The Potential for Successful Family Foster Care: Conceptualizing Competency Domains for Foster Parents

Cheryl Buehler, Kathryn W. Rhodes, John G. Orme, and Gary Cuddeback

The potential to foster successfully starts with developing and supporting competency in 12 domains: providing a safe and secure environment, providing a nurturing environment, promoting educational attainment and success, meeting physical and mental healthcare needs, promoting social and emotional development, supporting diversity and children’s cultural needs, supporting permanency planning, managing ambiguity and loss for the foster child and family, growing as a foster parent, managing the demands of fostering on personal and familial well-being, supporting relationships between children and their families, and working as a team member. This article describes each domain and reviews relevant research to help guide the assessment of practicing and future foster parents.
Foster parents provide the primary care for three-fourths of the children in state custody, forming the backbone of out-of-home care services in the United States (U.S. Department of Health and Human Services [DHHS], 2002). The importance of ensuring that these children are raised in a stable, long-term family arrangement is emphasized in the Adoption and Safe Families Act of 1997 (PL 105-89). Because of the compelling state interest, care provided by foster parents is regulated to prevent additional maltreatment of foster children, help ensure a caretaking environment that can support children’s growth and development, and encourage foster parents to support children’s permanency plans. This regulation most often takes the form of required preservice training for foster parents, licensing to care for foster children, monitoring by a child welfare agency, required ongoing training, and assessing and providing needed services for foster children and their birthfamilies, as well as needed support for foster families.

Training, assessment, licensure, support, and monitoring activities are best accomplished when a conceptualization of what it takes to foster successfully is clear (Shlonsky & Berrick, 2001). In addition to delineating salient competency domains such as providing for children’s safety, educational needs, mental health needs, and attachment needs, Shlonsky and Berrick also argue that foster parents are held to a higher standard of parenting and care than birthparents because of the state’s assumption of responsibility for the child. The identification of needed competencies to foster successfully is made more compelling by these higher standards. The purpose of this article is to delineate and detail competencies needed by foster parents. The authors do not include kinship caregivers in this conceptualization because some of the issues might differ significantly (Child Welfare League of America [CWLA], 2000; Cuddeback, in press; Cuddeback & Orme, 2002).

Acknowledgements: This article was supported, in part, by a grant from Casey Family Programs, Seattle, WA. The authors greatly appreciate their support. They also would like to thank Mary Ellen Cox and Tanya Coakley for their collaboration in their research on foster families.
The authors use information from the CWLA *Standards for Excellence for Family Foster Care Services* (1995), training curricula, and research on foster parent applicants and successful foster parents to develop this conceptualization of salient competency domains. In addition to these sources, the work of and leadership provided by Eileen Pasztor was influential. Pasztor (1985) suggests that foster parents should be included in the permanency planning process. She also suggests that agency goals and activities related to foster care should focus substantially on the recruitment, development, support, and retention of foster parents (Pasztor & Wynne, 1995). A third important aspect of her approach is the emphasis on the process of mutual assessment during the licensing process. This perspective of assessment, development, and support is reflected in the frequently used preservice training programs Model Approach to Partnerships in Parenting (MAPP) (Pasztor, 1987) and *Parent Resources for Information, Development, and Education* (PRIDE)* (Illinois Department of Children and Family Services, 1993), as well as in the 1995 CWLA standards.

**Foster Parent Competencies**

The National Commission on Family Foster Care (NCFFC, 1991) and the CWLA standards have identified consistent principles that should guide foster care practice. These principles include promoting children's development, recognizing the importance of parents and families, valuing diversity and cultural competence, managing loss, working as a team, and clarifying foster parent roles. These principles serve as a foundation for MAPP and PRIDE. For example, five essential role functions for foster

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*PRIDE was a collaborative effort that was sponsored by 17 child welfare organizations in addition to the one in Illinois. The writing team was Joanne Mathews, Michael E. Polowy, Eileen Mayers Pasztor, Janet Watson, and Eileen E. Torpey, with Joan Langen, Maureen Leighton, and Donna Petras, contributions from Wendy Whiting Blome, Barbara Cavin, Susan A. deBrigard, Lenore Gilrane, Emily Jean McFadden, Madeline Olea, Patricia Ryan, Julie Sweeney-Springwater, and Suzan Wynne.*
parents are addressed in the PRIDE model: (1) protecting and nurturing children, (2) meeting developmental needs and addressing developmental delays, (3) supporting relationships between children and their families, (5) connecting children to safe nurturing relationships intended to last a lifetime, and (6) working as a member of a professional team. Similarly, Casey Family Programs (1997) identified eight important competency areas: (1) providing a safe and nurturing environment, (2) meeting developmental needs of children in care; (3) supporting birthfamily work, (4) promoting long-term outcomes, (5) working in partnership, (6) maintaining self-care and family life, (7) growing as a foster parent, and (8) supporting children’s cultural needs. By integrating these four schemas (i.e., professional standards, PRIDE competencies, Casey Family Program competencies, and Shlonsky and Berrick’s domains), the authors suggest the conceptualization of the potential for successful family foster parenting include competencies in the following domains:

- Providing a safe and secure care environment (Casey, CWLA, NCFFC, PRIDE, Shlonsky & Berrick)
- Providing a nurturing care environment (Casey, CWLA, NCFFC, PRIDE, Shlonsky & Berrick)
- Promoting educational attainment and success (CWLA, NCFFC, Shlonsky & Berrick)
- Meeting physical and mental health care needs (Casey, CWLA, NCFFC, PRIDE, Shlonsky & Berrick)
- Promoting social and emotional development (Casey, CWLA, NCFFC, PRIDE, Shlonsky & Berrick)
- Valuing diversity and supporting children’s cultural needs (Casey, CWLA, NCFFC)
- Supporting permanency plans (CWLA, NCFFC, PRIDE)
- Managing ambiguity and loss for the foster child and family (CWLA, NCFFC)
- Growing as a foster parent—skill development and role clarification (Casey, CWLA, NCFFC)
- Managing the demands of fostering on personal and familial well-being (Casey)
• Supporting relationships between children and their families (Casey, CWLA, NCFFC, PRIDE)
• Working as a team member (Casey, CWLA, NCFFC, PRIDE)

The remainder of this article focuses on describing the central elements of each domain and reviewing research that details their significance. The authors focus on parental and foster family competencies that might facilitate fostering success in each domain. At the end of each domain discussion, authors also suggest criteria for success. Before proceeding, the concepts of successful care and competency are defined to create a context for the discussion of the 12 domains.

