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“In the System:”

A Qualitative Study of African-American Women’s Foster Care Stories

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ABSTRACT

Currently, 463,000 children in the United States are in the foster care system (AFCARS, 2009). While much is known about the negative effects of foster care placement on children who are currently in the foster care system, few studies to date have examined the experiences of individuals who are no longer in the foster care system.

To address this largely overlooked disparity in the research, we examined the qualitative responses of six African-American women between the ages of 18-57 regarding their entry into the foster care system, their experience in the foster care system, their adjustment after exiting foster care, as well as their recommendations for improving the foster care system. In particular, this paper examines and responds to the following four questions: (1) How did these women enter the foster care system? (2) What were the greatest forms of support for these women? (3) How well did these women believe they adjusted to life after foster care? (4) What recommendations did these women provide for improving the foster care system? The qualitative data were analyzed using a grounded theory methodology to determine recurring themes in the narratives of women who were in the foster care system from six months to 18 years.

Results of the narrative data revealed: (a) five women entered the system due to the neglect and/or abandonment of their biological mother, and one woman entered the system due to paternal sexual abuse; (b) social supports and religion and spirituality were the greatest forms of support for these women; (c) although difficult, all of the women were pleased with their transition from foster care; and (d) increases in the pre-screening and monitoring of foster care homes as well as increases in the amount of financial support were recommendations for improving the foster care system. Narratives will be offered to support and illustrate each of these themes.

KEY WORDS: Foster Care, Human Ecology, Narratives, Qualitative

INTRODUCTION

Over the past decade, there has been a steady increase in the number of children in foster care.¹ According to the most recent statistics from the Adoption and Foster Care Analysis and Reporting System (AFCARS, 2008), there are 463,000 children and youth in foster care in the United States. The majority of children that enter foster care are victims of abuse, neglect, and abandonment (Children's Bureau, 2005), half are over the age of ten, and most reside in foster homes with non-relatives (AFCARS, 2008).² Although scholars have generally relied on quantitative methods to examine the negative effects of foster care on the physical (Schor, 1982), mental (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998), and social (Zima, Bussing, Freeman, Yang, Belin, & Forness, 2000) development of children, less is known about the unique experiences of individuals who are no longer in the foster care system.

¹ According to Allen and Bissell (2004), foster care refers to "the system set up to protect children who are abused, neglected or abandoned or whose parents or primary caretakers are unable to fulfill their parenting obligations because of illness, emotional problems or a host of other reasons. In such latter cases, the placement into foster care by parents may have been voluntary" (p. 48).

² The majority of children in foster care lived with non-relatives (236,911, or 46%), relatives (124,571, or 24%), institutions (53,042, or 10%), group homes (33,433, or 7%), trial home visits (26,606, or 5%), pre-adoptive homes (17,351, or 3%), or supervised independent living (5,872 or 1%) (AFCARS, 2008).

The purpose of this paper is to *qualitatively* examine the perspectives of individuals who were once in the foster care system. This topic is important because although exit from the foster care system has been associated with a substantial number of negative outcomes, narrative assessments of the foster care experience has received very little attention in the scholarly literature. In particular, scholars know very little about the factors that contribute to resilience among these individuals once they leave the system. In addition, while family formation and dissolution were once regarded as a relatively private sphere of family life, they now are the focus of public policy (Humphrey, Turnbull, & Turnbull, 2006). In spite of increases in the number of children placed in foster care every year (Allen & Bissell, 2004; Sinclair, Wilson, & Gibbs, 2005; Wulczyn, 1991), scholars know very little about how these individuals enter the foster care system, their experiences in the foster care system, their adjustment to life after foster care, as well as their recommendations for improving the foster care system. Essentially, the primary goal of this study is to highlight the perspectives of a unique subset of the population, African-American women who were once in the foster care system.

REVIEW OF LITERATURE

The past four decades have seen increased scholarly interest in the experiences of children in the foster care system and key volumes have been devoted to this topic (Geiser, 1973; Hegar & Scannapieco, 1999; Sinclair, Wilson, & Gibbs, 2005; Triseliotis, 1980). While some studies have explored the dynamics of unique groups within the foster care population (Freundlich & Avery, 2004; Mason & Linsk, 2002; Nyasani, Sterberg, & Smith, 2009), the majority of scholarship related to this topic has identified the individual and family-level stressors that substantially increase the likelihood that a child will be placed in foster care. In the section that follows, we highlight key qualitative studies that directly support the goal of this

research. In particular, these studies will be related to the following four areas: (1) entry into foster care; (2) experience in foster care; (3) life after foster care; and (4) recommendations for improving the foster care system.

Entry into Foster Care.

In general, neglect and abuse³ are the most frequent reasons why a child enters the foster care system (Andersson, 2009; Bruskas, 2008; Whiting & Lee, 2003). Although it is generally believed that wanton accusations of neglect and abuse result in a child's immediate removal from the home, however, there must be *evidence* that the child has been neglected or abused. In support of this, Delilah Bruskas (2008) provides the following insight, "The removal of a child from biological parents requires a substantiation of maltreatment (sexual, physical, or neglect), not just an exposure to it" (p. 70). There are several factors that may place a child at increased risk for neglect or abuse, and parental addiction to alcohol and other substances is one of the most common factors.

³ According to the Child Welfare Information Gateway, a website endorsed by the U.S. Department of Health and Human Services, "Within the minimum standards set by CAPTA, each State is responsible for providing its own definitions of child abuse and neglect. Most States recognize four major types of maltreatment: neglect, physical abuse, sexual abuse, and emotional abuse. **Neglect** is failure to provide for a child's basic needs. Neglect may be: physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision), medical (e.g., failure to provide necessary medical or mental health treatment), educational (e.g., failure to educate a child or attend to special education needs), emotional (e.g., inattention to a child's emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs). These situations do not always mean a child is neglected. Sometimes cultural values, standards of care in the community, or poverty may be contributing factors, indicating the family is in need of information or assistance. When a family fails to use information and resources, and the child's health or safety is at risk, then child welfare intervention may be required. **Physical abuse** is physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child. Such injury is considered abuse regardless of whether the caretaker intended to hurt the child. **Sexual abuse** includes activities by a parent or caretaker such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials. **Emotional abuse** is a pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove and, therefore, child protective services may not be able to intervene without evidence of harm to the child. Emotional abuse is almost always present when other forms are identified."

