2013). Furthermore, the link between early maltreatment and later delinquency is well established, a relationship that exists even where children have not entered the care system (Smith & Thornberry, 1994). Therefore, to specify the family foster care system as being responsible for these high levels of young offending is spurious. Of course, most commentators would agree that more could be done to support young people after they have left the care system, but reducing entry to care for vulnerable children, and leaving them in abusive and neglectful environments, does not appear a sensible proposal for reducing levels of juvenile offending.

Youth mental health

This is a relatively unusual section of the article, as the authors make reference to research that shows very high percentages of young people in detention have been abused or neglected (Indig et al., 2011). At no point is any reference made to studies involving children in care, which is odd for an article purporting to be about evidence that family foster care is failing children. This section simply reminds us that children in care, as a result of their early experiences of abuse and neglect, are at risk of experiencing mental health problems. This is an issue that care systems across the world are

becoming more aware of, with a greater appreciation that the earlier some form of therapeutic intervention can be offered after the child enters care the better, so as to prevent later crises. It is essentially about systems moving from back to front loading of resources (McSherry et al., 2015). The authors did not provide any evidence that family foster care negatively impacts children's mental health.

Early parenthood

In this section, the authors comment that some girls become pregnant in care, and some boys get their girlfriends pregnant whilst in care, but that events of this kind are not recorded in New South Wales administrative systems. So, according to the authors, this is happening at some unspecified level, but there is no evidence to back it up, which is not the most convincing basis for an argument. The authors then go on to cite research highlighting the high prevalence of early parenthood among young women recently discharged from care (Cashmore and Paxman, 1996; 2006). Their argument appears to be that if you enter care, you are more likely to have a child than those who do not enter care, after you exit care. However, no convincing evidence is provided to support this. The Cashmore and Paxman research does indicate, as do a range of international studies of young people after care, that early parenthood is a particular issue for this group. However, no sense is given by Ainsworth and Hansen as to how comparable this is to other young people, and particularly those who would have experienced early adversity in their lives.

The key question is: is the higher level of early parenthood for young people after care, the result of having been in care, as the authors of the article would suggest, or related to other possibly inter-related factors such as early maltreatment, socio-economic status, or lack of supports after leaving care? The truth is that it is a complex picture, but there is no evidence at all provided by the authors that having been in care is the likely cause of these elevated levels of early parenthood.

Furthermore, there is no evidence provided that because of early parenthood after care for some children in care, that entry to care for abused and neglected children should be avoided.

Abuse in care

The premise presented here was that because there is evidence that a very small percentage of children are abused or neglected in care (AIHW, 2013; Biehal et al., 2014), efforts should be made to reduce entry to care for all at-risk children. In our view, this seems a rather illogical conclusion, given that the alternative – leaving children in homes where there is actual risk of abuse and neglect – would appear to be far more likely to result in future abuse and neglect, than removal and entry to care.

Impermanence not permanence

There is a sizeable body of research that has examined the issue of instability/permanency for children in family foster care, and it is widely accepted that, although this occurs for a small minority of children in care, movement between placements is something that should be avoided if at all possible (Munro & Hardy, 2006; McSherry et al., 2013). The authors argue that too many children in care enter multiple placements, and that kinship care would appear to be better able to deliver permanency (Winokur et al., 2008; Yardley et al., 2008). However, at no point do they explain why this might be problematic for children, and in doing so, fail to make any argument as to why care should be avoided as a result of the risk of this occurring in care.

Conclusion

The main thrust of Ainsworth and Hansen's article was that there was compelling evidence available that family foster care was failing the children that it was designed to serve, across a range of outcome coping indicators. Consequently, they stated that it was time for a radical overhaul of this system, with a reduction in the use of family foster care for vulnerable children, with more children remaining at home with supports. If, in fact, evidence had been presented that family foster care was failing these children to the extent implied by the authors, then there might be an argument for re-thinking social care responses to the abuse and neglect of children. However, the authors singularly failed to present any credible evidence that this was the case, and as such, the answer to the question that they posed in their title, can it survive the evidence, would be a resounding 'yes, it can!'

That said, although the authors' approach to the challenges of family foster care appears extreme, this does not detract from the fact that it *is* an imperfect system, and some children clearly do not do as well as others whilst in care. That is why we need more detailed research on the experiences of children in care that attempts to capture, in as much detail as possible, the complexity of their lives before, during, and after care. We also need to collect quantitative data that allows for standardised comparisons to be made with, not only their non-care peers, but sub-groups of those peers, across the full spectrum of socio-economic backgrounds and social care need, and qualitative data that enables richer and deeper perspectives to emerge. That is the kind of evidence that will allow us to fully answer the question as to the impact of family foster care on the lives of vulnerable children.

One positive that has emerged from the Ainsworth and Hansen article is that it has inspired a Special Edition of Children Australia, which Dominic McSherry will be guest editing, and which will be

published in June 2018. This will present an international perspective on outcomes for children in care, with a focus on contemporary issues and dilemmas. Submission will be by invitation only, and will hopefully come from the leading international scholars and researchers in the field. We are really excited at the potential for knowledge generation such a collection could bring.

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