Ultimately, successful family foster care results in children whose physical, emotional, psychological, intellectual, social, and familial needs are met and their growth in these areas is promoted within a safe, secure family environment. Successful care also is indicated by the actualization of permanency plans and the lack of unneeded or unplanned changes in placements. Finally, successful care is indicated by foster families who adequately manage the challenges associated with fostering such that care provision does not diminish the psychological well-being of foster family members or the quality of their interpersonal relationships.

Competencies are defined as a combination of knowledge, interest, and skill needed to perform successfully the tasks of fostering (Illinois Department of Children and Family Services, 1993). Rycus and Hughes (1998) suggest a useful distinction between minimum and desired standards. Based on their reasoning, a minimum level of success in a given competency domain would be expected, whereas a desired level of success would be a goal. Additional support and training might be needed to help foster parents attain a desired level of success in a given competency domain. Time (a year or two) and experience also might be needed for foster parents to develop certain competencies to a desired level of success (Illinois Department of Children and Family Services).
Providing a Safe and Secure Care Environment

This domain includes physical and emotional safety and security. Providing a safe and secure environment for a child is an important aspect of the fostering experience for foster parents (Buehler, Cox, & Cuddeback, 2003). The authors suggest that both actual and perceived safety and security are important and delineate five essential aspects: freedom from abuse, freedom from neglect, a home that diminishes the chance of accidents and injury, a safe neighborhood and school or built-in protections when there are safety concerns, and an environment that promotes emotional security. Essentially, each of these aspects details protection from additional maltreatment.

Freedom from abuse. Recent Adoption and Foster Care Analysis and Reporting System (AFCARS) data on reasons for children's removal indicate that 15.4% were removed because of physical abuse and 6.7% because of sexual abuse (National Data Archive on Child Abuse and Neglect [NDACAN], 2002). An important aspect of successful foster care is to shelter children from additional abuse (Shlonsky & Berrick, 2001). Unfortunately, evidence exists that maltreatment continues for some children during their stay in family foster care. According to CWLA's National Data Analysis System (http://ndas.cwla.org/), in 1999 in the United States, 3,623 foster parents (kin and nonkin) were identified as responsible for the maltreatment (abuse or neglect) of a child in their care. Zuravin, Benedict, and Somerfield (1993) reported that 22% of the supervised foster homes had at least one confirmed maltreatment report during their study period, with most incidents involving only one foster child (versus multiple victims). Sexual abuse was present in 48% of the homes with a confirmed allegation. Physical abuse was present in 39% of the maltreatment homes, while neglect was present in 29% of the troubled homes. A foster parent was the perpetrator in 64% of the sexual abuse incidents and all of the physical abuse and neglect incidents, with a couple of exceptions.
In addition to protecting children, foster parents need to be free from abuse and violence in their adult relationships. Berrick (1997) documents that this situation does not exist for a small percentage of foster families. About 6% of foster parents reported that they had been threatened in their homes with guns or knives by family members, friends, or lovers. About 3% had been threatened without weapons but with intent to do harm. In a recent study of foster family applicants, Orme et al. (2004) find that 4.0% of wives and 10.1% of husbands reported problematic levels of verbal abuse from their spouse.

Foster parents also need to value and enact nonphysical problem-solving and discipline strategies, as evidenced by most agency policies that prohibit the use of physical discipline with foster children (Lee, 2001; McFadden & Ryan, 1991). Orme and colleagues (2004) report that 11% of the foster parents who recently had begun caring for children had problematic parenting beliefs related to the use of corporal punishment to discipline children. Spanking was the primary discipline technique used by 16% of the foster parents in Berrick's (1997) sample of practicing foster parents. About 14% of the parents in the Buehler et al. (2003) qualitative study mentioned that positive beliefs about the usefulness of physical discipline get in the way of good fostering.

An abuse-free environment is a minimal condition for quality care of children who have been maltreated (Pecora et al., 2002). Because of their increased vulnerability, maltreated children require a highly stable and nurturing environment to begin to heal some of the emotional and developmental damage (Rycus & Hughes, 1998). As such, foster parents need to possess a variety of positive discipline strategies and nonpunitive conflict resolution skills (CWLA, 1995).

**Freedom from neglect.** AFCARS data indicate that 48.6% of the children in care have been removed from their families because of parental or caretaker neglect (NDACAN, 2002). Part of this neglect is associated with parental alcohol and drug problems.
AFCARS data indicate that 7.1% of children in out-home-care were removed from their homes because of their parent’s alcohol abuse, while 12.8% were removed because of their parent’s drug abuse (NDACAN).

Foster parents must demonstrate an understanding of what constitutes neglect and structure their household and family life in ways to minimize the potential for actual or perceived neglect. Because of the association with neglectful parenting (Downey & Coyne, 1990), substance abuse and the presence of chronic parental depression potentially inhibit successful fostering. Although the authors were unable to find reliable information on the rates of substance abuse for practicing foster parents, substantial concerns regarding substance abuse are one reason foster family applicants are denied fostering approval (Lee, 2001). In a study of state laws regarding the licensing of foster parents in the United States, however, Lee finds that only 3% explicitly required some proof from foster parents that they were free from substance dependency. Because of the potential influence of nonparental adults on children, Berrick (1997) asked foster parents if they had ever been concerned about drug or alcohol use among adults who live in the home or who occasionally stay. About 6% reported having these concerns.