In support of this, Whiting and Lee (2003) found parental substance abuse to be the motivation for most cases of child neglect. Furthermore, Gunvor Andersson's (2009) examination of twenty children who had been in the foster care system revealed at least eighteen of these children entered foster care because their mother had a severe alcohol and/or drug addiction, which required intervention. In addition to parental addiction heightening a child's introduction to the foster care system, economic and family structure forces may also be responsible. Bolen, McWey, and Schlee (2008) qualitatively examined the perspective of 24 parents who were at risk for having their children placed in foster care but ultimately retained custody of their children. For these parents, financial strain and single-parenthood were the most frequently cited stressors associated with their involvement with the child welfare system. In sum, parents who are unwilling or unable to cope with the stressors associated with addiction, financial strain, and single parenthood may make its most vulnerable members victims of abuse and neglect, and eventual entry into the foster care system.

Experience in Foster Care.

The developmental stage at which children enter foster care is directly related to the type of mental health services that they require, their perspectives, the types of relationships that they establish and maintain with biological and foster parents, as well as their transition from foster care.

Mental Health Needs of Children in Foster Care. The reason that a child enters the foster care system has been found to be linked to the type of services that he receives. In their examination of 662 children between the ages of 2 – 17 years of age, Garland, Landsverk, Hough, and Ellis-MacLeod (1996) found over half (56%) of children in the foster care system received mental health services. Interestingly, the cause of removal from the home was found to

be significantly related to the type of services received, as children who were removed from their homes due to sexual and/or physical abuse were more likely to receive services than children removed due to neglect and caretaker absence.

Other studies have examined the unique needs of children in foster care that have mental, emotional, and behavioral difficulties. Pauline Jivanjee (1999a) examined the role of family involvement in Therapeutic Foster Care (TFC). In particular, this scholar was interested in the frequency and quality of parent-child contact, parent-professional communication and information sharing, and family involvement in decision making. Values and attitudes toward family involvement, practices related to family involvement, barriers to involvement, and strategies to promote involvement emerged as themes.

To build on her prior work, Jivanjee (1999b) conducted a qualitative study of family involvement from the perspectives of parents whose children were placed in therapeutic foster care (TFC). In particular, this scholar was interested in parents' perspectives on their involvement in placement decisions, relationships with professionals and TFC providers, practices related to family involvement, barriers to involvement, and strategies to enhance family involvement are described. For the most part, parents of children in TFC wanted to have contact with their children and to participate in decision making, and even described relationships and practices that contributed to their involvement (Jivanjee, 1999b).

Family Relationships among Children in Foster Care. Gunvor Andersson (2009) performed a study in Sweden that focused on the strength of relationships between biological and foster families to the children who were in foster care. He studied twenty-six individuals and completed seven rounds of data, acquiring the last two sets when the children were young adults (Andersson, 2009). Essentially, the bond between the biological mother and the foster mother

was found to be the most important factor in determining the relationship the child maintained with his biological and foster family (Andersson, 2009).

Perspectives of Children Currently in Foster Care. Since present experiences directly influence future perceptions, Jason Whiting (2000) examined the perspectives of children currently in the foster care system as the majority of the current research relied on the reflections of adults who had experienced being in the custody of the state (Johnson et al., 1994; Whiting, 2000). This study highlighted the importance of giving a voice to the children currently in foster care. Other researchers have also stated the relevance of hearing the experience of foster care from the child's point of view in improving the foster care system as a whole: "For the purposes of serving these children...it is important to understand the conditions foster children experience before, during, and after out-of-home care so that targeting for prevention, treatment concurrent to out-of-home care, and after can be improved" (George et al, 1994, p.532).

In an extension of his earlier work, Whiting and Lee (2003) further examined the perspectives of children in foster care who were between the ages of 7-12. Through the use of an ecological framework, these scholars qualitatively analyzed the stories that 23 preadolescent foster children told about their lives. Through interviewing these children, four domains emerged: culture and ecology, biological and foster families, child's emotions and personal characteristics, and the story chronicle (Whiting & Lee, 2003). The environments of many of these children involved poverty, drugs, crime, violence, and racism, which further heightened their feelings of confusion, social ambivalence, anger, and loss. Given these environmental risk factors, however, many were able to remain resilient in the face of these challenges (Whiting & Lee, 2003).

Life After Foster Care.

The transition from foster care to self-sufficiency is difficult for most individuals who were previously in the system. In their exploratory, qualitative study of 28 people (10 Hispanics and 18 African Americans) Iglehart and Becerra (2002) examined the hardships and challenges experienced by former foster care youth in their quest for self-sufficiency. Interestingly, although they experienced family conflict, housing instability, regrets and fears, the quality of the social supports that these youth received was instrumental in their successful transition from foster care.

Adding to the multifaceted aspects of this transition, Delilah Bruskas conducted a review of the current literature on the experiences involved with foster care as well as what transpires once a child is no longer part of the custody of the state. In her examination, she highlighted the negative mental health and educational outcomes (Bruskas, 2008). She also noted the transition period from foster care to adulthood as well as the role of child welfare agencies throughout this process (Bruskas, 2008). In spite of the external pressures that they experience (Bruskas, 2008; Young, 1990), child welfare agencies are key in facilitating a more easy transition from the system.

Recommendations for Improving the Foster Care System.

Although problems in the foster care system have been found to contribute to placement deterioration (Gilbertson & Barber, 2003), recommendations for improving the foster care system have generally been provided by parents, foster parents, and administrators. In 2005, Gerstemzang and Freundlich qualitatively examined the experiences of child welfare experts, parents, foster parents and caseworkers regarding concurrent planning in New York State. Although child welfare experts were the most knowledgeable regarding concurrent planning, services and supports were found to be lacking for parents, foster parents, and caseworkers. In

addition, although all parties regarded concurrent planning as an effective strategy, lack of communication was the greatest challenge to successful planning. In particular, more open communication with parents, joint training of caseworkers and foster parents, improved information disclosure, and fuller involvement of foster parents in the planning process were specific recommendations for improving the foster care system.

In their examination of the permanency goal-setting and permanency outcomes for children in the New York City foster care system, Freundlich, Gerstenzang, and Munson (2006) conducted interviews with young adults who were formerly in foster care, birth parents of children formerly and currently in foster care, adoptive parents, and child welfare professionals. Essentially, it is important that permanency goals address children's emotional needs, as well as to a greater extent, engage youth and parents more fully in the permanency goal-setting process.

Humphrey, Turnbull, and Turnbull (2006) examined perceptions of foster-care providers, service providers, and juvenile-court judges regarding privatized foster-care services in Kansas, the first state to privatize all foster care, adoption, and family-preservation services. These researchers conducted fifty-eight interviews with 33 participants (youth in out-of-home placements, their parents, foster-care providers, service providers, and judges) and found several factors contributed to the stability of these families. In particular, appropriate out-of-home placement, aftercare, family support and family preservation, and reunification were key in stabilizing these families.

