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FOSTER PARENTS AND PARENTAL INVOLVEMENT IN THE EDUCATION

OF CHILDREN IN FOSTER CARE

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FOSTER PARENTS AND PARENTAL INVOLVEMENT IN THE EDUCATION
OF CHILDREN IN FOSTER CARE

A DISSERTATION APPROVED FOR THE
DEPARTMENT OF
INSTRUCTIONAL LEADERSHIP AND ACADEMIC CURRICULUM

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lighting the way and paving the path for me, as well as for others in my family who have become teachers. I thank my grandmother, Mrs. Flossie Duncan Wells, my first teacher, and my first inspiration for the value of thinking, reflecting, and writing it on paper. I very much thank my children, Hannah, Levi, Bailey, Benjamin, and Darcy for always returning me to the ground, and keeping me focused on love, joy, and relationship as the source of contentment in life.

At the center of it all, I thank Ginger, my wife. I would march to the gates of Hades for her. Of course, she would be there already, waging battle for her kids, for all kids, for allthose she loves. I'm lucky to be one of them.

In closing, I dedicate this study to the resilient children who live two worlds of home and foster care, and to the day to day heroes, their foster parents, who watch over them for a time.

S.P.W.

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ABSTRACT

For many years, parents have been recognized as key participants in the education of children. When parents are involved in their children's education, children perform better on school outcome measures, and demonstrate better social adjustment. Sometimes, children must live in foster care. When they do, foster parents become the persons involved in assuring that children's educational needs are addressed.

This study utilized both descriptive and causal-comparative research methods to examine parental involvement by foster parents on behalf of children in their care. Since parental involvement among foster parents has not been examined, descriptive methods were employed to gather information about this unique population. Causal-comparative methods were employed to compare discrete groups within the foster care population.

The sample for this study was drawn from a defined population of foster parents who parented children in foster care under the auspices of the Oklahoma Department of Human Services, Children and Family Services Division. Specifically, this population was defined as all foster parents who (1) were reimbursed for the care of children in their homes; (2) were classified as Foster Family Care, Kinship Relative Care, or Kinship Non-Relative Care homes; and, (3) who were providing care for a child between 6 and 12 years of age during the period of time defined by the research protocol. A research packet was mailed to all 928 homes in the defined population, resulting in a return of 345 usable surveys.

Data on parental involvement by the foster parent, caseworker support of the foster parent, perceived knowledge of special education process, and perceived sources of social support were obtained, as well as foster parent perception of behavior problems

observed in the children in foster care. These data were combined with foster parent and foster child data matching the participants in the sample drawn from the state Adoption and Foster Care Analysis and Reporting System.

Foster parents reported they had, in fact, participated in parental involvement activity at moderate levels and supported a partnership-focused role with schools in addressing the educational needs of children in foster care. They believed themselves efficacious in their ability to help. In doing so, their beliefs and activities were significantly influenced by their perceived knowledge about the special education process. In their role, they were moderately supported by their social environment, especially from sources representing entities from professional and spiritual guidance. Further, these findings were equally true for typical as well as kinship foster parents. However, these findings are limited since only foster parent reports were obtained on these variables. Teacher and caseworker data were not obtained.

Higher levels of parental involvement resulted when certain elements mitigated the problematic effects of age and multiple placements on children in foster care. While these factors were associated with fewer perceived invitations from schools and less agreement with a partnership-focused role, they did not prevent parental involvement. Perceived knowledge of special education process, vital to addressing the needs of the majority of children in foster care, and support from the social environment were associated with more perceived invitations and stronger endorsement of the partnership-focused role. Each of these, in turn, influenced higher levels of parental involvement activity. As reported above, this was true regardless of the group type of foster parent. Again, these findings are limited since only foster parent reports are available.

CHAPTER 1

FOSTER PARENTS AND PARENTAL INVOLVMENT IN THE EDUCATION

OF CHILDREN IN FOSTER CARE

Introduction

The aim of education is the development of a human being who learns about, cares for, and successfully participates in society. Whatever means may be used to achieve this aim, the outcomes are dependent upon relationships. Writing from an educational perspective, Comer (1999) states, "Children's—and also teacher's, administrator's, parent's. . .in short everyone's and everything's—development depends on relationships." (Comer, 1999; p. xxiv). Parent relationships have been identified as key components of children's education for many years. Research suggests that parent's involvement in their children's education is a complex and positive influence for children (Epstein, 1996; Hoover-Dempsey & Sandler, 1997). When parents are involved in their children's education, learning environments are of higher quality (Ghazvini & Readdick, 1992); also, children perform better on school outcome measures (Christian & Morrison, 1998; Griffith, 1996; Reynolds, 1992; Yan, 1996) and demonstrate better social adjustment (Taylor & Machida, 1994, Zellman & Waterman, 1998).

Historical Perspective

Educators and others concerned with the education of children have always expressed support for the involvement of parents. Frederick Froebel, "father of the kindergarten", emphasized the need for a foundation of rich interaction between mothers and children as the precursor for entry into the educational model he devised (Snider, 1900). Early leaders in American kindergartens developed courses and workshops for

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mothers and fathers as a support to those educational programs (Snyder, 1972). John

Dewey wrote of curriculum being interpreted "as outgrowths of forces operating in the

child's life", and discussed the importance of teachers linking with the learning the child

brought from home (Dewey, 1902/1965; p. 97).

<center>Theoretical Perspective</center>

Several theoretical concepts help provide a framework for understanding parental

involvement in children's education. One perspective viewed the child as a developing

human who learns in several different, but related, settings. Bronfenbrenner (1979)

suggested that the family setting, or microsystem, in which the child lives is the principal

context in which development takes place, but may not be the only one. Other

microsystems in which the child participates, such as school, also contribute to

development. The collective term for the relationship among these microsystems is the

mesosytem. Bronfenbrenner's theory argued that the mesosystem has an important effect

on the child's development. Another important feature of this theory is the concept of

proximal processes, or learning experiences repeated over time. Bronfenbrenner and

Morris (1998) stated that for proximal processes to be effective, they should (a) be

repeated in multiple settings, that is, in various microsystems; (b) occur over extended

periods of time, and be engaging and complex; and (c) be supported by relationships with

peers and adults which help deepen the process. Development is further enhanced if the

relationships involved in one microsystem support relationships in another. In this

conceptual framework, parental involvement in a child's education can be conceived of

as one mesosystem effect in the promotion of development. Further, microsystems

supported by effective social networks, which may be other microsystems or the

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exosystem (the system that affects the child but in which the child does not participate) will be those most likely capable of supporting the developmental needs of the child. These networks may be composed of many different systems, including kinship, community, and religious.

A more concrete conceptualization is offered by Epstein (1996), who viewed parental involvement as a phenomenon expressed in six forms: (a) assisting parents with parenting and child rearing skills; (b) communicating with families about children's school progress, and about school programs; (c) volunteering by parents for school activities; (d) involving parents in learning at home; (e) including families in decision making about school issues; and (f) collaborating with communities about the needs of children in school. Epstein suggested that parental involvement would likely involve multiple forms and featured shared responsibility between parents and school personnel.

A third theoretical view involved a description of parental rationales for choosing to become involved in their children's education. Hoover-Dempsey & Sandler (1997) suggested a three-factor model, which includes (a) parental perception of what the role should be for a parent in the education of their child, (b) their sense of efficacy for helping their child succeed in school, and (c) their sense of being invited by the school to participate in activities affecting the education of their children. Each of these factors may combine in different ways, resulting in a parent deciding that involvement is, or is not, viable.

Foster Parenting and Parental Involvement

Children are reared in many different kinds of families within the community. Sometimes, children cannot be safe with birth families and must live in other settings,

often foster care. At this point, foster parents become the persons involved in assuring that the children's developmental needs are met (Rycus & Hughes, 1988).

In the state of Oklahoma, most foster care is managed by the Children and Family Services Division (C.F.S.D.) of the Oklahoma Department of Human Services (D.H.S.). In 2001, there were 3,188 foster homes supervised by this Division (Oklahoma Department of Human Services, 2001). These homes were divided into three types: (a) foster family care homes, or, homes which provided care for unrelated children; (b) kinship relative homes, or, homes which provided care for children related, by blood or marriage, to an adult caregiver living in the home; and (b) kinship non-relative homes, or, homes which provided care for unrelated children, but with whom some level of attachment was present prior to the time of placement of the child in that home. For that year, there were 1,673 foster family homes, 1,273 kinship relative homes, and 242 kinship non-relative homes operating in Oklahoma. Foster children also had lived in two other types of homes not supervised by CFSD, which were Native American Tribal homes and Developmental Disability Services Division homes.

Encouragement and support of kinship foster careby child welfare systems has increased dramatically over the last fifteen years (Rycus & Hughes, 1998; Berrick, Barth, & Needell, 1994). This type of foster care appears to be somewhat different from standard foster family care. Kinship providers are more likely than typical foster family care parents to be (a) older, single women, (c) members of a minority group, and (d) to have fewer years of formal education (Berrick, Barth, & Needell, 1994). Children fare about as well in foster family care as they do in kinship foster care (Charon & Nackerud,

1996). In kinship care, children often remain physically closer to their original homes, thus closer to their parents and to their original schools (Testa & Pollock, 1999).

Literature specific to foster parents and their parental involvement in the education of children in their care is almost non-existent. Extant research suggested possible connections between some findings from research on foster parents with research on the theoretical parental involvement concepts discussed earlier in this chapter. For example, satisfaction with the role of foster parent is associated with such features as altruistic feelings about helping children, high levels of individual maturity, and supportive relationships with the children's caseworkers (Denby, Rindfleisch, & Bean, 1999). Foster parent satisfaction may be related to concepts of parental involvement suggested for typical parents, such as the type of involvement individuals choose (Epstein, 1996) or the rationale used for becoming involved (Hoover-Dempsey & Sandler, 1997). Also, while parental involvement by typical parents may be affected by the level of behavioral problems of their children, the circumstances presented by foster children are often significantly more challenging (Fletcher-Campbell & Hall, 1990). How foster parents assess the severity of that behavior is important to understand. Work by Prater, Bermudez, & Owens (1997) with typical parents suggested the whether or not foster parents reside in urban or rural communities may also have an effect on their parental involvement.

Children in Foster Care and Their Educational Needs

Addressing the educational needs of children in foster care presents a unique challenge to schools, social agencies, and foster parents. It is estimated that as of September of 2001, there were 565,000 children in foster care across the United States

(Childrens Bureau, 2002). The mean age for those children was 10 years. In Oklahoma, there were 6,132 children in foster care at the end of May 2001 (Oklahoma Department of Human Services, 2001). Of these children in care, 2,550 ranged in age from five to twelve years.