As with the paucity of research regarding the rate of substance abuse problems among practicing foster parents, the levels of clinical depressive affect among foster parents is little known. In a study of applicants, however, Orme and colleagues (2004) finds that 8.3% of female and 14.6% of male foster parent applicants had high levels of depressive affect. Importantly, foster parents have shown fewer problems with depression than reported for adults in a normative population (Berrick, 1997; Lipton, 1997).

**Home physical safety.** The homes of foster parent applicants are evaluated for physical safety as part of the licensing process (Lee, 2001). Because of this assessment, most foster homes should be safe physically. Based on research conducted during the 1970s, Lindhom and Touliatos (1978) report that workers judged 99% of
the homes as safe and comfortable. The structural condition of most homes was good in Berrick's (1997) sample; however, somewhere between 10% and 15% had identifiable physical hazards inside or outside. More than 90% of the parents in Berrick's sample had first aid kits and knew CPR.

**Neighborhood safety.** In general, the safety and quality of the neighborhood can shape children's life experiences, with poor or dangerous environments placing them at risk for adjustment difficulties (Klebanov, Brooks-Gunn, Chase-Lansdale, & Gordon, 1997). As with the physical home environment for foster families, Berrick's (1997) study provides the most recent information on neighborhood safety. About 27% of foster parents reported that they did not believe their foster children felt safe going to school unaccompanied by an adult. Many parents (33%) also had concerns about the quality of the neighborhood with regards to being a good place to raise children. About 3% felt that violence connected to drug use or drug dealing was a problem in their neighborhoods or families.

Berrick's study is one of the few that has provided detailed information about foster parents' home environments. Because its sample was regional and fairly small, a future study with a larger, more diverse sample of foster families needs to provide additional information as detailed as Berrick.

**Emotional security.** Research on the emotional security of foster children and foster parents' behaviors promoting actual felt security is slight. Bailey (2000) developed a measure of children's perceptions of physical and emotional safety, but this measure has not been used with children in family foster care. Citing a survey conducted by Wilson Resources, Poertner, McDonald, and Murray (2000) report that 92% of the children in foster care felt safe.

Recent research in developmental psychology illustrates the importance of emotional security for children and the role that adult anger, coparental hostility, or childhood trauma can play in producing insecurity (Davies, Harold, Goeke-Morey, & Cummings, 2002;
One of the many potential consequences of witnessing adult anger for children is wariness and a hypersensitivity to stressful living. This potential vulnerability is particularly salient when caring for foster children because some have been victims of violence and abuse in their families-of-origin or have witnessed such violence.

The importance of offering safety and security has been hallmark for years in the literature on out-of-home care. Wolins (1963) believes foster care must provide children with normalizing family experiences. Shlonsky and Berrick (2001) highlight this idea and argue that providing normalizing experiences is a minimum standard for care. A recent qualitative study highlighted foster parents’ perceptions of successful fostering, the importance of being able to make a difference in a child’s life, the importance of creating some sense of normality and belonging, and the importance of providing a safe and secure environment for a child were highlighted (Buehler et al., 2003). These were responses to an open-ended question about the rewarding aspects of fostering.

A minimum level of success in this area is to protect the foster child from additional maltreatment. That includes, but is not limited to, an understanding of the effect physical discipline has on abused children and the ability to care for children using positive discipline strategies. A desired level of success is to maintain or increase foster children’s feelings of emotional security.

Providing a Nurturing Environment

One of the strongest correlates of positive child adjustment is feeling accepted and cared for by parents (Khaleque & Rohner, 2002). Unsurprisingly, then, foster children need to feel accepted and valued by their foster parents, particularly given they are likely to feel some rejection from their birthparents (Ginsberg, 1989). Citing research conducted by Wilson Resources, Poertner and colleagues (2000) state that 82% of children in family foster care reported that they always felt loved by their caretakers.

When asked about things that help to foster successfully, 86% of the parents in the Buehler and colleagues (2003) qualitative
study mentioned a deep concern or love for children. About 82% mentioned a need to be tolerant and accepting, even when the child is very different from other family members. Going even further, 41% talked about accepting foster children as their own children.

Supporting the idea that the provision of acceptance and nurturance are important foster parent competencies, Guerney and Gavigan (1981) conducted research on whether foster parent acceptance is a fixed social–psychological characteristic or a characteristic that can be modified through training. They measured acceptance using three of Porter's (1954) subscales: acceptance of the child's feelings, acceptance of uniqueness, and recognition of the child's need for autonomy. Post-training scores on parental acceptance were significantly higher than pretest scores after participating in the Foster Parent Skills Training Program. These increases in parental acceptance were maintained at a seven-month follow-up. Although both mothers and fathers became more accepting by participating in the skills training program, change scores were greater for mothers than for fathers. Thus, these important characteristics can be promoted during preservice training.

Empathy and tolerance also are important foster parent characteristics that promote nurturing parent–child relationships (Rycus & Hughes, 1998). Orme and colleagues (2004) find that in 25% of the foster families who cared for children, at least one parent scored in the problematic range of the empathy subscale of the Adult–Adolescent Parenting Inventory (AAPI). The importance of parental tolerance in the face of child difference and demanding or disappointing behavior was documented in the early research by Rowe (1976) on fostering success. Foster parents must be able to help foster children deal with the various feelings they have about their birthfamilies, being fostered, and their future (Buehler et al., 2003).

Finally, in addition to the importance of foster parent acceptance and valuing, part of providing a nurturing environment is to facilitate children's connection with other caring adults such as grandparents, neighbors, parents of peers, teachers, and coaches (Jacobvitz, 2002). Again, this environment might be particularly important for foster
parents given that some of foster children's social and affiliative connections are tenuous.