Although the aforementioned studies explored the outcomes of children and families who entered the foster care system, certain social supports can minimize the likelihood that children will enter into the system. McWey (2008) focused on the perspectives of a sample of 20 low-income families who were at risk for having their children placed in foster care, but who retained

custody of their children. These families expressed appreciation for the availability and support of the therapists who worked with them and found in-home family therapy to be especially beneficial in stabilizing their families. In terms of improving this service, families expressed the desire for more frequent services as well as services of longer duration. In general, given the profound ways in which the foster care system directly affects the lives of children, few studies to date have explored the recommendations provided by individuals who were once in the system regarding how to make the foster care system more effective.

Theoretical Framework

Ecological Systems Theory. Human experiences are embedded within a network of interacting systems that influence and are influenced by one another. Bronfenbrenner's (2005) Ecological Systems Theory provides a foundation regarding the importance of the contexts, environments, and individuals that have the greatest impact on the developing individual. For the child in foster care, the ecosystem includes the nuclear family, extended family, foster family, foster agency, the school, and the court (Whiting & Lee, 2003), theoretically known as the Microsystem, the Mesosystem, the Exosystem, and the Macrosystem (Bronfenbrenner, 1979).

For Bronfenbrenner, the Microsystem encompasses "a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given face-to-face setting with particular physical and material features and containing other persons with distinctive characteristics of temperament, personality, and systems of belief" (2005, p. 148). Specifically, the distinctive characteristics of the foster child affect the ways that they are affected by people in the immediate environment. For example, children who are reserved may be more likely to engage in reading than socially engage with adults and children their age. The next level is the

Mesosystem, which includes the various settings in which the foster child is involved in and how they relate to one another. This level may include the connections between the foster child's home and school, which have found to be the most important universal contexts for young children (Bronfenbrenner, 1979). The next level is the Exosystem, which looks at the effects of various settings that the foster child is not a part of yet may still affect the child such as a parent's work place. The outermost structure of Bronfenbrenner's model is called the Macrosystem, which encompasses cultural influences and societal beliefs, which affect the foster child. Examples of Macrosystem beliefs are that foster children are emotionally fragile or that their transition from foster care is inherently difficult.

In summary, Bronfenbrenner's model (1979, 2005) recognizes that individuals who were once in foster care navigated various contexts which influences their past experiences and current perspectives of those experiences. Since most children find the transition into foster care difficult (Folman, 1998), an ecological framework can be a valuable tool to better understand the impact of these systems on the developing foster child (Bronfenbrenner, 1979; 2005; Whiting & Lee, 2003). Since different individuals within the ecosystem may not always work in tandem, this can greatly diminish their capacity to adequately meet the needs of these children (Whiting & Lee, 2003). Therefore, a deeper understanding of the interactions between these systems can highlight areas where the needs of these children are unfulfilled (Whiting & Lee, 2003). Clearly, the narratives of people who have been in foster care can provide valuable insight regarding the contexts, environments, and individuals that had the most positive influence while they were a part of the foster care system (Whiting & Lee, 2003).

The Current Study

The main objective of this study was to investigate the perceptions of individuals who were once in the foster care system. This study used a *narrative approach*, which allows scholars to investigate the stories that individuals tell about their lives in their own words (Holmberg, Orbuch, & Veroff, 2004). Since the late 1980's, social scientists have examined the stories that individuals tell about their lives and relationships (Bruner, 1986; Gergen & Gergen, 1987; Harvey, Weber, & Orbuch, 1990; Lieblich, Tuval-Maschiach, & Zilber, 1998; Maines, 1993; Orbuch, 1997; Holmberg et al, 2004). Allowing individuals to use "their own words" to describe their foster care experiences has three benefits. First, it validates the perspectives of individuals by allowing them to share their "truth" about foster care, or specifically its positive and negative aspects. Second, it encourages individuals to reflect on the forms of support that were most important to them when they were in foster care. Last, it recognizes these individuals as experts who are best qualified to provide advice to children who are currently in the foster care system as well as recommendations regarding how social service agencies can better understand and meet the needs of children in the foster care system.

Significance

This study is significant because, with few exceptions (Iglehart & Becerra, 2002; Whiting & Lee, 2003), very little empirical research has exclusively examined the perspectives of individuals who were once in the foster care system. This study will contribute to the scholarly literature by revealing the factors that necessitated entry into the foster care system, as well as how this experience has positively changed the lives of a unique subset of women, who when compared to other racial groups, are more likely to enter and remain in foster care for longer periods of time (U.S. Census Bureau, 2007). Further, this study recognizes and acknowledges that individuals in the foster care system are not members of a homogenous group and did not

assume that they would provide similar or divergent responses. Rather, this study was sensitive to variations in the responses, and most important, experiences, among these individuals. In addition, since previous research has found that the quality of social supports are essential in the adjustment to and from foster care (Mech, Pryde, & Rycraft, 1995), this study will also investigate the extent to which these individuals are resilient in the face of negative family experiences.

Research Questions

This paper will qualitatively examine and respond to four questions: (1) How did these women enter the foster care system? (2) What were the greatest forms of support for these women? (3) How well did these women believe they adjusted to life after foster care? (4) What recommendations did these women provide for improving the foster care system? Responses to these fundamental questions was made possible through assessing narratives aimed at examining women's entry to, experience within, exit from, and recommendations to improve the foster care system.

METHODOLOGY

Sample. The participants were six African-American women who reside in a large metropolitan city in the southern region of the United States. After we received approval for the study from the university's Institutional Review Board (IRB), we contacted the administrator of a local chapter of the Court Appointed Special Advocates Association,⁴ and advised regarding the purpose of the study. This methodology was chosen for two reasons: (1) it was a time and cost-efficient way for the researchers to allow the administrator to directly contact individuals

⁴ Since its conception thirty-three years ago, CASA programs throughout the nation have reached over one thousand in number (National, 2010). Last year alone, over 68,000 CASA volunteers helped more than 240,000 abused and neglected children (National, 2010). Since its establishment in 1977, CASA has helped more than two million children (National 2010).

who fit the criteria for inclusion in the study; and (2) it allowed individuals who may have felt uncomfortable being interviewed to privately pen their responses to the questions of interest. The only criteria for participation were that individuals be at least 18 years of age and no longer part of the foster care system. No criteria were set in regards to the race, education, marital or parental status of the participants.

All participants signed the consent form for the study [See Appendix A], completed a demographic questionnaire [See Appendix B], and completed the “Foster Care Stories” Survey. This survey was developed by Chaney and Spell (2010) and examined four major areas: (I) Entry into Foster Care; (II) Experience of Foster Care; (III) Life after Foster Care; and (IV) Recommendations for Better Foster Care. In addition under each of the aforementioned major sections were questions directly related to the four major areas. For example, under the section “Experience of Foster Care,” questions included but were not limited to, “What person had the most positive influence (e.g., teacher, neighbor, coach, church member, social worker, etc.) on your life, and why?” and “How important was religion in your life?” [See Appendix C]. Any potential risks associated with the study were minimized by providing a list of the names, addresses, telephone numbers, and websites of local mental health professionals to the participants [See Appendix D]. No monetary compensation was provided to the women and their identity is protected through pseudonyms.

