OUT OF HOME PROGRAMS: A GLOBAL OVERVIEW

Jacqueline Hayden
Centre for Social Justice and Social Change
University of Western Sydney, Australia

ABSTRACT: This article analyses out of home care (foster care) programs within a framework of human development and resiliency studies. Despite concerns about the importance of contextual relevance in assessing program development and outcomes, the author argues that a development framework allows for the identification of common processes for reducing risk across diverse situations including within both minority world and majority world conditions

Key words: foster care (out of home care), human development, global principles (of foster care [out of home care]), and contextual validity (in foster care [out of home care] programs

INTRODUCTION

In this overview, the author describes common processes that define out of home (foster) care programs globally and offers principles for program delivery and assessment that appear to have transcontextual validity.

The term *foster care* is used to refer to care for children who are without access to familial support. Although *out of home* care is gaining popularity as a less emotive and more descriptive term, foster care is still used in most majority nations. Foster children include orphans, unaccompanied children (whose parents are inaccessible or their whereabouts unknown), wards of the state (whose parents or guardians are unable to care for the child because of external events or personal circumstances), and children/families who are in need of temporary respite.

Human Development Needs: Research that Informs Care Systems for Children

It is safe to assume that every child who comes into the foster care system has experienced disruption and trauma. In studies of World War II orphans, Bowlby (1965) and others identified long-term deleterious effects on children who had not been able to form bonds or attachment with their mother. Since those early studies, we have refined our understanding of the foundations of positive human development and the bases for health and well-being. We know now that to meet potential in terms of biological, psychological, and emotional health, a child needs stable and consistent relationships with loving adults in a nurturing, protective, and safe environment. Bonding and attachment, the development of security and trust through consistent care-taking, freedom to

interact with surroundings, predictability, success experiences, responsiveness, exposure to opportunities for cognitive and emotional development, and other nurturing interactions form the foundation for positive developmental outcomes and healthy lives. We know, too, that some children are highly resilient and that they can and do overcome disruptive and traumatic circumstances to become thriving, healthy adults (Clark & Campbell, 1989; Manisses Communication Group, 2001).

Current research into human development and resilience suggests the following outcomes for children who have suffered disruption and/or trauma.

- Youngest children are more likely to have long-term effects from disruption and trauma but also most likely to recover when reparative attention is swift.
- Children who have suffered significant emotional stress, such as the death of a parent, require reparative attention even when the child appears to be coping.
- Children are more likely to present long-term behavioural effects and cognitive impairment when post-trauma events are disjointed.
- A return to normalcy and experiences that replicate normal family life are most likely to heal traumatized and troubled lives (all children are more likely to thrive when they are cared for in small groups with consistent and loving care givers).

(Sims, Dubowitz, & Szilagyi, 2000; McCain & Mustard, 1999; Gammage, 2000; Ferguson, Horwood, & Lynskey, 1994; Bilavar, Keinberger, Koepke, & Goerge, 1999; Mannisses, 2000).

Importance of early years. Children who experience trauma in the early years are more likely to present long-term physical, psychological, and behavioural disorders together with biological and cognitive impairment (Ferguson, Horwood, & Lynskey, 1994; Cadiz, 1994; Mannisses, 2000; Carnegie Corporation, 2000; Clarke & Campbell, 1989; Zigler & Gilman, 1998; Zeanah, Larrieu, Scott Heller, & Valliere, 2001). On the other hand, a child is most likely to *recover* from physical deprivations and emotional trauma in early life when interventions occur swiftly and healthy environments are sustained (Schweinhart & Weikart, 1993; Barry, 1996; Carnegie Corporation, 2000; UNICEF, 1994; McCain & Mustard, 1999; Gammage, 2000).

In the case of residence in an orphanage or severe disruption of lifestyle, it has been shown that children who have had nurturing care in early life can develop into healthy adults despite traumatic separations and death. Separation during the first year of life, especially during the first six months, may not have a deleterious effect on social or emotional functioning if the subsequent care is individualized and nurturing (Simms, et al., 2000). Separations occurring between six months and about

three years of age are most likely to result in subsequent emotional disturbances (Zeanah, et al., 2001). However, long-term risks are reduced when lifestyle conditions following the trauma are not radically changed from those prior to the separation. Adult-to-child bonding and intense attention to the child's needs can overcome long-term effects of separation trauma during the critical early years (Ball & Pence, 1999; Barry, 1996; Carnegie Corporation, 2000; UNICEF, 1994).