The fact that many foster parents begin fostering with a deep concern and care for children is helpful, because some foster children present parenting challenges that can serve as an obstacle to creating positive affective attachments. For example, effective attachments sometimes are difficult to form when children have serious behavior problems or attachment disorders. Thus, some foster parents will need to accept and value children whom might be upset about being in foster care and resist forming relationships while in care. Ginsberg (1989) suggests that training in filial therapeutic techniques, which focus on parents' positive, nurturing, and accepting interactions with children, might help foster parents care more successfully for foster children who have emotional and behavioral problems.

Another obstacle to forming a positive, effective attachment with a foster child is the temporary nature of foster care. AFCARS data indicate that the case plan goal is reunification for 44.1% of the children in out-of-home (NDACAN, 2002). Some foster parents have noted the pain involved with children leaving their families (Buehler et al., 2003; Martin, Altemeier, Hickson, Davis, & Glascoe, 1992; Twigg, 1994); this worry and anxious anticipation must not impede positive, effective attachments. The experience of having a child leave care, especially when the foster parent believes the child is being sent back to a bad situation, is associated strongly with foster parents considering quitting fostering (Denby & Rindfleisch, 1996; Rhodes, Orme, & Buehler, 2001). Foster parents who have difficulty dealing with the tenuous nature of fostering might need to seek therapeutic support to increase their competencies in this area of functioning (Molin, 1988).

Thus, a minimum level of success in nurturing foster children is indicated by foster children who feel accepted and cared for by their foster parents. A desired level of success is indicated by foster children who can form secure attachments with primary caretakers and form satisfying interpersonal relationships.
Promoting Educational Attainment and Success

Shlonsky and Berrick (2001) and Altshular and Gleeson (1999) provide comprehensive literature reviews on the potential risks for foster children with regard to educational attainment and feelings of school-associated efficacy. Franck's (2001) recent analysis of national data reinforces the assertion that foster children are vulnerable for poor academic outcomes. She reports that 32% of children in foster care had school-related difficulties.

This vulnerability also is documented in the research on some of the long-term outcomes of foster care. One of the more pervasive findings in this literature is that adults who experienced family foster care while growing up have lower levels of educational attainment and lower educationally related aspirations than adults not raised in out-of-home care (Blome, 1997; Cook, 1994; Fanshel, Finch, & Grundy, 1990; Royse & Wiehe, 1989; Stein & Carey, 1986). Although foster children clearly are at risk for educational difficulties, some evidence shows that their educational attainment is similar to that of others who lived in chronic poverty and other disadvantaged life circumstances (Buehler, Orme, Post, & Patterson, 2000; Fox & Arcuri, 1980).

Because parents' educational attainment is correlated with children's educational attainment, and because mothers' educational attainment is associated inversely with children's problem behaviors (Chase-Lansdale, Gordon, Brooks-Gunn, & Klebanov, 1997), foster parents who have relatively lower levels of formal education (e.g., those who did not graduate from high school) need to demonstrate a commitment to foster children's educational attainment and an ability to enact positive strategies to promote school success. Although promoting positive school outcomes and academic achievement is an important role expectancy for foster parents, specific parenting techniques that promote success in this realm have not been addressed in the fostering literature (although, see Tennyson, 1998, for a discussion of strategies for teachers and school counselors). The field could profit from research in this area and from an integration of
the literatures on successful academic achievement and foster children's particular needs.

A minimum level of success in the educational domain is for foster children to attend school regularly and receive needed school-related services. A desired level of success is for foster children to have educational aspirations that involve completing high school and considering advanced schooling or training.

**Meeting Physical and Mental Healthcare Needs**

Foster parents must attend to children's physical and mental health needs. A fairly robust body of research demonstrates that these needs can be extensive (Altshular & Gleeson, 1999; Chernoff, Combs-Orme, Risley-Curtiss, & Heisler, 1994; Franck, 2001; Garland, Landsverk, Hough, & Ellis-MacLeod, 1996; Glisson, 1996; Pilowsky, 1995).

**Physical care needs.** Children often come into care with an array of physical health difficulties, many undiagnosed and untreated (Chernoff et al., 1994; Takayama, Wolfe, & Coulter, 1998). Between one- and two-thirds of the children coming into care have not had physical exams within the previous year (Cain & Barth, 1990; Illinois Department of Children and Family Services, 1997, as cited in Poertner et al., 2000). About 55% of the foster parents in Cain and Barth's (1990) study reported that they had received training in how to meet the health care needs of foster children. Ninety-three percent of these parents also believed that it was their responsibility to get all of the care needed by their foster children, and that the workers' responsibility was to coordinate care services.

Foster parents who care for medically fragile or drug-addicted infants and children need specialized competencies. Analyzing national data, Franck (2001) reports that 33% of children in foster care had positive drug toxicologies at birth. AFCARS data indicate that 16.7% of the children in care have a diagnosed disability (NDACAN, 2002). In addition to the extra patience, time, and energy already required to address the healthcare needs of most foster children, foster parents who care for infants and children who are medically fragile need specialized training to develop additional competencies.
Foster parents also must be able to negotiate with an array of healthcare providers to get children adequate care (see the American Academy of Pediatrics, 2000, for a discussion of the role of pediatricians in facilitating this process). At times, they must do this when they have received little information about foster children’s current health needs or documentation of their medical history. Foster parents also need to keep good records of foster children’s medical care and forward these materials to caseworkers so that accurate medical histories can be maintained (compatible with the idea of a medical passport).

**Mental healthcare needs.** Heflinger, Simpkins, and Combs-Orme (2000) systematically reviewed the research on the proportions of children in state custody with serious emotional and behavior problems. The review suggests that 30–40% of the children in care have serious behavioral problems. Some evidence suggests behavior problems worsen for children maltreated while in care (Benedict, Zuravin, Somerfield, & Brandt, 1996).