Per Table 1, the women were between 18-57 years of age and had an average age of 32.33 years. Five women were single and had never been married and one was married. Although one woman did not receive her high school diploma, the mean education was 14 years, and three of the women were college graduates. In addition, the women lived with an average of 1.67 families while in foster care. One woman was in foster care for 6 months, two women were

in foster care for two years, one woman was in foster care for 8 years, one woman was in foster care for 12 years, and one woman was in foster care for 18 years. The average length of time in foster care was 8 years. The women had an average of 4.33 siblings. Three of the women did not have children, two of the women had children, and one woman was currently expecting her first child. Two participants had annual incomes that were less than \$10,000, two participants had annual incomes in the \$20,000-\$29,999 range, and two participants did not provide information on their income.

Table 1
Demographic Characteristics of Participants

Summary				
Names	Age	Education	Marital Status	Length of Time in the Foster Care System
Abbie	18	Less than High School	Married	2 Years
Beatrice	19	Some College	Single, Never Married	2 Years
Carol	24	College Graduate	Single, Never Married	6 Months
Dana	29	College Graduate	Single, Never Married	8 Years
Erica	47	Some College	Single, Never Married	18 Years
Felicia	57	College Graduate	Single, Never Married	12 Years

Research Design. To identify the themes that emerged from the written interviews, all narrative responses were content analyzed using grounded theory and an open-coding process (Holsti, 1969; Strauss & Corbin, 1990; Taylor & Bogdan, 1998). In keeping with open-coding

techniques, no a priori categories were imposed on the narrative data. Instead, themes were identified from the narratives. In order to clearly abstract themes from the written responses, words and phrases were the units of analysis. Identifying the themes involved three steps. The first step involved *individually* reading all of the narrative responses with the purpose of identifying the most salient themes. The second step involved *collectively* sharing with one another the themes that we individually identified. The third step involved coding the data. Specifically, coding involved examining all responses, keeping track of emerging themes, and examining how the themes presented are specifically related to entry into the foster care system, experiences in the foster care system, life after exiting the foster care system, and recommendations for improving the foster care system. Approximately 3-5 phrases constituted a particular theme. So, for example, if when describing the importance of social supports in their life, the participants used the words “volunteer,” “principal,” “counselors,” “social workers,” and “teachers,” these words were regarded as anchors indicating the salience of these supports in the life of the women. This strategy allowed for a qualitative version of inter-rater reliability in that only core themes that: *(a) were identified by both coders, (b) occurred in the majority of the participants’ interviews, and (c) were salient, are included in this paper.* All themes were agreed upon through consensus.

FINDINGS

Theme 1: Entry into the Foster Care System

Each of the women had a unique entry into the foster care system. In this section of the paper, we provide a brief synopsis of the circumstances that necessitated that these women enter the foster care system and receive care from non-biological caregivers. Specifically, five women entered the system due to the neglect and/or abandonment of their biological mother, and one

woman entered the system because she was sexually abused by her father. Furthermore, in the majority of cases the women and their siblings were reared in the same home environments. In addition to exploring the conditions by which these women entered the foster care system, we also identified the three things these women most and least liked about living with their foster families.

Abbie

Abbie was reared in a single-parent home and entered the foster care system at age 16 due to neglect. Her siblings were 11, 10 and 9 years of age. She and her siblings were in the same foster care family, and upon her entry into foster care, she no longer had a relationship with her biological mother. Her entry into foster care was difficult because she “didn’t like leaving home.” The three things that she most liked about living with her foster care family was the love that she received, the care that she received, as well as the home that her foster care family provided for her. The two things that she least liked about her foster care family was the lack of freedom and not experiencing a childhood.

Beatrice

Beatrice was reared in a two-parent home and entered the foster care system at age 17 because she and her mother did not get along well. Upon her entry into the foster care system, her relationship with her brother, who was 13 years older than her, “didn’t affect” her as they remained close. She described her relationship with her mother before entering foster care as “shaky.” The thing that she most liked about living with her foster care family was she got to “meet new people;” however, meeting “too many people” was the thing that she least liked about living with her foster care family.

Carol

Carol was reared in a single-parent home and entered the foster care system at age 5 after there was speculation that her mother was molesting her. The court decided that she “needed to be placed in a neutral environment until the case had come to an agreement.” Carol has five siblings, who at the time were 13, 11, 10, 9, and 7. She was the only person to enter into state’s custody. Before she entered the foster care system, Carol stated she had a wonderful relationship with her parents and siblings. She revealed she “had been surrounded by tons of love” before she entered care. When reflecting on her entry into foster care, Carol stated, “I was only 5, but I remember being completely afraid of what was going on and had no idea that I would be gone for months on end. For me, I have always been able to warm up to people and never had a problem getting to know people. I was lucky to be so resilient.” She admitted her entry into foster care was difficult for several reasons: “I was taken from everything I knew and moved in with strangers in a new town, going to a new school, having to meet new people and nothing was ‘normal at first.’ I remember wetting the bed a lot in the beginning.” Her foster parents were very loving and kind towards her. She stated how incredibly lucky she was to have been placed with such a wonderful foster family. Her most positive aspect about foster care was the loving environment of which she was a part. Carol stated her foster family treated her as their own child, and she loved playing in the country. Her least positive aspect about her experience was both that she entered care in the first place and there was no transition aid when she was released back into the custody of her mother. When she returned home, no one explained to her what had happened. She went to therapy for a year in order to help herself figure out “what it was all for.” Looking at her old files has caused her to become more angry and confused at the way everything was handled.

Dana

Dana was reared in a two-parent home and entered the foster care system at age 9 because she was being sexually abused by her father. Although she had five siblings (ages 9, 7, and younger), she was the only one to enter the foster care system. Before entering foster care, she shared that she and her father had a “good relationship outside of the abuse and fear of abuse.” In addition, Dana shared that she and her mother “did not have a relationship for the most part.” Upon entering foster care, she “was terrified and did not know what to expect.” She shared that her entry into the foster care system “was very difficult because her adoptive family completely turned on her and had nothing to do with her.” The only supports in Dana’s life were her maternal grandfather and maternal aunt, who she considers her adoptive family. Dana also shared that she did not know her biological family until she was an adult. Her responses to the three things that she most liked and least liked about living with her foster care family were “Nothing” and “Everything,” respectively.