Children of any age who are parentless are much more likely to have psychosocial problems, to be physically ill, and to not attend school than are children living with families (Bauman & Krause-Eheart, 2000). Children who feel let down and uncared for by society can become angry and hostile. Feelings of worthlessness and alienation can result in alienation, crime, and other anti-social, violent behaviours (Fortune, 2000; Wadsworth, 1999; Talbot, 1998; Yashikawa, 1995; Coleman, 1988; Jfe, 1998; Stansfield, 1999; Gammage, 2000; Shonkoff & Phillips, 2000).

Components of Foster Care Programs

The list of program components below represent those traditionally associated with the delivery of foster care programs. In theory, foster care programs include support programs to *prevent* family breakdown. Prevention of family breakdown involves macro- and inter-sectoral programs which include socio-cultural, economic, and political forces as well as environmental conditions, including poverty reduction and health-promoting programs. Indeed, almost any community support program is a preventative foster care program. However, the connection between preventative foster care and prenatal support, mother and child support, health services, early childhood education, poverty reduction, income generation, housing and water improvement, drug and alcohol rehabilitation, prison reform, and all other aspects of community development care is seldom recognized (see Melamid, 2002: 131).

Instead, most formalized systems of foster care restrict their focus to the care of children after family breakdown. Most formalised programs include the components listed below. However, lack of resource commitment, lack of trained personnel, and fragmented infrastructure are common obstacles for successful program outcomes.

Foster care needs assessment. Research is needed to prioritize and plan foster needs. Specific information on the cohort of children in need (age, gender, presenting problem, geographical location, and other variables) and forecasts on future needs will be used to inform legislation, training, and other components of the program. Qualitative research such as case studies of children in care will illustrate current capacities and where gaps in services exist. Qualitative research is also needed to analyze issues related to foster families. Surveys and interviews with foster families will identify motivators and other matters that can be incorporated into recruitment drives. This research will inform program development including the identification of specific support and training needs for potential foster families.

Legal and structural infrastructure. A government or other sanctioned structure needs to be in place whereby guardianship responsibilities are designated. Community standards of care for children need to be articulated and legislated. Legislation will also address standards of care and responsibilities for monitoring compliance with standards. Entrance and exit policies that are equitable and transparent need to be in place and grounded in legislation. The rights of birth families need to be addressed in legislation as well. A system of appeal needs to be established.

Public awareness campaign. Campaigns of community awareness to promote acceptance of the foster care system will support recruitment drives and avoid the stigmatisation of children and of birth and fostering families.

Recruitment and training of foster care workers. Training in foster care is now recognized as a specialized area. Training can be available through schools of social work or in-service professional development programs.

Recruitment and training of foster families. A foster care system involves the identification, training, and ongoing support to families in the community who are willing and able to take one or several children into their homes. A home assessment needs to be done to ensure that children will be safe and nurtured in the foster setting. All members of the fostering family should be involved in this assessment.

Matching of children to foster situation. Children need to be matched to most suitable arrangements and linked to a range of community resources. Fostering arrangements aim at least disruption. This could include older children remaining in their family home with supports provided. Precedence should be given to community placements and kinship programs (whereby blood relatives give support to care for fostered and/or orphaned children).

Ongoing support to foster families. Foster homes need to be monitored on an ongoing basis. The purpose is not only to ensure that the child is thriving but also to identify needs and provide ongoing support, training, health services, relief services, and emergency assistance including financial assistance. A sympathetic and trained professional should be assigned to each home on a long-term basis. Security support needs to be available as well.

Support to the child. A foster child should be assigned a permanent advocate who ensures that the child's interests are met and who can intervene quickly in times of breakdown or need for change in care arrangements.

Programs towards reunification, where possible. This involves a focus on the reunification of the child and the birth family. Family counselling, rehabilitation, and other programs targeting the birth family as well as the foster child are considered to be an integral part of the system.

After-care. Children who have reached the age of majority and/or are exiting the system to rejoin family members need ongoing after-care. Financial assistance, employment counseling, and other supports need to be available long term for the fostered child.