The reasons for removing children from their parents and caregivers affect the educational needs of foster children. Removal occurs because caseworkers determine that the birth home cannot assure the child's safety, commonly because of some form of maltreatment that is present (Rycus & Hughes, 1988). Child maltreatment can have an adverse affect on development. Children who experience maltreatment score significantly lower on standardized tests and achieve lower grades compared to children who do not experience maltreatment (Eckenrode, Laird, & Doris, 1993; Leitner & Johnson, 1994). The effects of maltreatment and the loss of significant attachment figures upon entering foster care increases the likelihood that such children will need special attention in school. Thirty percent of children in foster care received special education services, 41% were retained in an elementary grade at least once, and 34% failed an elementary grade (Sawyer & Dubowitiz, 1994). Children in foster care also experience high rates of developmental delay and behavioral problems that place them at risk for disciplinary action at school (Fletcher-Campbell & Hall, 1990). Children residing in foster care who have developmental delays and achieve poor school progress often need special education services (Benedict & White, 1991; McMillen & Tucker, 1999). Securing special education services for such children is challenging. Confusion exists about who can request services for foster children and who can legally participate as a parent in the individualized educational plan (Hubley, 1997). Once obtained, sustaining special

education services is often confounded by the transient nature of foster care placement (Fletcher, Campbell, & Hall, 1990; Weinberg, 1997).

Purpose of the Study

Given the significant educational challenges presented by foster children, the diversity within foster care providers involved, and the paucity of information about parent involvement with this population, research on the parental involvement of foster parents is needed. It is proposed that a sample of the foster parent population in the state of Oklahoma be surveyed regarding their parental involvement experiences with foster children who range in age from 6 to 12 years. To do so, permission to survey foster parents was sought and received from the Oklahoma Department of Human Services, Children and Family Services Division (see Appendix 1). The study was also approved by the Institutional Review Board managed bythe Office of Research Administration, University of Oklahoma (see Appendix 1).

Research Questions

The following questions were posed for this study:

1. What do foster parents report about parental involvement in the education of foster children in their care?
2. How do foster parents from Family Foster Care, Kinship Relative Foster Care, and Kinship Non-Relative Foster Care homes differ on parental involvement variables?
3. What factors predict parental involvement for foster parents?

CHAPTER 2

PARENTAL INVOLVEMENT IN THE EDUCATION OF CHILDREN

Historical Perspective

Developing children grow and learn in social environments; therefore,

understanding these contexts, what happens within them and between them, helps us

understand how children develop. Through time, most thinking devoted to human

development has centered upon the individual child. Yet, many significant contributors to

the study of educating children have acknowledged the power of parents and the home

environment in early and later school achievement. Inspired by the European Romantic

Movement, Pestalozzi recognized the power of home life as a source of and model for

educating children (Hill, 1992; Silber, 1973). Friedrich Froebel, founder of the

kindergarten, was also influenced by the Romantic Movement and by Pestalozzi as well.

He emphasized the importance of education in early childhood and supported the belief

that mothers and fathers were primary contributors (Hill, 1992; Snider, 1900). In turn, the

ideas of Froebel greatly influenced the development of kindergarten in America. Snyder

(1972) notes that Elizabeth Palmer Peabody and Susan Blow, the first leaders in the

development of Froebelian kindergarten in the United States, were reared in homes where

children and education were valued, and maintained close familial relationships

throughout their lives. These personal experiences most likely helped create respect for

the role of parents in the education of children, which was infused in the American

kindergarten movement. An example in Chicago from the late Nineteenth Century was a

class developed by Alice Harvey Putnam for mothers and teachers to study Froebelian

principles. This effort evolved into the Chicago Kindergarten Club, which was the

driving force behind the powerful Chicago kindergarten movement. The connection between kindergarten and mothers was strengthened by Elizabeth Harrison through an expansion of classes for mothers called *Mothers Club*. Harrison extended this beyond Chicago to the whole United States in 1894 by sponsoring a conference attended by 1,200 parents, a forerunner of the first parent-teacher organizations. As Chicago kindergartens embraced more modern ideas, they maintained the strong connection with parents. The educational philosopher, John Dewey, who had spoken at Harrison's parent conference, influenced Alice Temple, teacher in the Chicago Free Kindergarten Association and at the University of Chicago. Temple emphasized the connection between home and school, and developed curriculum founded on "experience typical of the children's environment" (Snyder, 1972; p 210). This notion echoed Dewey (1897/1965) who stated that the educational curriculum should meet the rich experiences that the child brings to school from home, and should respect the tremendous reservoir of learning already gained under the supervision of parents. He also emphasized that this knowledge already possessed by the child was not abstract, but was interwoven with the rich fabric of relationships existing in the home.

Since 1960, parent involvement has continued to be considered an important part of contemporary education. Epstein (1996) summarized these efforts in noting that the implementation of Head Start and Follow-Through programs brought a federal mandate for the involvement of low-income parents in the education of their children. As a result of societal changes that expanded opportunities for higher education and employment for women, many mothers found themselves in equalized relationships with teachers, and with an increasing need for contact with schools regarding the care of their children.

Epstein also noted the school reform movements of the 1970's suggested the need to better understand and involve parents in improving schools. This idea was reaffirmed by *A Nation at Risk*, published by the National Commission on Excellence in Education in 1983. By 1994, greater attention was devoted to parental involvement when school and family partnerships was added as a goal to the *Goals 2000: Educate America Act*. Parental involvement continues to be a central part of public discussion on the need to improve the quality of the modern educational system.

Theoretical Support

Bioecological Model of Human Development

General support for parental involvement is found in the bioecological model developed by Urie Bronfenbrenner (Bronfenbrenner, 1979; Bronfenbrenner, 1986; Bronfenbrenner & Morris, 1998). Garbarino (1992) describes Bronfenbrenner's work as a "fourth force" in the study of human development after psychodynamic, behaviorist, and humanistic perspectives, and identifies Kurt Lewin as a formative influence on its development. Further, Garbarino emphasizes that the bioecological model has not risen to the level of formal theory, and is most successfully utilized as a critique of developmental psychology and a framework for organizing knowledge, generating research questions, and evaluating social policy (e.g. in such areas as child maltreatment, child care and services to children with disabilities). Last, he states that the ecology of human development is a point of view incorporating many disciplines which "requires such an eclecticism—or 'interdisciplinary focus'—because it focuses on intersystem relationships" (p. 15). This view is also identified as *development in context*(Houts, 1991). Bronfenbrenner defines the focus:

(It) involves the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts in which the settings are embedded. (Bronfenbrenner, 1979; p. 21).

The bioecological model posits four principal components (Bronfenbrenner & Morris (1998) marked by dynamic, interactive relationships between them. The model proposes that *process* is the core, but adds that this component varies substantially as a function of *person*, *context*, and *time*.

Process

Development occurs as an individual is involved in activity that places him/her in an interactive relationship with the environment in which he/she lives. This activity may involve persons, objects and symbols. Its effectiveness as an agent for development is dependent upon the activity taking place regularly, over extended periods of time, and becoming increasingly complex in order to continue to challenge the developing person. Examples of such activities might be an adult feeding an infant, or reading to a child, or coloring with a child. Bronfenbrenner called these activities *proximal processes* and argues they are the "primary engines of development (p. 996).

Person Characteristics

Characteristics of the developing person interact with the other components of the model in ways that promote development. Bronfenbrenner identifies three categories of person characteristics affecting the direction and power of proximal processes. The first category of characteristics is *dispositions* or *forces* that either generate or disrupt

development. Personality characteristics that *generate* development include curiosity, initiative, engagement, responsiveness, and the ability to delay gratification. Those that disrupt development might be impulsiveness, explosiveness, distractibility, and an inability to defer gratification. Bronfenbrenner considers these characteristics dispositions because they involve interaction that can be selective on the part of the developing person.

The second category of characteristics is *resources*, which are individual assets and liabilities not subject to disposition. They result from genetic or environmental precursors that promote or interfere with biological growth.

The last category is *demand*, which includes both characteristics that invite or discourage reactions from the social environment, and which would, again, generate or disrupt development. Such characteristics would be personality, physical characteristics, and level of activity.

Environmental Context

Humans live in a complex social environment. Bronfenbrenner (1979) argues that development in varied contexts is marked by *reciprocity*. The developing person interacts with a particular context and experiences developmental change as a result. However, reciprocally, the context is also changed by the person. These contexts can be categorized into four sub-systems that are systematic and interrelated. *Microsystems* are small contexts involving a pattern of activities, roles and interpersonal relations. They number only one or few in infancy, but multiply as the developing person grows older. Examples of microsystems are primary parent-child relationships or dyads, families, child care environments, church groups, and school classes. An important aspect of microsystems

are *third parties* that participate within the microsystem in support of the primary dyad. Bronfenbrenner argues that development is significantly enhanced by a third party who is involved in mutually positive feelings with the primary dyad and who supports and participates in proximal processes occurring in that relationship. This result is termed a *second order effect* on development. The most common example of a third party is a father, but could be any adult in the home who participates in the care of the child in support of the primary dyad.

Mesosystems are contexts involving interrelations between two or more microsystems in which the developing person spends time. Examples of mesosystems are combinations of any of the microsystems listed above which have some relationship with each other in addressing the development of the child. Mesosystems are particularly relevant to understanding parental involvement. First, a teacher represents a third party to the primary dyad of parent-child, contributing its own second order effect on the development of the child from outside the primary microsystem. Second, home and school represent an important mesosystem for the child. Bronfenbrenner argues that the effectiveness of this mesosystem will be enhanced if the child is accompanied upon entry to a new setting (microsystem) by someone from the previous setting, if the role demands are compatible in both settings, and if the roles, activities, and dyads in both settings encourage trust and consensus between settings. Further, he states that enhancement occurs when two-way, personal communication between microsystems exists, and when valid information, advice, and experience are shared between settings at the beginning and continuing throughout the relationship. Last, enhancement occurs when members of the settings in the mesosystem participate, at some point in time, in joint activity. These

features insure that settings within the mesosystems operate systematically to the benefit of the developing child by being familiar with each other, and promoting understanding and trust between settings. This creates an atmosphere in which parties can act responsively to the changing needs of the developing child as she participates across time within the system.

*Exosystem*s are contexts which affect the development of the person, but in which the person does not participate. Examples of exosystems are parent workplace, adult social groups, and church groups in which only the parent participates. Last, *macrosystems* are very large contexts of consistencies across microsystems, mesosystems, and exosystems considered unique for that particular grouping of lower order systems. Such consistencies might be religious, racial, ethnic, and cultural groups, or specific schools, neighborhoods, communities, states, regions, or countries. Exosystems particularly affect development through control of policies that govern economy, government, educational systems, employment, and social participation. Developing persons might participate in exosystem activities, but are more likely to simply be affected by decisions made in them.

Time

Time is defined in several ways as a functioning element impacting the developing person. Time was described above in terms of proximal processes. Specifically, the effectiveness of proximal processes as agents of development is dependent upon regular occurrences extending over time. Time also functions in the progression of days, months, and years which bring changes in social continuities and

person characteristics, as well as in the capacity of systems to continue to provide for quality proximal processes, which Bronfenbrenner labels cohort or historical time.

In general, this study will consider parental involvement in the education of children in foster care as the relationship between multiple settings in which the child develops (foster family home and school), and will examine some of the proximal processes, as well as some of the characteristics within the foster family and school, that affect that child's educational progress.