Erica

Erica was reared in a two-parent home and was not sure of her age when she entered the foster care system because she was an infant. In addition, she was not certain of the age of her siblings. She entered the foster care system through the state of Mississippi and was told that her mother abandoned her in a house. She and her siblings were in the same foster care home until they were teenagers. Interestingly, when asked about the type of relationship that she had with her parent or primary caregiver, her thoughts and fears regarding entering the foster care program, and whether her transition to foster care was difficult, Erica shared that she “didn’t know she was a foster child.” Furthermore, “the holidays, summers, and vacations” were the three things that Erica most liked about living with her foster care family while “different personalities, not bond, no one on one; communication not being important in the parent, and

parent not caring about the children” were the things that she least liked about living with her foster care family.

Felicia

Felicia was reared in a single-parent home and entered the foster care system at age 6 due to the neglect and abandonment of her mother. She had four younger siblings: a 4-year old brother, a 3-year old and 2-year old sister, and a 1-year old baby brother. While she and her 3-year old sister were placed in the same foster home, her other siblings were placed in another foster care home. Felicia had “no contact” with them while they were in each of their respective foster care homes, and this was difficult as she “was six years old and had a little sister” with her. However, in spite of this adjustment, she expressed that her life “at that time...appeared to be normal.” Although she cannot remember the relationship that she had with her mother, Felicia ‘was told that her mom did not care for her in her infancy.’ As a result, she was “cared for by a paternal grandparent off and on” until her placement in foster care. The three things that she most liked about living with her foster care family was that she “was part of a family unit,” her “needs were being met,” and her “foster parents did the best they could.” Conversely, “being the housekeeper,” being “the nanny” for her younger siblings, and was not given “the chance to do what other teens were doing” as the three things that she least liked about living with her foster care family.

Theme 2: Experience in the Foster Care System

The second area on which we focused was the experiences of the participants once they were in the custody of the state. While each participant provided unique responses regarding their time in foster care, two common themes emerged from their answers: (a) the importance of

social supports; and (b) the importance of religion and spirituality. In addition, five of the six women had at least one person who positively influenced her.

The Importance of Social Supports. For several of the women, having a strong support system was important when they were in the system. Interestingly, for these women, these supports systems came from individuals within and outside of the foster care system. This was the case for Beatrice, a 19-year-old woman who spent two years in foster care. According to Beatrice, her CASA volunteer was the most influential person in her life because “Through it all she didn’t act as just a volunteer. She treated me like family.” Other women were influenced by individuals outside of the foster care system. For Dana, the love, encouragement, and direction that she received from her middle-school principal and school counselor provided the greatest influence. When sharing about the value of these individuals to her, this twenty-nine year old who spent twelve years in foster care stated:

“My middle school principal and my ninth and tenth grade school counselor are the two that had the most influence. They encouraged me, loved me, gave me direction, and have never given up on me.”

In support of Dana’s acknowledgement of adult role models, Felicia, who is fifty-seven-years old and who spent twelve years in foster care, expressed the importance of two key people in her life. When discussing these individuals, she shared the following:

“My social worker and all of my teachers had a very positive influence on my life. My social worker strived very hard to see that I bonded with my mother. It just did not work out. She monitored the care I was given by my foster parents. She pushed me educationally and had a hand in my getting my first job, before I aged out. My teachers were my second group of parents. They stressed how important education was and they were there when I needed them the most.”

Through these accounts, it is evident how important volunteers, principals, counselors, social workers, and teachers were in the development of these women. In particular, volunteers made the foster care experience easier by treating Beatrice “like family.” For Dana, her principals and counselors provided her much-needed encouragement, love, direction, and increased her feelings of self-confidence because they ‘never gave up on her.’ Felicia’s social worker ensured that she maintained a relationship with her biological mother, monitored the quality of care that her foster parents were providing her, encouraged her to succeed academically, and directly contributed to Felicia’s financial independence by helping her secure her first job. In addition, teachers were “a second group of parents” for Felicia because they stressed education and were stable forms of support during times of need.

The Importance of Religion and Spirituality. Religion and spirituality was important to all of the women in the study, and made a positive contribution to their personal development and relationships with others. When describing the value of religion and spirituality in her life, Carol said, “I am a very spiritual person and it is something that is a huge part of my being.” The salience of spirituality was further supported by Felicia when she said:

“My being in touch with God was very important. I would live my life according to the guidelines of God. My spirituality allows me to see just who I am. I know right from wrong, I know how to treat my fellowmen and I am living a Christian life.”

Although spirituality was important to both Carol and Felicia, for another woman, faith was cited as the primary reason for her being alive today. Dana eloquently expressed this view when she said:

“My faith has been my foundation to living. My adoptive father was a minister and he introduced me to faith. If I am thankful for nothing else, it is my faith. Without it I would not be here today.”

Clearly, religion and spirituality were important forms of support for these women while they were in foster care and beyond. While in foster care, spirituality was “a huge part” and a “foundation of living” for Carol and Dana, respectively. However, this construct had the multiple benefits of allowing Felicia to “be in touch with God,” to live her life in accordance with a higher standard of behavior, to better understand herself, to distinguish between right and wrong, and improving her treatment of others, or her “fellowmen.” Religion, referred to by these women as “faith” and “Christian,” provided strength and comfort to these women during a tumultuous time in their lives.

Theme 3: Life after Foster Care

A third area on which we focused was the experiences of the participants once they were no longer in the custody of the state. We asked questions concerning their opinions on family formation and relationships as well as whether their adjustment to life was difficult after foster care. Most of the responses were positive. Interestingly, these women manifested a tremendous degree of tenacity regarding their adjustment to life after foster care, and showed an impressive amount of independence and resilience.

When responding to the question regarding how well she believed she adjusted to life after foster care, Beatrice said this: “Very well, I’ve always been independent so I’ve learned to manage.” In support of the comment provided by Beatrice, Erica responded by saying she adjusted well and learned “how to be flexible in good and bad times and not fall apart.” Further support for the resilience theme was provided by Dana, who also expressed a positive view on her adjustment:

“I would have to say that for the most part I have adjusted well. I haven’t become a negative statistic and I’m outdoing the expectations of many of the people that were in my life while in

care. In fact, I think I'm doing great. I do have a few bumps that I hit along the way but who doesn't."

Carol reflected on the difficulty reconciling what happened in order to bring her in to care and adjusting to life after her experience. She shared her perspective in this extended narrative:

"As far as adjusting to it, it will never go away, I can never erase that time in my life, but I can learn to live with it and use it to make life better for children that are in the system now. I feel so empowered to work with kids in every way that I can to help them deal with foster care and life in general. Of course I have my issues- attachment, commitment, letting people in, but I am aware of these and make a conscious decision to work on them every day. It's something you have to just learn to use to make your life better because you can't make it go away. Compared to so many, I am so lucky because I got to go back home, I was able to pick up where I left off, so it is my responsibility to help those in need."