The presence of fairly serious foster child behavior problems means that foster parents must possess a variety of effective parenting skills and competencies. In general, difficulty dealing with children’s problems is one of the major causes of placement disruptions (Stone & Stone, 1983). Many foster parents believe they are not trained adequately to handle serious behavior problems and do not receive adequate support services from agencies (Henry, Cossett, Auletta, & Egan, 1991). This issue is important, because foster parents who feel competent in caring for children seem to be more satisfied with fostering (Denby, Rindfleisch, & Bean, 1999). In addition to the required preservice training, experienced foster parents need in-service training for working with children who have adjustment difficulties; they need to be competent in recognizing and negotiating for specific support services that might help meet parenting challenges (e.g., peer mentors, respite care, easy access to mental health professionals).

A minimum level of success in this domain is indicated by children receiving adequate care for their physical needs and
mental health problems. A desired level of success is indicated by children’s improvement in physical and mental health.

**Promoting Social and Emotional Development**

In addition to addressing children’s physical and mental health needs, foster parents must be able to promote children’s normative social and emotional development. To accomplish this goal, parents need to have adequate knowledge about normative development at various stages of development. Orme and colleagues (2004) find that 13% of the foster families who ultimately had children placed had at least one parent scored in the problematic range of the AAPI’s developmental expectations subscale.

One of the few studies on normative development (excluding studies of behavior problems or maladjustment) is a qualitative study conducted by Kools (1997). She interviewed youth who spent at least two years in care and concludes that foster care constrained positive identity development. Based on the interviews, she details a process of devaluation of self by others that results in a stigmatized self-identity, low self-esteem, social isolation, low self-confidence, and a lack of a future orientation. Kools’ (1997) findings support a perspective taken by Pecora, Whittaker, Maluccio, Barth, and Plotnick (1992) in their review of family foster and the child welfare system. Citing writings from 1971 forward, they state that the tenuous status foster children find themselves in “makes it difficult for a child develop his or her identity, achieve a sense of belonging, establish meaningful relationships with people, and deal successfully with developmental tasks” (p. 329). As suggested by Kools, foster parents might need to have competencies that allow them to support and care for children who might face difficult identity issues.

Palmer (1990) also highlights the importance of facilitating developmental tasks, particularly with children who have been placed in care during adolescence. Many of the tasks of adolescence, such as the achievement of relational autonomy, a stable self-concept, and a sense of competence, are closely tied to experiences in the
family-of-origin and relationships with parents (Grotevant, 1997; Grotevant & Cooper, 1986). Foster parents need to have a good understanding of developmental tasks, potential threats to achieving these tasks for children who are in out-of-home care, and strategies that can promote positive psychosocial development. Thus, as a child develops, the authors suggest that foster parents need to help him or her develop and refine important social skills that shape social competence with peers, teachers, and other adults the child will encounter as their social world broadens.

A minimum level of success in the area of promoting foster children’s social and emotional development is indicated by the absence of debilitating emotions. A desired level of success is the presence of adequate levels of positive self-esteem and demonstrated social skills with family, peers, and adults in the child’s social environment.

Valuing Diversity and Supporting Children’s Cultural Needs

Although African American parents generally express greater concern, most foster parents do not believe that same race placements are necessary (Denby & Rindfleisch, 1996). The authors were unable to find estimates of the number of foster parents who care for children of a different race from themselves during their fostering career. In 1998, however, about 15% of the adoptions of foster children were transracial or transcultural (DHHS, 2000). Thus, the percentage of parents who foster children of a different race probably is greater than 15%. As such, foster parents must be willing and able to promote the development of foster children’s cultural and racial identity (McRoy, 1994; Vonk, 2001). That requires foster parents to be receptive to the role culture and race play in a child’s development. The authors define cultural receptivity as the tolerance and appreciation of different cultures as manifested in the amount of effort and willingness foster parents are able to give to activities that support and enhance children’s cultural identities (Coakley, 2002).

Some evidence shows cultural awareness training is useful for practicing foster parents. In a national study of current and
former foster parents, those who planned to continue fostering were more likely to have received in-service training in fostering a child of a different race or culture than were those who had quit or planned to quit fostering (Rhodes et al., 2001).

A minimum level of success in the area of cultural sensitivity is indicated by a foster child not feeling uncomfortable with foster parents who are a different race or cultural background. A desired level of success is indicated by a child who has a clear and well-developed cultural identity (albeit, developmentally gauged).

**Supporting Permanency Planning**

One of the important issues in foster parenting is planning for foster children’s future living arrangements and facilitating its implementation. Some of this planning occurs within the context of identifying care goals. AFCARS data indicate that for 44.1% of the children in foster care, the goal was reunification; for 17.8%, adoption; for 6.9%, guardianship or custody to a relative; for 5.5%, emancipation; for 7.0%, long-term foster care; and for 18.7%, no permanency goal had been established (NDACAN, 2002). Foster parents need to participate in the permanency planning process and support selected options by helping foster children prepare for their future living arrangements (Rycus & Hughes, 1998). Although many foster children seem to be relatively happy with their lives, they also tend to be fairly worried about the future (Iglehart, 1995). Foster parents can help them process these concerns.

For children whose permanency goal is to reunite with birthparents, foster parents must be able to work or support the work with birthparents and other members of a child’s birthfamily. Some foster parents find this aspect of fostering difficult (Corser & Furnell, 1992), particularly when they believe that a child they are caring for cannot be returned home safely (Seaberg & Harrigan, 1999). Given the inclusive approach to partnering among the agency, foster parents, and birthparents, however, the ability to work with and support birthfamilies is a needed foster parent competency (Twigg, 1994).
Foster parents who care for teenagers need to be competent in promoting independent living skills (Casey Family Programs, 2006; Goodman et al., 2002). Rhodes and colleagues (2001) find that when compared to foster parents who had quit or intended to quit, continuing foster parents were more likely to have had in-service training in teaching a child skills for growing up and living on their own. In addition to teaching specific skills, foster parents must be oriented toward the child’s future. This focus includes setting goals and having positive expectations. Berrick, Barth, and Needell (1994) asked foster parents about their perceptions of the future for foster children (e.g., their ability to form close relationships, care for self, and provide for self economically). Most reported positive perceptions.