Issues Regarding Foster Care

The issues listed below are those most commonly debated in the development, implementation, and assessment of foster care programs. Consideration of these issues can assist with the adaptation of generic programs to meet regional and contextual needs. Some discussion of these issues is offered in terms of current research findings, practice, and hindsight.

Community homes versus identifiable institutions and residences. In nations where programs for orphans and foster children have existed for some time, the use of institutional care is rare. The consistent care by one or two significant adults, which is vital to healthy psychosocial development, is difficult to deliver in institutionalized settings (Fortune, 2000). Even where staff has the highest qualifications, ratios and conditions do not support the one-on-one bonding associated with the development of attachment and feelings of worthiness in children. Children who grow up separated from mainstream society and/or under the auspices of charitable organizations tend to develop low self-concepts and to have problems integrating into society as adults (Scahill & Froese-Fretz, 2000). This is exacerbated in those cultures where the ancestral home is critical to self-identity (Mupedziswa & Kanyowa, 1997).

Some forms of residential care reflect the most recent research on children's needs and the highest standards of care. In many nations, agencies have developed what are called *Children's Villages.* These represent attempts to create a community lifestyle for large numbers of orphans. Villages generally incorporate many residential "homes" along with sites for social and recreational activities. Villages are often characterized by programs which keep siblings together, have consistent adult caretakers, replicate family groupings, attempt to have children integrate into the community by attending community schools, and feature many other aspects of best practice. While villages can be secure, predictable, and joyful places for children, there is a concern that the high-level lifestyle makes it difficult for "villagers" to re-integrate into normal community life. The difficulty is exacerbated because village children often lose ties with their ancestral locations and/or heritage.

Informal care systems versus formalized care systems. In recent times, *kinship care* has been formalized. Relatives of children in need can apply for state support to take in these children. In many nations, and in earlier eras, kinship care just happened, but this is becoming less realistic in terms of global social trends. Ironically, the formalizing of programs sometimes increases the risk for abuse--perhaps because rewards associated with formal structures can over-ride humanitarian motives. Informal arrangements whereby community norms are monitored could decrease disruption and the trauma associated with *drifting* (whereby the child ends up drifting in and out of birth-family care). Drifting has such negative outcomes that sometimes children are left in high-risk situations simply to avoid yet another change in their lives (Clare, 2002).

Normalization is also most likely to occur in informal arrangements. Most researchers argue for a multi-level system that incorporates a continuum of programs ranging from informal supports through to partnership arrangements, and finally to formalized structures with rigorous accountability. The diversity of this approach allows for individualized needs and can incorporate the implications of changes in child and/or family circumstances (Colton & Williams, 1997).

Contacts with family or chance to re-bond with new family. The balance between the rights of the birth family and the rights of the foster family is a source of much contention. Theoretically, children are believed to develop a self-concept and a sense of belonging when they maintain contact and bonds with their birth relatives. In practice, the issues that forced child removal in the first place often remain as barriers to reunification. Poverty and substance abuse, poor or neglectful parenting skills, and/or economic and social conditions which make parenting extremely difficult do not change quickly--and even when they are ameliorated, need constant monitoring and support to sustain the standard of care. Drifting in and out of family situations is highly detrimental for children. Some foster parents have reported abusive and violent behaviour from birth families toward themselves and their non-fostered children. Others report regression and trauma after foster children have visited birth parents. Some fostering parents have refused to accept foster children if there is an insistence of birth-family involvement.

Keeping siblings together versus finding viable placements. Most researchers argue for keeping siblings together wherever possible. In areas where families are large, this can reduce the likelihood of fostering within a family home. Few families are set up for, or willing to take on, more than two or three children at one time. Large families may be able to remain in a house with older siblings taking responsibility for the younger ones. This arrangement, however, could disadvantage the older children whose schooling and lives are disrupted to care for the young ones.

Payment for fostering families versus minimal supports. In some nations, allowances are given and supplemented based on factors such as age, special needs, etc. Families can cover expenses and make some financial gains. In some nations, payment or support is minimal and fostering costs the foster family in real terms.

Some analysts believe that payment detracts from the spirit of fostering. The care and time needed to foster cannot be measured in wages, and generous allotments can result in suspicious motives. Foster parents may neglect or mistreat foster children while they keep the funds for themselves or their own children.