Theory of Family, School, and Community Partnerships

Overlapping Spheres of Influence

Support for understanding parental involvement is provided by Joyce Epstein, who argues that increasing the opportunity for children's learning, development, and success is the main reason for promoting home and school partnerships (Epstein, 1992; Epstein, 1996b; Epstein, 2002). Epstein developed a model of *overlapping spheres of influence* for understanding and studying school and family relationships, which she notes evolves from earlier perspectives. One perspective, from the sociological thinking of Talcott Parsons and others from the middle of the Twentieth Century, is that of *separate influences*, which suggest families and schools are most efficient when they identify their unique goals and activities and act independently. A second perspective is that of *sequenced influences*, which suggests that families and schools have distinct but dove-tailed responsibilities, beginning with parental effort, built upon by teachers, and completed by young adult learners as they gain autonomy. This view may be attributed to critical stage theorists such as Freud and Erikson. Epstein cites Bronfenbrenner as a third

perspective, which moves from the first and second perspectives into a closer examination of connections between families and schools.

Epstein offered her own perspective of overlapping spheres of influence composed of external and internal structures. First, she argues that families and schools represent distinct *external* spheres that influence children's learning and that can be pushed together or pulled apart by characteristics, philosophies, and practices of individuals in each environment, and by the change of environments over time. Second, Epstein states that *internal* structures exist which specify institutional communication (i.e., general messages from the school to all families) and interpersonal communication (i.e. messages from individual teacher to individual parent and child), or a combination.

Types of Parental Involvement

Epstein identifies six types of parental involvement that fall into the areas of overlap in the spheres of influence (Epstein, 1992; Epstein, 1996b; Epstein, 2002). The level of impact on children's learning and success in school will vary according to how many of and to what extent of the six types are utilized by schools to involve parents in the education of their children. The six types are as follows.

Type 1—Parenting. Schools can assist parents with better understanding child development, behavior management, and environments necessary for learning.

Type 2—Communicating. Schools can create patterns of communication which inform and encourage parents to become involved in the education of their children at school and at home, and to initiate communication from home to school.

Type 3—Volunteering. Schools can recruit and train parents for activity that takes

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place at the school building as well as at other locations, and can schedule such activity in ways to accommodate the parent and increase the likelihood of participation.

Type 4—Learning at Home. Schools can involve families in learning activities that take place at home and are connected with the curriculum.

Type 5—Decision Making. Schools can involve families in governance of the school, including decision-making and advocacy, through parent-teacher organizations, parent councils, and advisory groups.

Type 6—Collaborating with the Community. Schools can involve the community in which the school is embedded to provide individual and concrete resources to strengthen school and family practices that increased the likelihood of school success for children in the school.

Epstein (1996a) argues that when schools initiate and sustain these activities, positive outcomes should follow. As the spheres overlap they incorporate the positive values, attitudes, and practices from the other spheres; i.e. schools become more *family like* and families become more *school-like* in how they address the child. The effect of this accommodation is that children experience multiple environments where they are encouraged to learn and succeed in life as a whole. More specifically, partnership activities initiated by schools promote more parental involvement; communities develop resources to support families and schools; and, in turn, students are more positive about school and perform better. Epstein also cautioned against the generalization that mere occurrence of parental involvement activity would increase skills and test scores, citing studies which suggest that some activities may increase actual academic performance

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while others may improve student attitudes and behavior, increase attendance, and improve parent-child relations, but have no immediate effect on academic performance.

Understanding Parental Choice to Become Involved in Children's Education

Hoover-Dempsey and Sandler (1997) proposed a model for understanding parental involvement that argues that specific variables influence parents at critical points to produce involvement activity. The interaction of these variables has the possibility to enhance and enable the desired outcome of student achievement (Hoover-Dempsey & Sandler, 1995). The model is structured in five levels, which are: (a) *Parental decision to become involved*, differentiated into *parent's construction of parental role, parent's sense of efficacy in helping children in school*, and *opportunity and demand for involvement from child and school*, (b) *parental choice of involvement*, composed of *parent's knowledge and skill*, *mix of demands on total time and parental energy*, and *specific invitations and demands for involvement from child and school*, (c) *Mechanisms through which parental involvement influences child outcomes*, which are modeling, reinforcement, and instruction, (d) T*empering and mediating variables*, which are parent's use of developmentally appropriate involvement strategies and the fit between parent's involvement actions and school expectations, and (d) *Child/student outcomes* which are skills and knowledge gained by the child, and the personal efficacy developed by the child for doing well in school.

Hoover-Dempsey and Sandler (1997) have devoted most of their research effort toward the first level of their model, under the assumption that parental involvement is dependent upon the individual's choice of whether or not to become involved. They argue that parental decision-making about involvement occurs in both *explicit* and

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implicit ways. Explicit involvement occurs as a result of reflection and awareness of the need for participation, accompanied by an initiation on the part of the parent to become involved in the child's education based upon this prior belief. Implicit involvement occurs as a result of external events and demands in the environment which compel the parent to become involved, whether or not the parent possessed a prior belief that they should be involved in their child's education. Hoover-Dempsey and Sandler argue that while implicit involvement occurs as a result of external causes, it still involves parental choice. They also note that the variables involved in this first level of the model are dynamic in character, in that they are amenable to growth and change over time in the process of adult development. Some of the variables may be present within the adult before becoming a parent, but all are subject to modification by the complex interactive processes occurring between schools, children, and parents. And, while acknowledging that substantial findings exist which suggest that family status variables are closely related to parental involvement and positive school performance, they also argue that these particular variables do not determine the values influencing the decision to become involved, nor does family status fully explain the decision to activate involvement. Hoover-Dempsey & Sandler argue, further, that the process variables in the first level become important because they, unlike family status, can be influenced by actions taken by educational systems.

As noted earlier, Hoover-Dempsey and Sandler (1995; 1997) state that the parent's decision to become involved in their child's education is influenced by three factors, identified as *parent role construction, perceived self-effcacy, and opportunity and demand*. A more detailed discussion is needed to understand their place in this study.

Parent role construction

Becoming involved (or, for that matter, not becoming involved) is influenced by the parental role the individual has constructed for himself or herself and what is proscribed for this particular area of parenting. This role is highly influenced by the norms of the group(s) with which the parent is identified, including familial, social, as well as work related. It is also influenced by parental knowledge and expectations about child development and childrearing. These expectations may change over time, may be questioned or challenged by the individual, may be modified to fit a new construction, or may be rejected. The changes in role construction are a function of the ongoing development of the individual and that person's encounter with new ideas in the larger environment.

Parent efficacy

Related to role construction, the parent's decision to become involved in their child's education is dependent upon the personal sense of efficacy the parent holds for helping their child succeed in school. The parent may have constructed a role, which specifies that involvement in their child's education is demanded, but that does not insure that the parent has the knowledge and skills necessary to be successful, nor the personal assessment that she/he is capable to offer assistance.

Opportunity and demand

The decision to become involved is dependent upon the simple reality of whether or not the parent experiences an invitation to be part in their child's school success, either from the child or from the school. The concept of invitation is expanded by Hoover-Dempsey and Sandler (1995; 1997) to include opportunities as well as demands for

involvement. Examples of general opportunity and demand are children's excitement about parental visits to the school and willingness to talk about school activity; consistently inviting environments created by the school; and, parent newsletters and other forms of communication extended by the school to parents. Hoover-Dempsey and Sandler note that general demand and opportunity activity may influence parent participation, but are neither necessary nor sufficient conditions for the occurrence of parental involvement. Parents who construct a role which proscribes involvement and who possess high efficacy for doing so may not need invitation for participation to occur. On the other hand, parents lacking this role quality and sense of efficacy may not participate no matter how effective the invitation may be.

Research on Parental Involvement

Parental Involvement by Epstein's Six Types

A useful structure for a review of existing research on parental involvement is to categorize the findings according to Epstein's six types of parental involvement (Epstein, 1992; Epstein, 1996b; Epstein, 2002). As stated earlier, those categories are *parenting, communicating, volunteering, learning at home, decision making,* and c*ollaborating with the community.* The review that follows reflects Epstein's assertion that parental involvement is expressed in overlapping spheres of influence.

Parenting

Epstein (1992) emphasized that families "are responsible for providing for children's health and safety, developing parenting skills and child rearing approaches that prepare children for school, and that maintain healthy child development across grades, and support learning and behavior across school years" (p. 1145). She suggested that

partnerships mean schools should assist families with obtaining, nurturing, and supporting these skills. Sources reporting on this type suggest that schools do so by providing parent education services directly or by linking with other agencies that provide these services (Adger, 2001; Davies, 2002; Debord, Roseboro, & Wicker, 1998; Karnes, 1988; Koblinsky & Anderson, 1993; McMahon, Browning, & Rose-Colley, 2001; Smalley & Reyes-Blanes, 2001; Zeece & Wang, 1998). These sources describe what parents need as well as what programs have done to assist them in obtaining it.

There is a consensus that parents need assistance in regard to the health and well being of their children. Hendricks, Russell, and Smith (1997) proposed five critical issues in this area: (1) safety and injury prevention, (2) disease prevention and treatment, (3) health care for emergency as well as acute and chronic conditions, (4) child growth in reference to nutrition and exercise, and (5) child development in terms of discipline, and understanding cognitive, social, and emotional capacities. School or school-linked programs designed to address parenting typically address one or more of these issues. Survey data suggest that parents confirm that these issues are relevant. McMahon, et al. (2001) reported that parents who participated in the Safety and Health through Action and Responsibility Effort (SHARE) cited their highest personal needs were dental care, problem-solving skills, and career/volunteer opportunities. These parents stated their greatest concerns for their children were safety, education, keeping them away from drugs, as well as teaching them responsibility, respect, and good behavior. The authors noted that most of the 126 respondents to this survey were White females living in poverty. A survey (Hendricks & Reichert, 1996) of safety issues among 4,320 Head Start parents reported that a great majority of parents used good safety practices regarding car

seats, household hot water temperature, supervising outdoor play, traffic safety, use of smoke alarms, and disease prevention/treatment. However less than half stated they did so regarding gun safety and environmental hazards. Parents of children living in high risk situations face greater concerns. For example, Koblinsky and Anderson (1993) observed that children living in homeless families face a greater risk for infectious diseases, gastrointestinal problems, developmental delays, and deficits in social support.

Parents also reported needs in regard to the specific topic of sexual health education. A Canadian survey of 4,200 parents of elementary and middle school children found that 94% of parents believed that sexual health education topics should be provided in schools, and 95% stated it should be a shared responsibility between school and home (Weaver, Byers, Sears, Cohen , & Randall, 2002). Further, 65% of these parents indicated that sexual health education content should be introduced at elementary or middle school. An interesting finding in this survey was that 76% of these parents stated they believed they had done a good job to excellent job in addressing sexual health issues with their children. This suggests that they wanted school involvement in this sensitive issue regardless of how well they had prepared their child.

Schools use a variety of avenues to meet the needs of parents in this type of parental involvement, i.e. parenting. The most common way is for schools or school-linked programs to offer some type of training or educational course that addresses one or more of the critical issues Hendricks et. al. (1997) identified (Karnes, 1988; McMahon, et. al., 2001; Smalley & Reyes-Blanes, 2001; Zeece & Wang, 1998). Some programs are designed to offer parents assistance in gaining communication, leadership, and organizational skills (Karnes, 1988; Smalley & Reyes-Blanes, 2001). Often, the

acquisition of this knowledge and these skills has multiple benefits: improving

relationships between the parent and child as well as improving relationships between the

parent and work, community, and school. Other programs add a variety of content to their

sessions. Topics on health, immunization, mental health, nutrition, literacy, substance

abuse prevention were offered, as well as information on the availability of social

services (Carlson, Moore, Pappas, Werch, Watts, & Edgemon, 2000; Zeece & Wang,

1998).