A minimum level of success in supporting permanency plans is indicated by the absence of sabotaging plans. A desired level of success is the inclusion of foster parents in the planning process and the presence of active and supportive efforts by the foster parent to actualize the plan.

Managing Ambiguity and Loss

Foster parents need to become competent at managing ambiguity and handling loss. About 30% of the foster parents in a Delaware state survey wished they had been better prepared for the difficulties that arose when children leave their homes (Tice & Suri, 1990). Concern over sending a child back to a poor care situation has been associated with quitting fostering (Rindfleisch, 1993), reflecting parents’ difficulties in dealing with loss. However, in-service training regarding helping children with their feelings about birthparents has been associated with fostering retention (Rhodes et al., 2001), perhaps because it helps manage relational ambiguity.

Foster parents also need to manage structural ambiguity (e.g., new family members coming and going, ambiguous parenting authority). Jordan and Rodway (1984) use the Heimler Scale of Social Functioning (a 55-item scale of social adjustment that includes several subscales organized around satisfaction, frustrations, and...
synthesis) to assess successful fostering and find that success was facilitated when parents felt secure and trusting. They note that these characteristics are useful given that foster parents must care for children under the jurisdiction of another authority. These characteristics also might help parents deal with change, ambiguity, and loss.

A minimum level of success in dealing with ambiguity and loss is indicated by foster parents not becoming incapacitated emotionally or relationally. A desired level of success is indicated by foster parents realistically appraising possible sources of ambiguity and loss, as well as demonstrating the ability to manage ambiguity and deal with loss.

**Growing as a Foster Parent**

Growing as a foster parent includes interest and effort invested in enhancing skills. Pasztor (1985; Pasztor & Wynne, 1995) was influential in formulating a model for developing and supporting foster parents that focused on partnership and capacity building. She also highlights the importance of in-service training as one of the vehicles for skill enhancement. In his elaboration of a developmental model of foster parenting, Morrissette (1994) states, “Individuals are at different levels of psychological maturity and therefore approach, interpret, and react to reality differently” (p. 236). Ongoing training and support can facilitate the developmental process that involves skill acquisition and the promotion of needed competencies.

State surveys of practicing foster parents document interest in continued training with the intention of enhancing skills and increasing fostering competencies. About 30% of the foster parents in a Delaware state survey wished they had been better prepared to handle complex behavior problems in children and the complexity of working with birthparents (Tice & Suri, 1990). In a recent survey of foster parents in Iowa, many stated an interest in receiving additional training, particularly on dealing with children’s difficulties, working with the system more effectively, and the important elements of good teamwork (Iowa Foster and Adoptive Parents Association [IFAPA], 2002).
Growing as a foster parent also includes expending effort on role clarification (Le Prohn, 1994; Molin, 1994). This need was recognized by the researchers who conducted the 1999 survey of foster parents in Connecticut (CWLA, 1999). One of their recommendations following the analysis of their information was to clarify the foster parent's role in service delivery. Rhodes, Orme, & McSurdy (2003) also document the need for role clarification, in that foster mothers and fathers believed they had greater responsibility for parenting and working with the agency than did workers. Several recommendations were made based on the CWLA survey, which can help address this need for role clarification. Foster parent role clarity is needed to support the identification and operationalization of salient competencies (Pasztor & Wynne, 1995).

A minimum level of success in this domain is indicated by foster parents recognizing the need for and receiving additional training in needed areas. A desired level of success is indicated by an expressed enthusiasm for increased competency, a clear understanding of role responsibilities and rights as a foster parent, and the receipt of additional training, as needed to increase competencies in particular domains.

Managing the Demands of Fostering

At times, fostering might create tension and stress in the foster family. Foster parents need to develop competencies to manage distressed relationships and disrupted family functioning. Little research on this issue has occurred. The few existing studies have indicated that many foster parents perceive the effects of fostering on the quality of family life as primarily positive (Dando & Minty, 1987; Seaberg & Harrigan, 1999). Some parents in these two studies noted concerns, however, including financial strain, increased time demands, increased stress, changes in routines and activities, negative effect on birthchildren, family conflict, marital conflict, disruption due to foster children's visits with birthparents, and a sense of loss when foster children leave.
Three of these stressors are particularly salient in terms of managing spillover problems: potential marital strain, negative consequences for birthchildren, and family stress when foster children return from visits with birthparents. Dando and Minty (1987) highlight the issue of potential marital strain. Although some of the participants were not married, 46% of the parents whom Buehler and colleagues (2003) interviewed commented on the importance of having a strong, cooperative marriage when asked about things in the family that promoted successful fostering. Research in the general population documents a fairly strong relationship between marital difficulties and compromised parenting (Krishnakumar & Buehler, 2000).

Foster parents with birthchildren living at home must attend to potentially stressful effects that fostering might have on their children, recognizing that many benefits also will occur in most families (Baring-Gould et al., 1983; Buehler et al., 2003). In terms of potential stressors, Twigg (1994) outlines several possible losses for birthchildren when their family fosters: loss of parents' time and attention, loss of family closeness, and loss of position or status in the family. Foster parents need to be competent in addressing these potential concerns if they have birthchildren.

Finally, foster parents must be skilled at addressing difficulties around foster children’s visits with birthparents. Seaberg and Harrigan (1999) asked foster parents how visits with the birthfamily affected the foster family. Most parents scored in the middle of the scale, between “We are pleased” and “We are upset.”