Alternatively, many researchers insist that remuneration is valid and equitable. Children benefit when foster parents are financially rewarded because this increases the pool of foster families. Appropriate matching can then take place, which decreases the risk of placement breakdown. The care and time needed to foster cannot be measured in wages, nor will

wages be enough to sustain the commitment needed to get through the tough times of child fostering. Drop out rates tend to be higher amongst foster families that receive low remuneration (Pangan, 1999).

Most analysts agree that fostering is most likely to be successful when it is done in the spirit of a sense of shared responsibility for children in the community, with supports being distributed on an as-needed basis. Public recognition and visible benefits for the whole fostering family and the whole community are motivating factors for foster parents.

Cultural consistency. Many arguments are advanced about the benefits of ensuring that children are cared for and nurtured in the culture and belief systems of their birth families. Feelings of belonging, which are crucial to healthy emotional development, are more difficult to achieve when children live in families or communities that do not reflect their birth heritage. The Aboriginal *Stolen Children* of Australia speak of this sense of "not belonging" as the most traumatic area of their lives. Cross-cultural, cross-religious, and cross-racial fostering is frowned upon in many areas. On the other hand, there have been successful fosterings and adoptions that have crossed all these barriers. The issue seems to be respect the championing of the child's background and allowing the child to follow whatever her/his conscience dictates.

Post-care programs. How children exit the fostering system and when and what supports are given to them have implications for long-term health and well-being. Some programs have halfway houses whereby young people are left in semi-independent states before going off on their own. These are often operated by organizations that have run villages or foster care programs. Some of the concerns are similar to those regarding the villages themselves: children may become depressed and dysfunctional when they find that they are unable to maintain their past standard of life when left to their own devices. Research on post-foster care outcomes and on the factors most likely to contribute to the successful integration of foster children is lacking.

CONCLUSION

The best way to provide an effective foster care situation is to recognize that every child is part of a system that incorporates the mother-child dyad, the family, kinship ties, and the community--and to target support to every level of this "system".

While stand-alone programs of foster care are difficult to measure in terms of sustainable outcomes, research and experience have contributed to our understanding of the components and the issues that need to be considered for developing and implementing foster care programs in any context. The basic axioms for the development and delivery of any social program also remain true for foster care. These axioms include the following.

- Interventions need to be focused upon the early years of life (including supports for mothers in the prenatal and perinatal periods).

- Children need to have a voice in decisions affecting their lives.
- Children should be kept in family-like environments, close to their birth community.
- All stakeholders involved in social service interventions need training and support.
- Children need to be viewed as a whole--their health, educational outcomes, and well-being cannot be separated from emotional stability and/or feelings of belonging. The availability of care, nurturance, health services and education for all children should be consistent and seamless from birth to adulthood.
- Foster care needs to be viewed as part of the continuum of healthy communities--not a crisis intervention program that identifies the disrupted child as the problem to be solved (Hayden, 2002).

References

Ball, J., & Pence, A.R. (1999). Beyond developmentally appropriate practice: Developing community and culturally appropriate practice. *Young Children*, 54(2), 46-50.

Barry, F. (1996). Endangered children and environmental standards. *Community Development*, 4(2).

Bauman, M., & Krause Eheart, B. (2000). From foster care to fostering care: The need for community. *Sociological Quarterly*, 41(1), 85.

Bilaver, L.A., Kienberger Jaudes, P., Koepke, D., Goerge, R.M. (1999). The Health of Children in Foster Care. *Social Service Review*, 73(3), 401.

Bowlby, J. (1965). *Child care and the growth of love*. Harmondsworth, UK: Penguin.

Carnegie Corporation of New York. (2000). *Mobilize communities to support young children and their families* [on line]. New York: Carnegie Corporation. Retrieved June 22, 2000 from http://www/carnegie.org/starting_points/startpt5.html

Child Protection Society. (1999). *How can we help? Approaches to community based care.* Harare: Child Protection Society of Zimbabwe.

Clare, B. (2002). Family reunification: Rhetoric and risks. *Children Australia*, 27(3), 19-22.

Clarke, S., & Campbell, F. (1989). Can intervention early prevent crime later? The abecedarian project compared with other programs. *Early Childhood Research Quarterly*, 13(2), 319-343.

Coleman, J.S. (1988). Social capital in the creation of human capital. *American Journal of Sociology*, 94, 95-120.