Although Carol continues to adjust to the circumstances that have occurred in her life, she demonstrated resilience, by "turning lemons into lemonade." In other words, Carol took her less-than-ideal situation and turned it into something positive by supporting others who need assistance. Although each of them had unique experiences that necessitated their entry into foster care, all of these women were independent, and demonstrated a high degree of confidence in their ability to provide a stable life for themselves after they were no longer in the custody of the state. In spite of their difficult transitions into foster care, this resiliency speaks volumes to the strength, character, and tenacity of these women.

Theme 4: Recommendations for Improving the Foster Care System

The final area we explored was the recommendations people who had been in foster care themselves had to better the system as a whole. Responses to this question were especially substantive and focused on two areas: (a) the advice they would provide to children who are currently in the foster care system; and (b) recommendations for improving the foster care system as a whole. In general, the advice provided by these women centered on faith, education,

determination, self-love, personal responsibility, and awareness that they were not the cause of the placement. Recommendations for improving the foster care system stressed the value of pre-screening and increasing the amount of financial support that foster children require when they exit the system.

Advice for Children in the Foster Care System. In spite of their negative family experiences, these women encouraged children who are currently in the system to remain positive. In fact, this ethos of positive thinking was provided by several of the women. Beatrice would advise children currently in foster care of the following: “Trust in God and things will work out. Education is one of the most important things that one can have so achieve your goals and you’ll see great things happen.” Erica’s recommendation stresses the importance of persistence, self-love, and personal responsibility. She shared her view in this way: “Keep going; do your best. And love yourself. Sometimes, your happiness depends on you.” Dana stated the importance of letting children know that they have a voice and that their opinions matter. In addition to respecting the “voice” of children, Carol emphasized the importance of self-assuring words that make it clear to children they are not the cause of their placement into the state’s custody. She expressed herself through these words:

“I would let them know over and over again that it is in no way their fault. Those things will get better over time and to know that life can be normal and happy. They have to know that they did not put themselves in the situation and help them to hold on to the love in their hearts and to have faith in people.”

Recommendations for Improving the Foster Care System. Given the many problems experienced by children who are in the system, two of the women believed that a more stringent screening process should be performed on people who are interested in becoming certified foster parents. Felicia provided the following recommendation for improving the system:

“I would improve better background checks on the people used for foster parenting. I would make more unannounced checks to see what is going on in the households. More one-on-one contacts with the children placed to monitor their comments and attitudes since they have been placed. I would monitor school activities and make sure that those in authority keep their promises and their word...”

Like Felicia, Carol also believed that foster care agencies should better scrutinize current foster parents; however, she extends Felicia’s view by recommending that foster care agencies thoroughly examine the various ecological systems of which foster children are a part. She provided the following recommendations for improving the system:

“For one thing, I can’t comprehend how and why kids in foster care get abused. The state should do complete checks on all foster parents and family involved and should thoroughly monitor the home, school and any environment the child is in. Thank God for CASA, because the court system could never do what they do for children.”

In contrast to Carol and Felicia, Dana firmly believed foster care agencies should increase the amount of financial support for children in the system. She shared her perspective in this way:

“More money should be given to the youth in care for clothing allowances. Extracurricular guidelines or efforts should be made to ensure that monthly checks are used according to the guidelines. Financial assistance should be available for recreation or extracurricular activities.”

Obviously, each of these recommendations would bolster the holistic success of the foster care system. These different responses emphasize the importance of analyzing the various aspects of foster care and not focusing on improving one specific area. In particular, Carol and Felicia highlighted the importance of looking at foster care families more closely as well as conducting more frequent unannounced home visits in order to ensure that foster care families are successfully meeting their parental responsibilities. Dana’s response, on the other hand, focuses on the inadequate financial support given to children in the foster care system. She

recommends that the foster care system provide specific guidelines regarding how financial stipends should be used, which would thereby ensure that these children require adequate clothing, and engage in recreational activities during their time in care.

DISCUSSION

Given the substantial number of children in foster care, scholars know very little about the qualitative experiences of individuals who are no longer in the care of the state. To better understand these perspectives, we focused on the narrative perceptions of a subset of African-American women, paying particular attention to their entry into foster care, experiences within foster care, life after foster care, and recommendations for improving the foster care system. Our results add to the literature on the effects of foster care for individuals who are no longer part of the foster care system. Before the findings can be discussed, however, the limitations to our study must be noted.

For one, the sample size was extremely small and was drawn from one city. Thus, one cannot be certain that the findings presented here can be generalized to other cities within the same state or to other cities in the United States. In addition, the perspectives provided by this group of women may be inherently linked to their shared cultural experiences, and may be different from women of other racial and/or ethnic backgrounds. In other words, the perspectives of a similarly matched sample of White, Hispanic, or Asian women may have reaped different results. Also, since the overwhelming majority of the women were members of the lower social class or were unemployed, this also limits the transferability of these findings. In spite of these limitations, however, this study provides the perspectives of a broad subset of the foster care population in regards to age, education, and parental status. Specific attention will now be given to the four themes that were elicited from the narrative responses.

Entry into the Foster Care System

Each of the participant's entry into the foster care system was unique. Some came from single-parent households while others came from two-parent households. Although some of the women had strong relationships with their biological families, others were placed in foster care because of neglect. In certain situations, entering into care was frightening. As illustrated with Carol's story, much confusion occurs when a child is suddenly taken from everything that is familiar to them and placed in a completely new environment. Interestingly, even after Carol was no longer in foster care, she still did not understand what happened during the handling of her case. Although leaving a familiar environment causes distress, explaining to children what is occurring can reduce some of this stress. To facilitate this, social workers can use age-appropriate language in order to inform the child of the events that are taking place, which would thereby minimize some of this confusion. Stability is important in a child's life, and is especially important for very young children. They need familiarity in order to aid in their development. Regardless if a child is twelve or three when he enters care, he should still be informed in the best way that he can understand regarding what is happening to him.

Felicia, Carol and Abbie each expressed being in a loving environment while they were in the foster care system, and for all of them, this loving environment was one of the most positive aspects of foster care. In contrast to these responses, Dana did not have any positive aspects of being in the custody of the state, and one of Erica's most negative aspects of foster care was the lack of a loving environment. She expressed this when she stated the parent did not care about the children. Obviously, the environment of the foster care family plays an important role in determining the overall experience a child has while she is in the custody of the state.

Therefore, efforts should be made to better ensure the foster home is a loving home where the foster parents truly care about meeting the needs of the children entrusted in their care.

Experiences in the Foster Care System

In this section, the importance of having a strong social support emerged. Most of the women found this support in the form of volunteers, principals, counselors, social workers, and teachers. In an environment where a person is removed from everything that is familiar to her and placed in a completely different environment, support systems are crucial. Child welfare services should analyze the different influences in the lives of the children within the custody of the state in order to ensure at least one person is providing a healthy influence. Although one of the women saw nothing positive about her experience in foster care, she did note the incredible impact her principal and school counselor had on her throughout her life.