For some parents, help with parenting requires additional services beyond

offering educational classes. Koblinsky and Anderson (1993), in describing a practice

model for addressing parenting for families who were homeless, emphasized the need to

make Head Start programming available to families in homeless shelters, either by

providing transportation to the center or by offering some aspect of the program at the

shelter site. Further, additional help was provided to assist parents in accessing

community health and social services as well as assistance from employment agencies.

Specific courses and individual consultation were also provided to help parents

understand the emotional needs of their children, as well as the increased risk of health

problems experienced by children living in homeless shelters.

The effectiveness of parenting courses can be influenced by several factors.

Educational programs that accommodated parent work and school schedules,

transportation, and child care often enhanced participation by parents (Hahn & Rado,

1996; McMahon, et. al., 2001). Also, programs that combined education with individual

assistance, support groups, and home visitation seemed to increase the level of

acceptance for the course content (Zeece & Wang, 1998). Hendricks, Russell, and Smith

(1997), in a study of parents who participated in an educational program to improve safety practices as home, found that less complex interventions, such as tip sheets, school newsletter columns, and poster displays were best utilized by parents who already reported a high level of awareness and safety practice at home. In contrast, direct training with reinforced follow-up was best utilized by parents who reported lower levels of awareness and safety practices. By providing differentiated means of delivery, both sets of parents received what they needed with only the necessary amount of intrusion to accomplish the objective. However, Hendricks et. al. also suggested that teachers must remain open to parent or child comments which reflect unsafe practices and offer comment when needed. These authors also recommended that parent and student education occur simultaneously in order to address everyone in the family system at the same time.

Other avenues have been used to enhance the effectiveness of educational courses. Carlson, et. al., (2000) used mailed cards to elementary school parents followed up by a telephone contact to set up participation in classes to address alcohol tobacco, and drug abuse prevention and treatment. The cards contained a message about signs of drug abuse and sources of help if abuse was detected, along with a suggestion for the parent to utilize the card in discussing the topic with their child. In this way, the parent and child were already involved in a discussion about the topic before attending class, which appeared to increase the level of effectiveness of the class.

Parents and schools reported moderate levels of satisfaction for participation in educational programs to address parenting. Hahn and Rado (1996) reported that parents who participated in joint sessions with their elementary school children about alcohol,

tobacco, and drug abuse stated they gained skills in enhancing parent-child interactions about the topic, and that these skills transferred to other areas of involvement with their children. Further, participants stated they thought joint attendance helped to emphasize the importance of the topic to their children. They also stated that joint sessions promoted more discussion at home and assisted these parents in the identification of undetected and unacknowledged problems with alcohol, tobacco, and drug abuse in their families. Karnes (1988) studied parents who participated in an eight session series on positive mental health which was designed to enhance relationships between parents, children and teachers in a Head Start program. The participants reported that the course was beneficial to them in becoming more aware of their children's needs and communicating with them more effectively.

Some evidence suggests that good parenting skills can result in better school performance. However, not all parents demonstrate such skills. Some have never developed them, and some have demonstrated them in the past, but currently are challenged in demonstrating them due to the impact of life events. Many parents do demonstrate such skills, but want to improve them. Addressing parent involvement by assisting with parenting helps schools address their mission to successfully educate children. Parents who support autonomy for their children appear to contribute to better school performance. In a study of 50 families with elementary aged children, Grolnick and Ryan (1989) found that parents who encouraged activity which promoted independent problem solving and decision making had children who exhibited desirable achievement behaviors and who interacted effectively with the school environment in

acquiring the skills necessary to succeed. These same parents reported home environments characterized by clear, consistent expectations and rules.

Zellman and Waterman (1998) reported similar findings. Their study observed that parenting styles characterized by high levels of clarity and warmth, and by enthusiasm for school, predicted higher reading scores. These findings are supported by a Canadian study of adolescents (Deslandes, Royer, Turcotte, & Bertrand, 1997) which observed that parenting styles marked by parental control (defined as monitoring and supervision of adolescent children), promotion of psychological autonomy, and by warmth and acceptance best predicted higher grades. In contrast, a study of German parents by Noack (1998) found that high levels of parental control (defined as conflicted and dominating behaviors) were associated with lower grades for adolescent students, especially when initiated by fathers. Further, even potentially more positive behavior, such as challenging these children to perform better, had the same effect in the short term, but a more positive effect in the long term.

Communicating

One type of parental involvement often examined is communication between school and home. Schools have many reasons for passing information to parents, and parents have questions about what happens in school. One form of communication is conversation which occurs between teachers and parents. In the National Educational Longitudinal Study of 1988 (NELS: 88) conducted by the National Center for Educational Statistics, 52% of the parents surveyed stated they had contacted the school about their child's academic performance in the same year. Fifty-four percent said the school had contacted them (Muller & Kerbow, 1993). Of this group of parents, Hispanic

parents contacted the school most frequently, followed closely by White parents. Asian-American parents were least likely to make contact, though 47% had done so in the year studied. This pattern remained until children entered fourth grade, when African-American parents become the most frequent initiators of contact with schools. By fifth grade, African-American parents continued to contact the school most frequently, and were as likely to do so when there were no identified problems with their child as when there were. However, Hispanic parents returned to their previously high level of contact, while the involvement of White parents continued to decline.

Bausch (1988) reported an even higher rate of contact for inner city private schools, finding 82% of the parents reporting at least one contact with teachers in the school year. However, only 29% of the parents in that study had talked with the teacher three times or more. In a survey of public elementary school parents, Epstein (1986) reported similar findings, with 84% of parents reporting some contact with teachers. However, 35% had no formal parent-teacher conference, and 60% said they had never talked with their child's teacher on the telephone. Parents most likely to have attended a formal school conference, according to Hoover-Dempsey, Bassler, and Brissie (1987), were those who were of a higher socio-economic status and had obtained higher levels of education. A similar finding was reported by Carr and Wilson (1997) who suggested that the educational background of the parent, their academic expectations for their child, and their sense of efficacy as a parent were the most important predictors of communication between parents and teachers. Parents with lower levels of education reported more frequent requests for involvement from teachers than parents with higher levels of education, though requests were more evenly distributed among all parents when the

teacher was very supportive of parental involvement. These parents also were more likely to report a positive climate for the school.

Children appear to confirm parent report about contact with the school. Epstein & Lee (1995) examined the NELS-88 data reported by children. One third of these children stated their parents had made neither telephone nor personal contact with the school that year. While 63% stated that their parents had attended some school function, 70% stated that their parent had never seen their classroom.

Several studies examined teacher perceptions of communication with parents. Becker & Epstein (1982) observed that 95% of teachers reported they initiated contact with parents through day to day conversation, written notices, and interaction at open school nights. Eighty percent of these same teachers said they conducted 3 or more conferences a year, but only 7% said they held conferences in addition to those required by the school. Dornbusch and Ritter (1988) reported that teachers believed they initiated more contact with parents whose children presented discipline problems. These teachers also stated they would prefer to have more contact with parents of children who did not pose such challenges. Another factor predicting communication, unrelated to parent characteristics, was if teachers perceived themselves to have high efficacy in their role as educator (Hoover-Dempsey, et. al., 1987).

While the findings above described teacher initiated communication, some research suggested that many teachers may not be committed to contact with parents. Ramirez (1999) observed that 99% of the high school teachers in a Midwest school district stated parental involvement was important to the school, but only 43% believed that it was the teacher's responsibility to initiate contact.

When contact is achieved, parent report on the quality of parent-teacher interaction is mixed. Wanat, Ehly, and Atkinson (2001) observed that most parents report positive interactions with teachers when the attitude of the teacher is pleasant and communication patterns are useful. Parents of children with special needs expressed the highest levels of satisfaction in this area, especially with the concern teachers demonstrated for their children. Parents also expressed positive views of other forms of communication such as school newsletters. Negative reports about communication were also cited. Most dissatisfaction by parents referenced school meetings scheduled during work hours, as well as insufficient communication about curriculum and ways parents could help their children at home. Other researchers examined the question of whether or not communication actually makes an impact on parental involvement activity. Epstein & Dauber (1991) found that strong communication patterns, alone, were not necessarily accompanied by other types of parental involvement.

Finally, studies have demonstrated that contact between the parent and the school is associated with stronger school performance by children. Iverson et al. (1981) observed similar findings in reporting that reading scores for students in grades first through eighth improved with more contact between parents and teachers. Contact was defined as parent conferences, telephone calls, or written communications between home and school. The authors qualified this general finding by stating that younger children benefited more than older children. In contrast, Deslandes et al. (1997) reported that the strongest association with higher levels of school performance for secondary students was lower levels of contact, suggesting that parents and teachers felt less need to communicate if older children were doing well in school.

Volunteering

The most common conception of parental involvement held by society is that of the parent helping at the school. In reality, only a minority of parents actually participate in such volunteer activity. Several studies suggest that anywhere from 19% to 30% of families actually volunteer for an activity at the school (Bauch, 1988; Dauber & Epstein, 1993; Epstein, 1986; Muller & Kerbow, 1993). However, families that are involved seem to be those in which children were performing well in school (Izzo, et. al., 1999). Low rates of volunteering might be affected by several factors. Epstein and Lee (1995) reported that 70% of the parents they studied stated they had never been asked to volunteer at their children's school. In a study conducted in the United Kingdom, schools often expressed an interest in volunteer activity and assistance with fund raising, but at the same time were unreceptive to involvement by parents in educational issues (Crozier, 1999). This selective support for parental activity may have discouraged parents from any involvement.

Predicting which parent will volunteer is difficult. Studies have suggested that the most common factor associated with volunteering at school is a higher level of education for the parent (Bauch, 1988; Dauber & Epstein, 1993; 1997; Hoover-Dempsey, et. al., 1987; Muller & Kerbow, 1993; Stevenson & Baker, 1987). Other factors such as family characteristics have also been associated with volunteer levels. Hoover-Dempsey, et. al. (1987) found that the combination of a higher socio-economic status for the family with the presence of a teacher with a high level of efficacy for their role as educator was associated with more volunteer involvement at the school. Two-parent families were found to be more involved in school activities than one-parent families (Dornbusch and

Ritter, 1988). Other research found that working parents were less likely to be involved in this type of activity (Dauber & Epstein, 1993; Muller & Kerbow 1993). Several studies noted different volunteer patterns according to ethnicity. Families of minority status were less likely to volunteer at school, except for participation in parent teacher organizations. Within minority groups, African-American parents were most likely to be involved in those organizations while Asian-American parents were least likely (Bausch, 1988; Muller & Kerbow, 1993; Scott-Jones, 1987).