Foster parents who can garner and use supports might be more successful in managing the demands of fostering and minimizing potential negative effects of family relationships or family member well-being. Not receiving needed support from other foster parents is associated with quitting fostering (Baring-Gould, Essick, Kleinkaufm, & Miller, 1983; Rindfleisch, Bean, & Denby, 1998), and social isolation has distinguished best from worst placements (Campbell, Simon, Weithorn, Krikston, & Connolly, 1980).
A minimum level of success in this domain is indicated by the absence of negative effects, when relevant, from fostering on marital quality, on birthchildren’s development and well-being, on the quality of relations between foster parents and their birth children, and on relations with extended family. A desired level of success is indicated by growth in these various relationships.

Supporting Relationships Between Children and Their Families

Supporting relationships between foster children and their birth­families is one of the most complex and potentially demanding aspects of the foster parent role. During the 1960s and 1970s, association with birthfamily members was not encouraged to any great extent. That has changed, and increasingly, birthparents are considered an important part of the permanency planning process (Corser & Furnell, 1992; Pecora et al., 1992; Rycus & Hughes, 1998). This inclusive approach is partially conditioned, however, by the perceived potential of reunification of the child with his or her birthfamily.

Theoretically, foster parents can support reunification of the foster child with his or her birthparents by providing emotional support to both parents and children, teaching and modeling good parenting skills, providing information about the child’s progress and resources the foster family is using to support the child’s growth and development, and working cooperatively with the birthparents with regard to visitation (Doelling & Johnson, 1989; Rycus & Hughes, 1998). As noted by Pecora and colleagues (1992), however, this expectation of roles for foster parents lacks support in most agencies because “foster parents are not selected, encouraged, trained, or paid to play these roles” (p. 339).

Some of the difficulty foster parents encounter in this area centers around foster children’s visits with their birthparents. Corser and Furnell (1992) examined foster parents’, community parents’, and workers’ attitudes about abusive birthparents. They find that adults in each group supported some contact between
foster children and their birthparents; however, in general, foster parents were less supportive of contact and more restrictive in their conditions for contact than were workers and community parents. In an exploratory study of visitation, White, Albers, and Bitonti (1996) find that workers' efforts to encourage visits and to engage in problem-solving with parents were infrequent. Infrequent contact also characterized the foster and birthfamilies in Erera's (1997) study. Seaberg and Harrigan (1999) find that many foster parents thought that foster children's visits with birthparents were fairly upsetting to the child, whereas Kufeldt, Armstrong, and Dorosh (1995) conclude that regular but not too frequent visitation with birthparents was the most beneficial pattern of contact.

Thus, as difficult as the effort might be, foster parents need to facilitate good relationships between foster children and their birthfamilies, as highlighted by Pecora and colleagues (1992), who also note the importance of the worker's role in supporting foster parents in their efforts. In-service training in working with birthfamilies seems to support capacity building and facilitate successful fostering (Rhodes et al., 2001) and is a competency that some practicing foster parents want to enhance (Tice & Suri, 1990).

A minimum level of success in this domain is indicated by foster parents' understanding of the importance of foster children's continued relations with birthparents (when appropriate) and support of these relations by adequately preparing children for visits and caring for children after visits. A desired level of success is indicated by foster parents actively promoting and nurturing foster children's relations with their birthparents (when appropriate) and by supporting the agency in their work with birthparents, as needed.

**Working as a Team Member**

Successful foster parenting involves communicating and cooperating with workers from the agency with whom the child is affiliated. Stone and Stone (1983) find that a good worker–foster parent relationship is a strong correlate of placement stability. Foster parents also might need to work in partnership with judges,
therapists, teachers, and birthparents. This kind of teamwork requires good communication and problem-solving skills, as well as a strong commitment to the partnership model.

In recent years, a trend has developed toward professionalizing the role of foster parent (Ekrut, 1991; Pasztor, 1985; Pasztor & Wynne, 1995; Pecora et al., 1992). Foster parents who feel valued and respected for the fostering work they do are more satisfied in their fostering role (Denby, Rindfleisch, & Bean, 1999). Only 38% of the foster parents who participated in a regional survey, however, felt that the state department that deals with fostering viewed them as valued members of the foster care team (New Jersey Foster Parent Association, 1997), and the perception of low importance by others is associated with thoughts about quitting fostering (Brown & Calder, 1999). In a state survey of foster parents in Connecticut, only 54% felt that social workers treated them as part of the team (CWLA, 1999). Most of these parents (90%) wanted to participate in developing their foster children's permanency plans.

One of the obstacles to productive team relationships is caseworker shortages, which can result in foster parents who become frustrated over time because their telephone calls have not been returned or they are left out of the decisionmaking process about permanency planning options and services for children (Ekrut, 1991; New Jersey Foster Parent Association, 1997).

Another obstacle to strong foster parent–worker team relationships is foster parents’ perceptions of agency red tape. Difficulty with agency regulations, interaction with multiple workers, and negative worker–foster parent relationships are associated with foster parent dissatisfaction (Denby et al., 1999; Downs, 1986) and fostering discontinuation (Brown & Calder, 1999; IFAPA, 2000; Rindfleisch et al., 1998). Local surveys conducted to assess foster parents’ needs and concerns indicate that foster parents want responsive agencies and workers (CWLA, 1999; IFAPA, 2000; New Jersey Foster Parent Association, 1997; Watson, 1996). Clearly, agencies and workers must attend to this issue, as well as to foster parents. In terms of foster parent competencies, dealing with
workers and agencies often requires that foster parents have good communication and conflict resolution skills and an engaged, flexible, and tolerant attitude about working with institutions.

A minimum level of success in working with agencies is indicated by a lack of animosity or disrespect evidenced by foster parents or workers and the foster parents feeling valued for the work they do. A desired level of success is indicated by foster parents feeling part of the professional team, as well as being part of the decision-making process regarding the foster child’s needs, the ways in which those needs are met, and the child’s future living arrangements.