Another theme that emerged during this section was the role of spirituality and religion in the lives of these women while they were in the custody of the state. Given the salience of religion and spirituality for most African-Americans (Chaney, 2008a; 2008b; Marks & Chaney, 2006), child service providers could determine whether developing some type of spiritual counseling would be appropriate for children who are in the care of the state. As noted with the participants in this study, religion and spirituality was an anchor of stability in the midst of a chaotic time in their lives. Also, this support remained an influential part of the women's lives even after they were no longer part of the foster care system. These support networks explore the effects and importance of the Mesosystem level of Bronfenbrenner's model.

Life After Exiting Foster Care

After reviewing this section, it became apparent that each of the women possessed an inner strength. They demonstrated the capacity of being introspective and decided to make their

transition into life after foster care a positive one. Even though the lives of these women contained some difficult situations, however, these participants overcame the challenges they faced and were determined to lead successful lives. Their positive outlooks are beacons of hope for other children who are currently in the foster care system who are unsure of what is going to happen to them once they are no longer under the custody of the state. One way in which practitioners can utilize the findings in this section is by providing a mentoring-type system in which people who are no longer in foster care can be a source of information for children who are currently in care. Essentially, there are two benefits to such a mentoring system. For one, because these adults and children have the “shared experience of foster care,” this commonality can be a firm foundation on which to build a stable, close, and loving relationship between the adult and child over time. In addition, the adult mentors can serve as foster care liaisons between the child and the ecological systems in which child frequently navigates. In other words, by acting as the child’s voice, this adult can provide specific insight regarding any problems or concerns that the child may not feel comfortable expressing himself. Ultimately, once these problems have been identified and alleviated, the system will better meet the immediate needs of the foster child, and thereby ease their transition from foster care.

Recommendations for Improving the Foster Care System

These women want children in foster care to remain positive throughout this experience. In fact, they encourage “an ethos of positive thinking” that allows children to simultaneously recognize that they are not responsible for their current placement, as well as bolster their educational achievement, and feelings of self-confidence, self-efficacy, and self-esteem. By and large, this positive mindset has two benefits. It helps children to reflect on the ways that they already demonstrated resilience, given their past. In addition, it helps children feel empowered

because they already possess the necessary tools to lead successful lives in the future. Although they may have not been able to control the events that have already transpired in their lives, they can grow from these experiences and become successful and productive adults.

These women highlighted inadequacies in the foster care system and provided specific recommendations regarding how the system can be improved as a whole. Both Felicia and Carol stated the importance of ensuring that foster care families are safe havens for children in foster care. Based on their responses, background checks on families wishing to be certified foster homes should be more stringent, and if necessary, the waiting period should be extended. Furthermore, the frequency of unannounced home visits should increase in order to better ascertain that the foster care placement is one that is safe, loving, and stable. Children who enter the foster care system do so because their caregivers mistreated them, however once they become part of the custody of the state, the abuse and neglect should cease. By making background checks more rigorous and increasing the number of unannounced home visits, agencies can better prevent abuse and maltreatment from occurring while a child is in foster care. Also, people entrusted with ensuring the safety of foster care children should listen more *carefully* to the children. One-on-one contact between the practitioner and the child should also be increased in order to ascertain the situation in which the child is a part.

Dana believed that more resources should be afforded to children in foster care. Her response highlighted the importance of making sure that the monthly allowances the state provides to foster families are used according to the specific guidelines. Although they work with a limited amount of funds, child service workers should utilize their resources in order to provide the most assistance to children in foster care. For the resources they currently provide, these workers should develop a system that scrutinizes how foster families are spending the

money they are given. All of the resources should be going towards helping the children, who are entrusted in their care.

Directions for Future Research

There are three ways that future studies can build upon the findings in this study. For one, future studies should utilize a larger sample size of African-American women. Examining the perspectives of African-American women of different ages, marital and parental statuses, and educational levels may support many of the findings identified in this study, or may lead scholars to more closely examine certain experiences of African-American women within the foster care system. Since the participants in this study represented a heterogeneous sample, future studies should not assume that the recommendations of these individuals would be compatible. It is important to understand the unique experiences each woman had influenced every aspect of her view and recommendations. Another suggestion for future research is to study the different experiences of individuals of different racial and/or ethnic backgrounds to determine if cultural differences play a role in the experiences of children in foster care. Since African-American males are the most likely to enter and remain in foster care for longer periods of time (U.S. Census Bureau, 2007), the final recommendation is that future studies concentrate on the similarities and differences between African-American men and women, as well as males and females in foster care, more broadly. Both of these suggestions would explore the impact of the macrosystem portion of Brofenbrenner's model has on foster children's development.

Conclusion

The focus of this study was to highlight the stories provided by a group of African-American women who were no longer in the foster care system. Although various circumstances necessitated their entry into the foster care system, volunteers, social workers, principals, school

counselors, and teachers provided these women much needed love, direction, and support. In addition, religion and spirituality helped these women to have a close relationships with God, to establish a certain standard of behavior toward others, but most important, as a “foundation for living.” The information presented here should encourage foster care administrators to infuse a culturally-relevant perspective into existing programs by identifying the salience of particular social supports as well as the ways in which religion and spirituality can best support these women as they transition into the system. In spite of their entry into foster care, the women in this study wanted children who are currently in foster care to remain positive. The information presented here should encourage current and future scholars to invite adults, who were former foster care children, to provide recommendations regarding how the foster care system should function. These stories and experiences provide crucial insight into the failings of the system and offer valuable advice as to ways the system can be improved as a whole. Although these women were no longer in the foster care system, they are experts who can best speak to their feelings regarding their entry to, experience within, transition from, and recommended ways to improve the foster care system.

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Appendix A

Informed Consent The “Foster Care Stories” Study

To Participants in the “Foster Care Stories” Study:

You are being asked to participate in a research study to learn about your experiences in the foster care system. This information will be used to help local, state, and national foster care agencies to better meet the needs of children in the foster care system.

You are being asked to complete a survey that will last from 30 minutes to one hour. You will be asked approximately 15 questions and your responses to the questions will be confidential.

There will be minimal risks from participating in this study. Participating in this study will give you an opportunity to share your experiences in the foster care system. There will be approximately 10 individuals participating in the study.

Completing the survey is completely voluntary. You can refuse to participate or withdraw from the study at any time without consequence. Research records will be kept confidential, consistent with federal and state regulations. Your responses will be kept confidential by using a code on your response sheet. The code corresponding with your name will be kept in a locked cabinet, and the code and corresponding name will be destroyed after the study is complete. Only the principal investigator will have access to the name and corresponding code. Those analyzing the data will not have access to the names. There will be no reference to individual identity any time when the information is reported.

