Foster Care: Importance of Training and Support


Ensuring quality foster care for children and adequate support for foster parents can be challenging. These articles focus on common issues in foster care and share an emphasis on the need for increased foster parent training and support in order to help reduce foster parent strain, keep parents satisfied with their experience of foster care, keep children connected and involved with their biological parents, and ensure proper identification of and care for children’s mental health needs.

**Wilson, Sinclair, & Gibbs**

This article provides descriptive data on the difficult “conflicts” foster care providers face along six dimensions: breakdown or disruption of placement, allegations of abuse made by foster children, severe difficulties with birth parents, severe family tensions because of difficult foster placement, removal of foster children against foster parents’ strong advice, and other strong disagreements with social services over plans for the child. As part of a longitudinal research project regarding support given to foster care providers in London, the authors asked 1,528 foster families to complete a questionnaire developed by the researchers. Results revealed that the likelihood of conflicts occurring increase as duration of foster care increases and that one third of foster parents will experience one of these conflicts within the first year. The authors subsequently tested to see whether there was a relationship between experiencing one or more of these conflicts and foster parents’ experience of strain and intention of giving up foster parenting. Results showed significant associations between these difficult experiences and caregiver strain for all conflicts except allegations of abuse and removal of foster child against strong advice. Those who experienced conflicts (with the exception of removal of foster child against strong advice) were also significantly more likely to indicate an intention of giving up fostering in the next two years. Despite these stresses, the authors found that most foster parents felt that foster parenting had a positive effect on their families, but note “such a demanding professional role for foster carers carries with it implications for support, remuneration, the provision of information, and care in making practical arrangements” (p. 207).

**Sanchirico & Jablonka**

This article focused on the importance of maintaining a connection between foster children and their biological parents in order to facilitate reunification and increase foster children’s well-being while in foster care. The authors performed a stratified random sampling in New York City and upstate New York, selecting 3,000 families with an eventual participation of 650. Results revealed a significant relationship between foster parent training and support and reunification-promoting activities performed by foster parents. Importantly, however, 48% of the sample received neither training nor support, with only 18.9% receiving both training and support, suggesting “that agencies should require specialized training for all foster parents who are responsible for keeping foster children connected to their biological parents” (p. 200).

**Zima, Bussing, Yang, & Belin**

This study focused on foster family characteristics associated with help seeking, as well as the services foster parents use to treat children’s mental illnesses. Using the Los Angeles County Department of Children and Family Services’ Management Information System, the authors randomly selected and studied children between 6 and 12 years old who were in foster care for more than 6 months between July 1996 and March 1998 and spoke either English or Spanish. Of the 472 families selected, 255 families participated, with 80% of the youth coming from minority backgrounds and 64% of the foster
parents being high school graduates. Results revealed that 80% of the children in foster care had at least one psychiatric diagnosis. The most common services reported by families as being needed by their children were mental health services, followed by special education, and social services, with “parent training and psychotropic medication…infrequently mentioned even among foster parents who had children with ADHD” (p. 277). Results also showed that foster parents with higher educational levels were more likely to refer children for mental health services, indicating that parent training might be an important intervention “to improve the caregiver’s sensitivity in detecting a problem and perceiving a need for specialty mental health services” (p. 277). Cultural and gender differences were also important predictors of help seeking steps. For instance, among children with clinician-diagnosed ADHD, caregivers were significantly more likely to view boys as having a mental health problem.