**Discussion**

Foster care agencies and workers are charged with making critical decisions to recruit, screen, train, develop, support, monitor, and retain foster families. They also must decide how to match, place, and maintain foster children in family foster homes. The ultimate goal in these decisions is to have foster families who will provide safe havens in which the well-being of these vulnerable children can be enhanced without disruption, while maintaining appropriate connections with their families-of-origin. Decisions concerning foster families are increasingly crucial and difficult for many reasons, but they are made all the more difficult without a clear understanding of the necessary foster parent and family competencies. In this article, the authors proposed that the potential to foster successfully involves developing, supporting, and maintaining competencies in 12 domains. They also suggested indicators of success in each of these areas. The delineation of these competency domains and possible success indicators should help agencies assess, develop, and support foster families.

In addition to suggesting competency domains and indicators of success, two salient issues emerged from this review. One is the confirmation of Shlonsky and Berrick’s (2001) assertion that a lot is expected from foster families, perhaps more than from birthparents
in the general population. The second is that although foster parents are an important part of the service delivery system for foster children and their birthfamilies, agencies and foster care workers also are important and play a role in shaping the quality of care provided to foster children and their families.

With reference to the first issue, a lot is clearly expected from foster families. In many important ways, more is asked of foster parents and families than of birth, adoptive, or stepfamilies. In part, these demanding expectations exist because children who are cared for by foster families often have special needs and require a great deal of skill. These expectations also exist because foster families are caring for children for whom the state has legal responsibility (Shlonsky & Berrick, 2001).

Because of these high expectations, foster parents must be skilled, competent, and well-trained in various domains. That highlights the importance of preservice training and assessment, continuing education and ongoing assessment, and the provision of support services. It also highlights the importance of recruiting and retaining foster parents with such competencies. Given the challenges faced by foster families and the competencies required to fulfill this role successfully, however, anyone who knows about family foster care knows that recruiting new foster families and retaining successful foster families is difficult. As suggested by Rycus and Hughes (1998, p. 838), child welfare staff must be careful not to be trapped by a "super family" paradigm. Many good foster families will not have highly developed competencies in all 12 domains. The 12 domains are proposed to serve as a framework to guide development and support, not as a rigid, exacting assessment framework.

The second issue raised by this review is that foster parents need support and development to facilitate success when caring for foster children. Although this article focused on foster parents, the idea that it takes a village to raise a child is especially true for foster children, and successful family foster care involves more than just competent foster families. Foster parents and families cannot be expected to
completely alleviate problems experienced by many foster children who have been chronically maltreated. Supports need to be commensurate with expectations, and expectations should not be unduly unrealistic. The standards and approaches adopted by agencies and the competencies needed by foster care workers also play a role in the success of care, and although beyond the scope of this article, should be delineated thoroughly to understand fully the factors that shape successful family foster care.

The paradigm presented in this article can serve as a foundation for a variety of practice and policy implications. Before some of these implications are delineated, however, readers must recognize that this review did not address specific competencies needed by kinship caregivers. Clearly, some if not all of the proposed competency domains are relevant for kinship caregivers. The experience of caring for a relative, however, is different from that for an unfamiliar child. Some of these differences are represented in the variations discussed in the CWLA's Standards of Excellence for Kinship Care (2000). These issues and their implications for competency domains need to be discussed thoroughly in an article that proposes domains for kinship caregivers and indicators of successful kinship care.

**Implications and Recommendations**

Considerable practice wisdom exists concerning the desirable characteristics of foster parents and families. For the most part, though, published measures with demonstrated psychometric properties are not available to assess these competencies in practice or research. Furthermore, as is evident in this article and previous reviews (Orme & Buehler, 2001), very little evidence exists concerning the extent to which prospective or practicing foster parents possess such competencies, to which widely used training programs such as MAPP or PRIDE impart these competencies, or to which these competencies lead to successful outcomes for the children placed in the care of foster families. This gap in child welfare knowledge is remarkable, especially given the millions of children placed in family foster care during the last century.
Two assessment protocols for foster parent applicants recently have been developed and can be used to examine competencies across the 12 domains. The Casey Foster Applicant Inventory is a paper-and-pencil tool that is completed by applicants and workers about three-quarters of the way through the licensing process. The Casey Home Assessment Protocol includes applicant-completed questionnaires and worker-administered situational vignettes. Both can be obtained for free on the Internet at http://utcmhsrc.csw.utk.edu/caseyproject. These assessment tools should help promote future research on applicants and fostering success.

Research also is needed to examine the use of the competency domain paradigm presented in this article. Do foster families need to document a minimum level of success in each competency domain to provide good care? Are some domains more important than others? What combination of minimum and desired levels of success denote good care? What kinds of training and supports facilitate the development of competency in the various domains? Is there a developmental progression to becoming competent in the various domains?

In terms of possible policy implications, the authors' recommendations focus primarily on agency practices and state legislative initiatives, rather than on federal legislative initiatives. The authors suggest agencies use a competency domain perspective as the basis of their assessment. This would require foster parent applicants and foster parents who are being relicensed demonstrate at least a minimal level of competence in most domains. Using this type of an assessment structure will signal workers to gather additional information when the level of competency is unclear or cannot be determined using their information gathering procedures.

The authors also suggest that agencies use a competency domain perspective as the basis for the identification of needed supports for developing foster parents. Most urgently, the use of this perspective will help identify domains in which minimal levels of competency are not evident. For applicants who are licensed, supports to strengthen specific competencies will be needed before the family begins caring for foster children. Using this framework to shape
information gathering and assessment also will help identify domains in which applicants and practicing foster parents are striving to achieve a desired level of success.

These recommendations would be facilitated by the inclusion of these principles in state licensing regulations. Although this inclusion adds an additional regulatory component that might be demanding when first implemented, it also might provide support for agencies and workers who are attempting to offer excellent services to foster children and their birthfamilies.

References