Parents who experience success in some aspect of their children's education are more involved at school. Grolnick, Benjet, Kurowski, and Apostoleris (1997) reported that parents were more likely to be involved in volunteering at school when they felt a stronger level of efficacy about their ability to help their children at home with school work. In a finding related to school performance, Dornbusch & Ritter (1988) observed that parents of high school children with higher grades were most likely to participate in school events, a finding also observed in parents of elementary and middle school children (Dauber & Epstein, 1993).

The quality of contact with the school influenced the volunteering. Parents who experienced contact they perceived as encouraging involvement and providing specific ways to become involved were most likely to be involved (Dauber & Epstein, 1993). Volunteering may be different in private schools. Among families of children attending inner city private schools, Bausch (1988) observed that 30% of parents had done so, a rate 11% higher than observed in the NELS-88 population.

Finally, structural changes which create avenues for more active roles in leadership and governance can increase volunteering at school. Abrams & Gibbs (2002)

reported that parents who felt included in governance also increased their volunteer activity.

Learning At Home

Parental involvement as learning experiences provided by the parent outside of school hours may be as simple as communication between parents and children about topics which affect school performance. Ninety-one percent of eighth grade children surveyed in NELS: 88 reported that they had at least one conversation about school with a parent during the year (Muller & Kerbow, 1993). White parents had more conversations than parents of minority status, but all parents tended to increase talk as children progressed through grade levels. The factor of age appeared to make a difference in the amount of conversation that occurs. Dauber & Epstein (1993) observed that parents of elementary school children report that their children like to talk about school more than parents of older children do. Regardless of a child's age, school performance can be influenced by parents talking to children. Muller (1993) found that student achievement was positively influenced when parents talked with their children about grades and school activities.

Children surveyed in NELS-88 also reported the content of conversations with their parents (Epstein & Lee, 1995). Almost 40% stated they and their parents talked about school courses or programs, 56.9% about school activities or events, and 52% about class work. However, only 27% talked about all three topics.

Of particular interest for children in foster care is Lee's (1993) observation that children with guardians have fewer conversations about school than children living in typical parental relationships. These parent figures were also less likely to discuss the

child's psychological well-being. Given the complex problems experienced by children in foster care, this finding suggests that a primary source of help may not be available to them.

Parents are willing to be involved in learning activities at home but need help to do so. Many stated they would be willing to help their child with homework if they received guidance from the teacher (Bauch, 1988; Crozier, 1999; Dauber & Epstein, 1993). This is important when compared to a study which reported that 75% of teachers stated that parents' helping with homework was one of the most important parental involvement activities in which parents can engage (Shumow & Harris, 2000). Parents who are requested to be involved at home are more likely to do so when given direct, clear instructions on how to help their child. Epstein (1986) observed that teachers with strong beliefs in parental involvement were more likely to ask parents to read to their child or have their child read to them. They also were more likely to request that parents review and initial homework, provide spelling and math drills, and to help their child with worksheet lessons. Epstein also reported that parents appear to be receptive to resources for help from schools if they can receive the contact needed to initiate it. She found that 58% of the parents of elementary school children rarely or never received information from the school about becoming more involved in learning activities at home, yet, 80% stated they could spend more time doing so if shown how.

Dauber & Epstein (1993) found that the strongest predictor of parental involvement was the presence of school programs and teacher practices that encourage and guide parental involvement. In contrast, Dornbusch & Ritter (1988) found that over half the teachers of high school students believed they could not affect the way parents

help their children with homework. A third believed parents are not adequately trained to help with homework and that it is unrealistic to expect parents to spend time doing so. These findings may be influenced by the fact that the sample was composed of secondary school participants. A slightly more positive stance was reported by Becker and Epstein (1982) who observed that many teachers believed parents were capable of providing help to their elementary age children if they chose to become involved, but also believed that a teacher could do no more than simply suggest that parents do so. Of these same teachers, 65% said they specifically talked with the parent of every child about what they could do at home to help their child in school, but 35% said they only did so as needed, and not as a formal, ongoing practice. They expressed opinions similar to those reported earlier by Dornbusch and Ritter (1988) in acknowledging that the time involved for parents may be too much to ask. For some parents, school contact is not the impetus for parents to become involved at home. Instead, children often initiate parental involvement through eliciting information and asking questions (Scott-Jones, 1987).

When children were asked about parental involvement in homework, differing observations were found. In a study of United Kingdom families, Cozier (1999) reported that 62% of seventh grade children stated that their parents assisted them with homework. In contrast, Epstein & Lee (1995), again using NELS-88 data, stated that 44.5% of the children surveyed reported that their parents checked their homework, while 55.5% said that parents rarely or never did so.

Dauber & Epstein (1993) reported several contrasts among parents regarding learning activity at home. Parents with higher levels of education, who have smaller families and who parent children in elementary school are most involved in this way at

home. Those with higher levels of education participated in many different types of activities with their children, but those with lower levels of education spent more time with their children in learning activities. Also, parental involvement may differ depending upon the needs of the child, at least among minority, low-income families. African-American parents of children in first grade, who were considered less ready for school than their peers, were more active in working with their children at home than parents of children considered being ready for first grade (Scott-Jones, 1987). Though less active, parents of first grade children assessed as ready for school tended to provide more books and to have clearer educational goals for their children.

The level of efficacy parents and teachers express about their roles in the lives of children can affect other parental involvement activity. Grolnick, Benjet, Kurowski, and Apostoleris (1997) observed that parents were more likely to be involved in learning activity at home when they felt a stronger level of efficacy about their ability to help their children with school work. A similar finding in another study suggests that high levels of efficacy expressed by principals and teachers were associated with more tutoring and instructional activity by parents at home. (Hoover-Dempsey, Bassler, & Brissie, 1987). Efficacy-related challenges in parenting, other than assisting with school, may also be a factor. Grolnick, et al. (1997) observed that mothers who rate their children as difficult to manage were less involved in learning activity that stimulated children's cognitive processes. Additionally, they found that mothers who reported higher levels of satisfaction with their social support were more involved in such activities.

Learning activities at home are not limited to work assigned from school. As Epstein (Epstein, 1992; Epstein, 1996b; Epstein, 2002) suggested, this type of parental

involvement includes *curricular-linked* activity which supports cognitive development and overall competency. Muller & Kerbow (1993) reported that Asian-American parents, while least active in volunteering and decision making, were more active than all other parents in providing music and computer classes for their children. African-American parents were more likely than all other parents, except for Asian-American parents, to provide computer classes for their children. However, this study also found that parents with higher levels of education provided more curricular-linked activities, irrespective of racial status. Epstein (1986) identified numerous curricular-linked activities suggested by teachers, such as going to the library, playing games that help children learn, and involving children in non-academic learning about life in the home. At least one study suggested that the provision of activities like these was associated with higher school performance (Muller, 1993).

School programs, especially those involving multiple interventions, which are successful in increasing learning activities at home, can impact other types of parental involvement. In a study using experimental and control groups, Howe, Chambers, & Abrami (1998) examined the effect on parental involvement of the Ounce of Prevention Program for at-risk students. Focusing on student attendance, school-based support for students, help for parents in working with their children at home, and community resources, parents in the experimental group had higher rates of help with homework than those in the control group. An interesting and unexpected finding was that these same parents also had lower expectations for their children's academic achievement after participating in the program, possibly resulting from gaining a more realistic picture of their children's capabilities. While appearing to be a negative result at first, the authors

suggested that this more accurate assessment assisted the parents to become more active in helping their children.

Research suggests that parental involvement activity conducted at home may be the most direct and powerful predictor of children's school performance. In a study examining kindergartener's academic skills, Christian, Morrison, & Bryant (1998) reported that children living in home environments identified as "high literacy" (defined as homes which restricted television viewing time, visited the library, provided reading materials, and read to children on a daily basis) performed better on assessments of vocabulary, reading, and letter recognition. This finding was observed regardless of the level of education of the mother. In fact, children living in high literacy environments and parented by mothers with lower levels of education performed significantly higher on all academic outcome measures, including math, than children from low literacy environments parented by mothers with higher levels of education. Other research suggests that it is possible to assist parents to develop and sustain such environments. Graue, Weinstein, & Walberg (1983) reported that para-professionals, using self-explanatory materials and minimal instruction, were successful in teaching parents to work with their children at home. This effort resulted in improved grades across all levels of elementary school. Some studies examined combined effects of parental involvement at home and at school (Deslandes et al., 1997; Izzo et al., 1999; Reynolds, 1992). Two studies found that combined effects of the two types of involvement have a strong association with higher school performance, but parental activity at home appears to be a stronger predictor than parental activity at school (Deslandes et al., 1997; Izzo et al., 1999). However, Reynolds (1992) reported a contrasting finding. Parental involvement at

school, as reported by kindergarten teachers, was more strongly associated with children's academic performance than was parental involvement at home.

Decision Making

Research findings about parental activity in school decision making raise interesting and controversial issues regarding this type of involvement. Some studies suggest that teachers want involved parents who adopt school values and support activities, but who are not necessarily involved in the governance of the school (Crozier, 1999; Shumow & Harris, 2000). Bauch (1988) observed that 51% of the parents in a sample of inner city schools in three large cities reported that the school had never asked them about governance, curriculum decisions, or home-school relations. The level of influence the teacher has in their school governance may impact parental involvement. Bauch & Goldring (1996), in examining schools where parents could choose where their child attended, reported that parent participation in governance was higher when teachers reported less influence in school decision making. However, this finding was true only for public schools. In private Catholic schools, parent participation in governance was lower when teachers had more influence into school decision making.

Muller & Kerbow (1993) reported differences among parents in regard to involvement in decision making. While minority families, overall, were least likely to volunteer at school, African-Americans were more likely to be involved in parent teacher organizations than any other racial group. Asian families were least likely to be involved in this way. One exception in this finding was that involvement in decision making increased as the level of education increases, regardless of racial status. West, Noden, and Edge (1998) made similar observations in a study of public and private schools in

England. They found that mothers with higher educational levels were more likely to have served on a school governing council than those with less education, 24% and 16%, respectively. In what appears to be a contrast, involvement was higher for mothers with less skilled work experience than those with professional work experience, 27% and 20%, respectively.

Involvement in decision making can be increased by forces within and outside the school. One example is the involvement of parents in community based organizations. Parents who participated in focus groups designed to identify school needs, specifically groups sponsored by entities outside the school, were often empowered to advocate for increased input into decision making (Collignon, Men, & Tan, 2001; Koblinsky, et al., 1993; Smalley, et al., 2001). Another influence which may increase involvement in decision making is the development of a school structure which actively recruits, trains, and involves parents in governance activity. Abrams & Gibbs (2002) reported on a single school in which governance was shared by a committee composed of teachers, parents, and outside community members, supported by a typical PTA-PTO organization. In this innovative structure, active involvement by parents appeared to transform from the typical role of a helper in the school to an active leader and participant in governance activity. However, movement into these roles was not uniform for all parents. Cultural experiences still seemed to dictate entrenchment in typical roles. When invited, White parents appeared to feel entitled and comfortable in leadership roles while parents of minority status continued to feel limited by majority power and privilege, and by language barriers.