Colton, M., & Williams, M. (Eds.). (1997). *The world of foster care.* Hants, UK: Arena

Ferguson, D., Horwood, J., & Lynskey, M. (1994). A longitudinal study of early childhood education and subsequent academic achievement. *Australian Psychology*, 29(2), 110-115.

Fortune, A. E. (2000). Foster care, poverty, prisons, and psychiatric hospitals. *Social Work Research*, 24(3), 131- 137.

Gammage, P. (2000). Child care and the growth of love: Preparing for an unknown future. In J. Hayden (Ed.), *Landscapes in early childhood education: Cross national perspectives on empowerment* (pp. 28-39). New York: Peter Lang.

Hayden, J. (2002). A community development approach for extraordinary circumstances. In L.Chan & E. Mellow (Eds.), *International developments in early childhood services* (pp. 239-253). New York: Peter Lang.

Hayden, J. (1999). *The case for community collaboration: A plan for the development of a foster care program in Mauritius.* Mauritius: UNICEF and Government of Mauritius, Ministry of Women, Welfare and Child Development.

Hayden, J., & Neufeld, C. (1999). *Foster care in Zimbabwe: Directions for support.* Manuscript. Sydney, Australia: Sincerutty Trust.

Jfe, J. (1998). The crisis in human services and the need for community. In J. Jfe, (Ed.), Creating *community alternatives--vision, analysis and practice* (pp. 48-64). London: Longman.

Klomegah, R. (2000). Child fostering and fertility: Some evidence from Ghana. *Journal of Comparative Family Studies*, 31(1), 107.

Macdonald, J. J. (2000). *Primary health care: Medicine in its place.* London: Earthscan.

Manisses Communications Group. (2000). Children in foster care have high MH utilization. *Mental Health Weekly*, 10 (46), 8-11.

Manisses Communications Group. (2001). Children in foster care have more MH/SA needs. *Mental Health Weekly*, 11(14), 5-7.

McCain, M., & Mustard, J. F. (1999). *Early years study. Reversing the real brain drain.* Final Report. Toronto, Ontario, Canada: Ontario Children's Secretariat.

Melamid, E. (2002). *What works? Integrating multiple data sources and policy research methods in assessing need and evaluating outcomes in community-based child and family service systems.* Santa Monica, CA: RAND Dissertation Series.

Mupedziswa, R., & Kasnyowa, L. (1997). Zimbabwe. In M. Colton & M. Williams (Eds.), *The world of foster care* (pp. 273-285). Hants, UK: Arena.

Pangan, A. (1999). Looking into the Phillipine foster care experience. *Children Australia,* 4(4), 76-88.

Shonkoff, J. P., & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early childhood development.* Washington, DC: National Academy of Sciences.

Simms, M., Dubowitz, H., & Szilagyi, M. (2000). Health care needs of children in the foster care system. *Pediatrics,* 106(4), 909.

Stansfield, S.A. (1999). Social support and social cohesion. In M. Marmot & R.G. Wilkinson (Eds.), *Social determinants of health* (pp.155-174). Oxford, UK: Oxford University Press.

Talbot, M. (1998, September 19). First contact. How important is early love to a child's development? In Romania's deprived orphans and the controversial debate about bonding. *The Sydney Morning Herald, Good Weekend,* pp. 42-44.

Wadsworth, M. (1999). Early life. In M. Marmot & R.G. Wilkinson (Eds.), *Social determinants of health* (pp. 44-57). Oxford: Oxford University Press.

Wetzstein, C. (2001). Lost and found in foster care. Data collection and accountability of foster care services. *Insight on the News,* 17(22), 30-36.

Yoshikawa, H. (1995). Long term effects of early childhood programs on social outcomes and delinquency. *The Future of Children,* 5(3). Retrieved from http://www.futureofchildren.org/lto/03_lto.htm

UNICEF. (1994). *Children and women in Zimbabwe: A situational analysis update.* Harare, Zimbabwe: Author.

Zeanah, C., Larrieu, J., Scott-Heller, S., Valliere, J., Hinshaw, S., Aoki, Y., et al. (2001). Evaluation of a preventive intervention for maltreated infants and toddlers in foster care. *Journal of the American Academy of Child and Adolescent Psychiatry,* 40(2), 214-222.