If you have questions about the study at any time, you can contact me, Cassandra Chaney, at Louisiana State University at 225-578-1729. You may also contact the Louisiana State University Institutional Review Board office at 225-578-8692 if you have questions about your rights as a participant in this research study. You have been given two copies of this Informed Consent. Please sign both copies and keep one copy for your records.

I certify that the research has been explained to the individual, by me or my research assistant and that the individual understands the nature and purpose of this research. Any questions that have been raised have been answered.

Principal Investigator
Cassandra Chaney
Louisiana State University

Date

By signing below I agree to participate.

Signature of Participant

Date

Appendix B

Demographic Questionnaire

Date_____

ID#_____

Instructions:

Please answer the questions below as accurately and completely as possible as this information is important to my study of the experiences of individuals who were once in the foster care system. All answers will be kept strictly confidential and your name will not be attached to this form.

1. What is your gender? [Place an X by the appropriate response].
 - a. _____Female
 - b. _____Male
2. Your Age _____
3. Length of time in the foster care system _____[Circle one: Days, Months, Years]
4. Total number of foster care families that you lived with_____
5. Length of time out of the foster care system_____ [Circle one: Days, Months, Years]
6. What is your current status? [Place an X by the appropriate response].
 - a. ____Single (never married)
 - b. ____Married [____Months;____Years]
 - c. ____Divorced [____Months;____Years]
 - d. ____Widowed [____Months;____Years]
 - e. ____Separated [____Months;____Years]
 - f. ____Cohabiting [____Months;____Years]
7. Do you have any children? [Place an X by the appropriate response].
 - a. ____No
 - b. ____Yes [Please provide age and gender of your children]

Age_____	Gender_____
Age_____	Gender_____
Age_____	Gender_____
Age_____	Gender_____
Age_____	Gender_____
8. Do you have any siblings? [Place an X by the appropriate response].
 - a. ____No

b. ____ Yes [Please provide age and gender of your siblings]

Age _____ Gender _____

Age _____ Gender _____

Age _____ Gender _____

Age _____ Gender _____

Age _____ Gender _____

Age _____ Gender _____

Age _____ Gender _____

Age _____ Gender _____

9. What is your highest level of education? [Place an X by the appropriate response].

a. ____ Less than high school

b. ____ High school graduate/GED

c. ____ Some College

d. ____ College graduate

e. ____ Advanced degree

f. ____ Other [Please Specify: _____]

10. Your Occupation _____.

11. City and State of Residence _____.

12. Your Religious Affiliation _____.

13 (Optional) What was your total income before taxes last year? [Place an X by the appropriate response].

1	under \$10,000	5	\$40,000-\$49,000	9	\$80,000-\$89,999
2	\$10,000-\$19,999	6	\$50,000-\$59,000	10	\$90,000-\$99,999
3	\$20,000-\$29,999	7	\$68,000-\$69,000	11	\$100,000 or above
4	\$30,000-\$39,999	8	\$70,000-\$79,999		

Appendix C

“Foster Care Stories” Survey

(Chaney & Spell, 2010)

The purpose of this survey is to understand your experiences in the foster care system. In particular, you will be asked questions regarding your entry into foster care, your experiences in foster care, as well as experiences after exiting foster care. Please provide as much information as possible.

I. ENTRY INTO FOSTER CARE

1. How did you enter into the foster care system?
 - What was your age?
 - What was the age (and gender) of your siblings?
 - Why did you enter into the foster care system?
 - Were you and your siblings in the same foster care family? If not, what was the amount of contact that you had with your siblings and how did this effect you?
 - What type of household were you a part of (e.g., single or two-parent)?
 - What type of relationship did you have with your parent or primary caregiver before entering foster care?
 - What were your thoughts (e.g., hopes and fears) upon entering foster care?
 - Was your entry into foster care difficult for you, and if so, how so?
2. What three things did you most like about living with your foster family?
3. What three things did you least like about living with your foster family?

II. EXPERIENCE OF FOSTER CARE

1. How much contact did you have with your biological parent while in foster care? Please explain.
2. Were there ever plans of reunification with your parent or primary caregiver? Please explain.
3. What person had the most positive influence (e.g., teacher, neighbor, coach, church member, social worker, etc.) on your life, and why?
4. What was the most positive aspect of foster care? Please explain.
5. What was the least positive aspect of foster care? Please explain.
6. How do you define religiosity? How important was religion in your life? Please explain.
7. How do you define spirituality? How important was spirituality in your life? Please explain.
8. How important were friends in your life? Please explain.

9. How important was education in your life? Please explain.
10. How important was recreation (e.g., sports) in your life? Please explain.

III. LIFE AFTER FOSTER CARE

1. How do you define the word “family?”
2. Are there any specific qualities (e.g., race, income, religious, education, values) that you look for in a romantic partner?
3. Are there any specific qualities (e.g., race, income, religious, education, values) that you look for in someone with whom you might parent a child?
4. How did the quality of your parent’s relationship influence your current views of family?
5. What are your views (e.g., hopes, fears) of being in a romantic relationship?
6. What are your views (e.g., hopes, fears) of being a parent?
7. What are your educational goals?
8. How difficult was it for you to find work?
9. What have been the three biggest adjustments that you have faced since your exit from the foster care system?
10. How well do you think that you have adjusted to life after foster care? Please explain.

IV. RECOMMENDATIONS FOR BETTER FOSTER CARE

1. In your opinion, how can the foster care system ease the transition from foster care? Please explain.
2. What improvements would you make to the foster care system, and why?
3. What advice would you give to children who are currently in the foster care system?
4. Please provide any additional comments.

THANK YOU FOR YOUR PARTICIPATION!

Appendix D

Mental Health Services in The Greater Baton Rouge Area

Baton Rouge Mental Health Center: Adult Services

4615 Government Street
Baton Rouge, LA 70806-5820
Phone: (225) 925-1906
Website: www.cahsd.org

Synergy Health Care Group

8120 Kelwood Avenue
Baton Rouge, LA 70806-4843
Phone: (225) 766-6919
Website: www.synergygrp.net

Harmony Center

1701 Main Street
Baton Rouge, LA 70802-3764
Phone: (225) 336-5461
Website: www.harmonycenter.com

Cypress Psychiatric Hospital

4363 Convention Street, Suite A
Baton Rouge, LA 70806
Phone: (225) 336-8940

Silver Options Center

4428 North Boulevard
Baton Rouge, LA 70806-3917
Phone: (225) 267-6443
Website: www.nmoinc.com

Wooddale Mental Group

1335 Wooddale Blvd
Baton Rouge, LA 70806
Phone: (225) 928-4969

Family Therapy Clinic of LA

7656 Jefferson Hwy
Baton Rouge, LA 70809-1390

Phone: (225) 927-2455