In some schools, participation in decision making is not achieved through typical parent-teacher organizations. Townes, Cole-Henderson, and Respell (2001) reported that parents in four predominantly African-American schools had not organized a formal parent-teacher organization. However, two of the schools had "key" parents involved in decision making. They added that one of the schools was organized through school community partnerships, similar to the principles advocated by Comer, while the other had an organized student/parent management team required by the school district. Finally, even when parental involvement of other types may be higher than expected, participation in decision making may still be low. Bauch (2001) observed that rural schools typically have more parental involvement in the area of volunteering than urban schools, yet still experience low levels of participation into the decision making process of the school.

Other sources suggest that after many years of advocacy for parental involvement in decision making, schools remain relatively closed to actual participation by parents in the governance of the school. Davies (2002) noted that after ten years of school reform which has included a strong emphasis on the need to bring parents into the circle of decision making, only modest gains have been made. Seitsinger and Zera (2002) provided a more pessimistic view. In a qualitative study of two public schools with similar demographics but located in different states, they observed that parents truly had become more involved through school structures organized to address governance. However, they also reported that while parents believed their participation had made them more aware of school processes and needs, they remained relatively isolated from true decision making. Parents reported that the power of the school principal, no matter

how inviting, responsive and open she/he was, and the entrenched bureaucracy of the school system created a wall of separation from actual decision making regarding personnel, budget, and curriculum. This was reported to be the case whether the governance board was mandated by statute or school policy or was formed voluntarily. However, one hopeful finding was that parents still felt they had made some difference simply by being "at the table", and thus influencing the discussion by their presence.

Collaboration with the Community

Epstein (1996) has proposed that schools can "coordinate the work and resources of community businesses, agencies, colleges or universities, and other groups to strengthen school programs, family practices, and student learning and development" (p. 216). Several authors reported parental involvement across several of Epstein's types also involved some component of collaboration with communities (Davies, 2002; Koblinsky, et al., 1993; McMahon, et al., 2001; Smalley, et. al., 2001).

One common area in which collaboration occurs is school involvement with "community based organizations" (CBO's) which partner with schools to provide services related to parental involvement. These organizations often organize on behalf of specific populations within the community. Adger (2001) examined 31 CBO's designed to promote school success in language minority students. The author reported three types of CBO's serving these populations: (1) organizations sponsored by specific ethnic groups serving as general cultural brokers for communities, including the schools; (2) multipurpose organizations which provided more than one program, such as mentoring, tutoring, health and social services, etc.; and, (3) special purpose organizations which operated one specific program. Adger noted that these organizations were effective

because they remained variable and fluid in response to changing needs within the community. They often focused on parents by helping them with parental involvement activity, and assisted with the provision of many social services. Some were successful by maintaining a supportive role within the community. Others promoted the concept of full-service schools, and had assisted in developing a full range of education, health and social services within the school site. Adger suggested that the benefits of these collaborations were deeper than simply providing resources to families. The effort placed families in touch with the community beyond that of the ethnic group and provided positive connections with the larger majority community, thus empowering students and parents to succeed in the larger system.

Collignon, et al., (2001) described similar findings in a study based in New England involving a CBO serving Southeast Asian families. The organization sponsored numerous focus groups for parents to determine the needs of Southeast Asian families in regard to school. As a result, programs were developed to address parent education, health, and social services which would promote stronger parental involvement. Further, the focus groups identified a need for a greater minority group representation in the school faculty, thus a career ladder for fifteen prospective teachers from the Southeast Asia population was established. Last, a summer academy was established in partnership with the CBO and a local university to provide services to students and to introduce them to the college experience. An unanticipated benefit to these efforts was that parents and extended family members within the minority community were identified as "cultural consultants" to the schools, and became providers of information and cultural teaching to the whole system, creating stronger ties between the community and the school.

Qualities inherent in communities may enhance the ability of schools to collaborate on behalf of parents. Crowson and Boyd (2001) suggested that schools should acknowledge the strength inherent in the common history of a community, termed the "shared sense of place and value of localized meaning". They suggest that such strength is available for reaching out to communities on behalf of parents. Utilizing it may allow communities to identify resources that give purpose to supporting schools, as well as provide schools with meaning for helping the community improve. Crowson and Boyd stated that when schools become investors in their neighborhood, they can contribute to regeneration of those very localities by being in touch with day to day activity that is meaningful to the people living there. Bauch (2001) noted similar ideas in describing the inherent strengths of rural communities. The author stated that because rural communities remain close knit and are marked by deep reservoirs of social capital, they often survive budget cuts which devastate other school systems. This social capital is often deposited in religious and other social structures, as well as economic ones, which have been present in the community for generations. As a result, it is the norm for churches and businesses to step in to meet shortfalls on behalf of the students and families who are their neighbors. Bauch noted that businesses often provide school to work opportunities which encourage students to remain in the community rather than moving on to other opportunities. This investment in schools creates awareness among students of both community strengths and community needs, thereby promoting the betterment of the community. This activity then creates more investment in the community by students and families.

The current emphasis on faith based initiatives in addressing social problems is another form of community involvement. Shirley (2001) described the involvement of such initiatives in the collaboration between communities and schools to improve the well being of students and their families. Reporting on the development of two CBO's with ties to interfaith groups located in two Texas cities, the author suggested that two factors enhanced the development of the each CBO from the start. One was the presence of a belief system within the existing religious bodies which promoted services to those in need, and the other was the presence of a strong organizational structure within each religious body. Shirley added that in poor neighborhoods, schools often are not trusted but religious organizations are trusted. Both CBO's worked to establish links between parents, schools, and community officials, and both were successful in establishing health and social services to enhance the ability of families to support the education of their children. While acknowledging legitimate concerns regarding the potential for religious coercion and proselytizing by the involvement of faith-based groups, Shirley also pointed out that the nature of *interfaith* groups mitigated the influence of one particular faith over another and lessened the chance for the occurrence of such problems.

Summarizing Study on Parental Involvement

The usefulness of examining parental involvement through the lens of Epstein's types is evident. Substantial numbers of studies have been categorized here under each type, and their connection to the definition for that type is easily established. It is apparent from this review that more study appears to have been conducted on *Parenting* and *Learning at Home*, though each of the other four types has a rich body of information

to offer. Studies within each type are varied, with both compatible and contrasting findings, which provide a helpful, well rounded view of the subject.

As stated earlier, parental involvement in the education of children matters if it contributes to children's success in school. Parental involvement activity supported by schools, defined by Epstein's parental involvement types, does appear to impact school performance. As discussed in the section on *Parenting*, some studies suggest that school success is associated with parental behaviors that promote independent problem solving and decision making, supported by clear, consistent expectations of children. Others indicate that such success is associated with parental behaviors that promote clarity, warmth, and enthusiasm for school activity. Considering *Communicating*, school success appears to be associated with home-school relations marked by high levels of contact, whether it is achieved through personal interview, telephone, or written notes. Last, *Learning At Home* may have the strongest association with school success. Homes which strongly support literacy, and which are amenable to utilizing school materials to work with children on academic skills are associated with high levels of school performance. Theoretically, schools could indirectly promote higher levels of school success by supporting programs which promote any one of these parental involvement types. To that aim, schools should consider how to better support parental involvement activity.

However, it should also be acknowledged that there are issues which impact school performance and which involve parents that are not within the capability of schools to address. Some studies demonstrated that school success was associated with parental qualities or status dimensions which are not directly related to a parental involvement type as defined by Epstein. Examining NELS, Muller (1993) observed that

the most powerful association with higher levels of school performance was with parents who have higher levels of education, as well as with mothers who work part-time or who remain home. Higher educational levels in parents also predicted higher scores for language and math achievement (Jones & White, 2000). Conversely, Lee (1993), also working from NELS, reported finding lower scores on grades and standardized tests for children in families considered non-traditional in terms of structure, meaning single-parent homes. DeMoss and Vaughn (1999) suggested that parental involvement may be dependent upon a "parent culture" whose members become involved due to inquiry about their children's needs in areas additional to school, and by sharing information with other parents in their social setting. As community partners, schools might influence these issues in promoting the general welfare of citizens in regard to the availability of adult education, adequate employment and child care, and assistance to support families experiencing interpersonal problems. Generally, though, these are areas in which there are no avenues for schools to impact child outcomes through parental involvement activity as defined by Epstein.

The discussion of parental involvement will now conclude. This study involves a second substantive content area, which is foster care, and the literature review will now shift to the exploration of that area.

THE SYSTEM OF FOSTER CARE

Introduction

Living outside of home and away from biological parents continues to be a reality for hundreds of thousands of children in the United States. The Adoption and Foster Care Analysis and Reporting System utilized by the Children's Bureau of the United States

Department of Health & Human Services, reported that as of September 1999, an estimated 581,000 children resided in some form of care outside of their own homes (United States Department of Health & Human Services, 2003). Of this population, 26% lived in non-relative foster family homes, 47% lived in relative foster family homes, 10% lived in institutions, and 8% lived in group homes. The remaining 9% resided in pre-adoptive placements, trial home settings, supervised independent living arrangements, or were on runaway status. The mean length of stay in substitute care was 2.7 years, though the stated case goal for 42% of these children was reunification with their families. The mean age for these children was 9.9 years of age, with 17% age 5 or older. These numbers suggest that the typical school age child in foster care is away from parents for a significant amount of time in his early years, as well as from his home school, and becomes dependent upon new care providers and teachers to address his educational needs.

In the state of Oklahoma, the Department of Human Services-Children and Family Services Division reported 6,276 children resided in substitute care during an average month in FY2002 (Oklahoma Department of Human Services, 2002). Of this population, 44.6% lived in Foster Family Care (non-relative), 45.6% lived in Kinship Foster Care (relative and non-relative), 8.3% lived in tribal foster care, and 1.5% lived in foster homes administered by the Department of Human Services-Developmental Disability Services Division. Children age 5 to 12 numbered 40.5% of the total count of children in foster care.

Historical Perspective on Caring for Children Outside of Their Homes

Kadushin and Martin (1988) stated that from ancient societies to the early eighteenth century in Western Europe, abortion and infanticide, officially sanctioned or ignored, were the practices utilized to eliminate unwanted children. While children of the poor were most vulnerable, prevailing, negative attitudes about illegitimacy, disability, and gender influenced all levels of society to participate in the killing of unwanted children. Some societies utilized different practices. Ancient Jewish law and custom provided for the care of children lacking parents by placing them with relatives. The early Christian church often ordered the placement of destitute children with "worthy widows." These groups also began establishing hospitals and institutions to provide for abandoned and orphaned children. As religious and secular influences gradually changed attitudes in this area, abortion and infanticide decreased, yet the alternative of abandoning children became the substitute practice. Even if found alive, the mortality rate was still very high for children placed in hospitals and foundling homes. Eighteenth century reporting sources in France, Ireland, and England estimated mortality rates for abandoned infants ranged from fifty to eighty percent. Thurston's classic study on the history of dependent children, published in 1930 (as cited in Kadushin & Martin, 1988), identified indentured servant-hood as an acceptable placement for abandoned and orphaned children, and for those whom families could not support. He also found abuse, neglect and exploitation were common experiences for many such children, but acceptance as legal members of the family also occurred for some. By the late eighteenth and early nineteenth centuries, government and secular societies began to take a role in the effort to address the needs of these children.

The advent of the modern foster care system in America can be attributed to Charles Loring Brace, who established The Placing Out System in 1853 while working for the New York Children's Aid Society (Kadushin & Martin, 1988). While the Society served hundreds of vagrant street children in institutional care, Brace organized efforts to move many of these children to family placements in rural communities where they could receive adequate care while providing labor for farmers, small businessmen, and manufacturers. While mainly directed toward orphaned children, The Placing Out System also served children whose parents could not or would not provide adequate care. However, children who were physically ill, mentally handicapped, or known to be incorrigible were eliminated from consideration. It is estimated that The Placing Out System sent over 100,000 children to rural foster homes between 1854 and 1929. Those who rode the trains to the West and the South found varied experiences waiting for them, ranging from cruel to nurturing and caring foster parents. However, unique to The Placing Out System was an organized, systematic effort to attempt to insure adequate treatment of the children once they arrived. Society workers accompanied the children on the trains and were met by representatives of community committees composed of prominent local ministers, doctors, newspaper editors, and businessmen. These committees, formed at the request of the Society, established procedures for recruitment, evaluation, and monitoring of placements. The Society maintained custody and could remove children if it was established that they were being mistreated, though community politics often interfered. Dr. Hastings Hart, an early child welfare worker, observed that members of the local committees often did not want to offend the parishioners, customers, and patients who comprised the group of potential foster families, and that

many committees consented to arrangements contrary to their better judgment (as cited in Kadushin & Martin, 1988). Dr. Hart observed:

> The evil is proved by the fact that, while the younger children are taken by motives of benevolence and are uniformly well treated, the older ones are, in the majority of the cases, taken from motives of profit, and are expected to earn their way from the start (p. 348).

Other criticisms of the program suggested that the placements were indentured servant roles in charitable disguise, that The Placing Out System was an attempt to dislodge Catholic children from their religious heritage (the Society was a Protestant group), and that the best interests of children and their families were not served. Though evaluation suggested a mixed view of the success of The Placing Out System, the effort sparked the development of more regionalized efforts to address alternative care for children, and established early principles for conducting such programs. By 1923, thirty-four states had established associations linked with the State Children's Home Society, representing sectarian as well as non-sectarian groups such as the Jewish Child Care Association of New York City and the Boston Children's Aid Society. Further, some of these efforts began redirecting thinking on the purpose of foster care. Charles Birtwell encouraged the Boston Children's Aid Society to consider what a child needed in regard to placement, as opposed to simply where they might live. His efforts helped establish the case-by-case approach, which focused on the individual needs of children and advocated foster care as a temporary placement until children could be reunited with their birth families.

At the end of the nineteenth century, institutions and foster homes continued to exist, with some institutions maintaining limited family care components to serve infants needing wet nurses and adolescents needing transitional placements into adult life (Kadushin & Martin, 1988). Beginning with the twentieth century, significant events brought foster family care into the officially sanctioned, bureaucratically managed system that it is today. At that point in time, many reformers expressed strong complaints that foster family placements for older children were merely indentured servant roles common in the early part of the nineteenth century, and that younger children remained in institutions. In 1900, J. M. Mulrey (as cited in Kadushin & Martin, 1988) published a report submitted by prominent child welfare workers to the 1899 National Conference of Correction and Charities that recommended foster family care as a first choice for children needing non-relative, alternate living arrangements. The First White House Conference on Children seconded this recommendation in 1909, emphasizing the need to keep children with birth families, if at all possible, and added the principle that foster family homes should be selected with care. It also recommended the establishment of the U.S. Children's Bureau, which was achieved in 1912 (Trattner, 1999). These efforts added temporary services to the existing focus on long term care for children with inadequate parents and created a complex child welfare system of governmental and private agencies. This new effort established the primary goal of maintaining children with birth families, if possible, or working expediently toward reunification if placement was necessary (Pecora, Whittaker, Maluccio, Barth & Plotnick, 1992). Subsequent to this, two federal laws were passed, which affected, though did not directly address, foster care. They were the Sheppard-Towner Act of 1921 and the Social Security Act of 1935

(Trattner, 1999). The Sheppard-Towner Act provided funding for research on maternal and child health, as well for the development of services to prevent and reduce infant and mother mortality. Prompted by the success of Sheppard-Towner, the Social Security Act of 1935 established pensions for widows to support dependent children, an effort to prevent the unnecessary placement of children away from their mothers, but also provided for child welfare services for "dependent and neglected children", mainly in terms of research and assistance to states for foster care and adoption programs (Crosson-Tower, 2002).

In the modern era, the Child Abuse Prevention and Treatment Act of 1974 (PL 93-247) represented the landmark event affecting foster care in the United States. This legislation established a comprehensive identification and service delivery system to address child maltreatment. Before PL 93-247, foster care was viewed as a system primarily designed to care for children without parents, but the passage of this legislation added the role of providing placement for children identified as suffering maltreatment. This transformation increased the number of children needing placement, placed tremendous pressure on the system, and heightened existing criticisms of the foster care system. (Kadushin & Martin, 1988). These criticisms included concern about the number of children in care, extended length of stay, lack of clear planning for reunification with birth families, and a perceived lack of respect for cultural issues.

Significant public debate spurred the passage of additional federal legislation in the form of The Indian Child Welfare Act of 1978 (PL 95-608) and the Adoption Assistance and Child Welfare Act of 1980 (PL 96-272). As discussed by Pecora et al. (1992), The Indian Child Welfare Act ordered state systems to recognize the unique

culture of Native Americans by preventing the isolation of Indian children from their

culture when developing procedures for temporary placement. These included a

requirement to consider Indian foster families as a first choice; support for tribal courts as

a primary venue for addressing the needs of Indian children in placement; establishment

of the legal right of tribes to overturn any placement that does not conform to the

requirements of the Act; and, identification of additional issues relating to the provision

of child welfare services to Indian families. The Adoption Assistance and Child Welfare

Act mandated states to expand program components designed to prevent placement. It

also required more initial planning for children needing placement so that permanency in

the living arrangement of the child could be achieved as soon as possible. Such

components included funding to assist in the adoption of children with special needs.

Recent Programmatic Developments

Two of the most significant changes in recent history that impact foster care

services are the development of family reunification efforts and growth and renewed

emphasis on kinship foster care. Both have received some impetus from the permanency

planning movement of the late 1970's as well as the passage of Public Law 96-272 in

1980 (Melton & Barry, 1994; Pine, Warsh, & Maluccio, 1993). Permanency planning

launched comprehensive casework efforts to make children in long term foster care free

for adoption and to prevent children from remaining in foster care for extended periods.

Public Law 96-272 required states to implement intensive services for families at risk of

having their children removed from the home through an emergency custody

arrangement in order to prevent unwarranted foster care. A brief description of family

reunification and kinship care follows.

The family reunification movement coincided with a tremendous increase in the study of the American family (Pine, Warsh, & Maluccio, 1993). While up to 1980 most behavioral studies had focused on the individual, research began to focus on the immediate context in which the individual lived. When states began to face the requirements of the effort to prevent placements as a result of Public Law 96-272, these separate interests in families merged to focus on strengthening families as a means for addressing child welfare goals. It was hoped that such efforts would address a variety of problems in the child welfare field by improving services to families by either preventing placement or reducing the time children spent in foster care (Pecora, et al., 1992). Principles of family reunification programs called for: (a) a respect and regard for biological families as the best place for children, if safety could be assured; (b) culturally sensitive practice models; (c) ecologically and competency based perspectives; (d) commitment to early and consistent contact between children and birth families; and, (e) partnerships between family, caseworker, foster family, and other service providers. The suggestion that foster families be considered as members of the child welfare team meant that contact between birth families and foster families had become a possible avenue of service. The nature of this contact was one of both promise and concern. While it was acknowledged that foster families had much to provide to birth families, such as assurance to the family about who was caring for their children and mentoring relationships for parents needing guidance in parenting, it was also clear that problems could result if issues of safety and control were not addressed.

While placement with relatives has always been an option for the caseworker, current practices in kinship care have become a primary source of assistance for children

who must be removed from their homes. Agencies have been staggered by the growth of the numbers of children in care and often find they do not have an adequate number of traditional foster homes to accommodate need. Kinship foster parents may be related by blood or may be adults who have held a significant, close relationship with the child. This relationship creates an opportunity to provide a placement setting less psychologically intrusive than typical foster care because the child lives with someone with whom they are somewhat familiar (Rycus & Hughes, 1998). As stated earlier, 29% of the children in foster care in the United States live in kinship arrangements. In Oklahoma, 36% of the children placed outside of their birth families in 1999 lived in some type of kinship foster care arrangement. This was an increase from 1998 when only 23% of children lived in kinship foster care (Oklahoma Department of Human Services, 1999). An issue faced by the child protection system in utilizing kinship care is the concern that kinship care providers are the families in which the parents of children in care were reared. This is especially of concern if the reason children are currently in care is due to violence or sexual molestation. However, some early trends seem to indicate that children can do as well placed with their relatives as they can in typical foster care (Charon & Nackerud, 1996).

<div align="center">Research on Foster Care</div>

<div align="center">*Seminal Research on Foster Parents from Fanshel*</div>

Introduction

One of the earliest and most comprehensive examinations of foster parents and their role in the lives of children in foster care was conducted by Fanshel (1966). Completed eight years before the Child Abuse Prevention and Treatment Act and the

advent of large-scale public child welfare services, this research was limited to a study of the system that existed at that time: private, not-for-profit agencies with foster care programs. Information was gathered from a survey of 101 foster families divided into two groups, 62 serving infants and 39 serving older children. In addition to demographic data, Fanshel recorded findings about satisfaction in being a foster parent; perceptions about roles and responsibilities, and challenges faced by foster parents. Also, he added a unique dimension by interviewing foster fathers, participants rarely considered in foster care research.

Foster Mothers

Demographic data. The typical foster mother in families serving both infants and older children was 40 years old, had been married for 10 years, and was caring for at least 1 biological child. She had at least 2 years of high school, and was reared in a modest, rural environment with a large number of siblings. She had been a foster mother for 5 years and had provided care for between 5 and 10 children during that time. Less than half had been with the foster care agency less than 3 years. Seventy-five percent of those caring for infants and 62% of those caring for older children had parented a biological child before becoming a foster mother, and two of three still had biological children in the home. Forty percent of the mothers had been married for at least 24 years, and 29% had graduated from high school.

Satisfaction with foster parent role. Fanshel surveyed participants regarding their perceived satisfaction with their role as a foster parent. On the whole, foster mothers expressed enthusiasm about the role of foster parent and believed it was meaningful to their lives. Satisfaction in the role of foster parent differed by age of child fostered. Those

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caring for infants derived satisfaction from feelings of gratification resulting from daily contact with children, while those caring for older children derived it from an altruistic sense that they were providing an important service to children in their communities. Most expressed the opinion that becoming a foster parent was more satisfying than they had expected, and a few said it was much more so.

Roles and responsibilities. Foster mothers identified themselves as the primary person involved in meeting the needs of the child in foster care. A little over half expressed the belief that it was their sole responsibility to take children to medical appointments, as well to raise issues about the children with the caseworker.

Challenges Participants in this study also discussed the challenges foster children presented. Caring for a child with a mental disability was viewed as particularly challenging. Twenty-eight percent of those caring for infants and 15% caring for older children stated they could not accept the task of parenting a child with mental disability. Two thirds identified either handling destructive behavior in children or caring for a colicky baby as the most challenging aspect of foster parenting. The pain of separation, as experienced by the child as well as the foster mother, was also identified as a challenging part of providing care. Eighty percent stated helping a child who was grieving for birth parents was decidedly difficult. They also noted difficulty when children in care moved from the foster home, particularly those foster mothers caring for infants. Thirty-seven percent of those caring for infants and 10% of those caring for older children said these separations were always painful.

Foster Fathers

Limited data. Foster fathers in this sample were interviewed on only a limited

basis because concern was expressed by both the agency and foster mothers that the

lengthy interview format of the study might be too demanding for foster fathers. This

opinion appears to reflect prevailing attitudes in the mid-1960's that fathers, generally,

were on the periphery of child care activities. Even so, Fanshel (1966) pressed for some

volume of data collection, but did not include demographic data comparable to that

obtained for foster mothers.

Satisfaction with the role of foster parent. Though few foster fathers had initiated

becoming a foster parent, most had quickly identified with the role, and half expressed

the opinion that it had been more satisfying than they had expected. Most foster fathers

stated their satisfaction came from what Fanshel described as a philanthropic role of

helping the disadvantaged. They expressed the opinion that the existing foster care

system was good and could make up for deprivations the child had previously

experienced.

Roles and responsibilities. Two thirds of the foster fathers stated they believed

that contact with the caseworker was the responsibility of the foster mother. They

believed that being a foster parent was just as important to them as it was to their wives,

though it appeared that foster fathers participated in their role with less intensity than did

foster mothers. This finding also appears to reflect prevailing views during the mid-

1960's.

*Challenges.*Like foster mothers, foster fathers identified the experience of separation as one of the most difficult to manage. At least two thirds stated they experienced the movement of foster children from their home as painful to very painful.

<div align="center">*Current Research on Foster Parents*</div>

Introduction

The system of foster care has changed since Fanshel first studied foster parents. Rhodes (1993) suggested that the role has evolved into a more professional one due to the presence of more difficult behaviors in the children in care, a stronger emphasis on returning children home, and greater diversification among those recruited to provide care. While foster care has grown more complex since the work of Fanshel, foster parents have remained very similar to those he described. Typically, they reside in middle-income families, have moderate levels of education, and are married (Denby, Rindfleisch, & Bean, 1999; Fees, et al., 1998; Sanchirico, Lau, Jablonka, & Russell, 1998).

Single Foster Parents

One significant development since Fanshel is the increase in the number of single foster parents (Fein et al., 1990). In their study of long-term foster care, Fein and colleagues found that one third of the foster parents they interviewed were single mothers. Comparing these mothers with married women in the study revealed considerable differences. Single mother foster parents were older, more likely to be of minority status, and had achieved lower levels of education than married foster mothers. Though many were employed, 47% had an annual household income of less than $10,000, and were more likely to utilize public housing and public assistance. At the same time, single foster parents were more likely to care for sibling groups and for

children in need of special education. In summary, Fein et al. presented a daunting portrait of single foster mothers who assumed tremendous responsibilities with limited resources.

Satisfaction with the Role of Foster Parent.

Understanding the feelings of satisfaction expressed about being a foster parent is important to addressing the needs of those who assume this role. In spite of parenting children in foster care who present significant challenges, most foster parents appear to be satisfied with their role (Denby & Rindfleisch, 1996; Denby et al., 1999; Sanchirico et al., 1998; Sellick, 1996). Satisfaction becomes an important factor in the retention of foster homes for the increasing numbers of children needing placement. Denby et al., (1999) reported that foster parents in Ohio who expressed higher levels of satisfaction also expressed stronger statements regarding the intent to continue fostering. In this study, 84% of the foster parents stated they were highly satisfied with their role as foster parent.

Individual factors influenced the level of satisfaction expressed about being a foster parent. Individuals who were older and more experienced in the role of foster parent expressed higher levels of satisfaction with that role (Fees et. al., 1998; Sanchirico et al., 1998). Those who held altruistic feelings about helping children also expressed higher levels of satisfaction (Denby et al., 1999). Some factors which influenced satisfaction were associated with the process of becoming a foster parent. Those who were satisfied with their pre-service training to become a foster parent also were more satisfied with their role (Fees et al., 1998). However, those who had obtained higher levels of education were less satisfied with that training. Additionally, Sanchirico and

colleagues observed that foster parents who had obtained higher levels of education were also less satisfied with the role of foster parent.

The quality of the relationship with the agency caseworker is reported as a strong influence upon the level of satisfaction expressed by the foster parent. This relationship is embedded within the process of *service planning*, which is the effort to assess the needs of children in foster care, and to provide the resources needed to mitigate the effects of maltreatment and enhance well being (Rycus & Hughes, 1988). This process is most effective for the child when it is a joint effort between foster parents, caseworkers, birth parents, teachers, therapist, and other significant persons in the life of the child. The key to foster parent satisfaction is the quality of involvement in service planning, specifically defined as how well the agency initiates and sustains foster parent participation in planning and decision making about the child in foster care. Foster parents who report high levels of involvement in service planning also report more satisfaction with the role of foster parent (Sanchirico et al, 1998). Since the caseworker is the gatekeeper to the service planning process, the quality of interaction they initiate strongly influences the level of participation of the foster parent. Foster parents reported higher quality of involvement in service planning when they were served by caseworkers who (1) provided medical, social and psychological information about the child; (2) made regular contact with the foster parent; and, (3) voiced support and approval for the foster parent's performance. Concurrently with this quality of involvement, foster parents also reported greater satisfaction with the role of foster parent (Denby et al., 1999; Sanchirico et al., 1998). In a similar finding by Sellick (1996), foster parents reported more satisfaction with their role in service planning when caseworkers demonstrated professional skills

(e.g., quality and quantity of written communication) and persistence and follow-through in meeting foster parent requests. Individual characteristics can also influence service planning in the same way they directly influence satisfaction with the role of foster parent. Sanchirico and colleagues observed that foster parents who were older, more educated, and who provided care for children with special needs reported a lower quality of involvement in service planning.

Level of satisfaction with the role of foster parent can be different in regard to minority status (Denby & Rindfleisch, 1996). African-American foster parents were more satisfied when the financial burden of assuming care for additional children was lessened and when they experienced few allegations of abuse or neglect of the foster child. Additionally, satisfaction was associated with lack of resentment by birth children regarding the child in care, absence of regret about the investment of time and energy, feeling competent to handle the child's problems, opportunities to share experiences with other foster parents, and involvement with caseworkers who showed approval for work well done. Satisfaction for Caucasian foster parents was associated with being older, working for a private foster care agency, feeling competent to handle the child's problems, and having no regrets about the investment of time and energy.

Denby and Rindfleisch (1996) also reported differences between racial groups regarding satisfaction and the role of the agency and caseworker in serving the foster parent. While Caucasian foster parents expressed more agreement with the agency about expectations for their role, African-American foster parents reported more satisfaction with the level of information shared by the caseworker and with their treatment as a team member. They stated they could contact their caseworker with problems and receive

effective help. Also, African-American foster parents expressed less concern than did Caucasian foster parents about any conflict that arose with the caseworker.

Relatives as Providers of Foster Care

The substantial increase in the use of relatives as formal foster care providers has been accompanied by numerous studies about this particular care arrangement. These studies have established a view of kinship caregivers which is somewhat different from that of typical foster parents. Kinship foster parents were more likely to be single women, members of ethnic minority groups, less educated, older, and with lower household incomes (Berrick, Barth & Needell, 1994; Gebel, 1996; Pecora, Le Prohn, & Nasuti, 1999; Scannapieco, 1999). They also appeared to experience more stressors than typical foster parents. Scannapieco (1999) reported that 48% of kinship foster parents were employed outside of the home, and that their health status was significantly poorer as compared to typical foster parents. This is supported by other findings which suggest that kinship foster parents reported moderate levels of caregiver burden and high levels of emotional distress (Cimmarusti, 1999; Petras, 1999). This stress is understandable in that kinship foster parents indicated they often provide care for children who are hard to place due to the presence of disability, or medical and behavioral problems (Petras, 1999; Scannapieco, 1999). This stress is exacerbated by the lower levels of income prevalent in kinship foster homes as reported earlier. In response to these difficulties, many reported that family, church, and friends are the most likely sources of help when coping with such challenges (Cimmarusti, 1999; Pecora et. al., 1999).

While acknowledging these challenges, kinship foster parents also report positive views of their role in providing care for children. Gebel (1999) found that kinship foster

parents were more likely than typical foster parents to describe children in their care as "good natured", and less likely as "difficult to handle". They also reported more success than typical foster parents in addressing some of the critical issues facing the child in temporary care. Kinship foster parents were more likely to support and facilitate contact between the child in foster care and the birth parent, provide care for sibling groups, and retain children in their home and prevent them from being moved (Gleeson, 1999; Pecora et. al., 1999; Scannapieco, 1999; Testa & Pollock, 1999). At the same time, they were less likely to adopt the child or assume legal guardianship, preferring to provide care for as long as needed while not interfering with the legal status of the birth parent. Testa and Pollock (1999) observed that kinship foster parents reported a high sense of preparedness to handle the problems encountered in their role. However, on issues such as working with teachers, talking to counselors for children in care, deciding the best way to discipline the children, and responding to medical emergencies at school, they reported lower levels of performance than typical foster parents (Pecora et. al., 1999).

Interactions between kinship foster parents and foster care agencies are also different than those involving typical foster parents. This relationship has a significant effect on the care provided to the child, as noted by Altshuler (1998), who found that the wellbeing of a child in kinship care was associated with a caseworker's positive assessment of the caregiver's ability to provide for the child. However, the relationship between the agency and the kinship provider can be problematic. Kinship foster parents, as do typical foster parents, cited the turnover of caseworkers as an added burden on their ability to provide care for children (Cimmarusti, 1999). They also reported experiencing more disrespectful treatment, unprofessional manners, and difficulty in having their

requests handled in a timely manner. Kinship foster parents also are less likely to receive

their monthly casework visit or to be offered services to assist in providing care for the

child (Gebel, 1996; Scannapieco, 1999). In spite of these disparities, Pecora and

colleagues (1999) observed that kinship foster parents, particularly those with lower

incomes, often reported a stronger sense of partnership with the foster care agency than

did typical foster parents.

<div align="center">*Current Research on Children in Foster Care*</div>

Race, Culture and Socioeconomic Status

     One persistent issue within foster care is the over representation of minority

children in foster care, as well as in other out of home placement settings (Fein et al.,

1990; Pecora et al, 1992; Scannapieco, 1999). In the U. S. 2000 census African-

Americans represented 12.9% of the population and American Indians represented 1.5%

(U.S. Census Bureau, 2000), yet 38% of the children in foster care on September 30,

2001 were African-American and 2% were American Indian (United States Department

of Health and Human Services, 2003). In the state of Oklahoma, a similar situation was

found. The U.S. Census Bureau (2000) reported 7.6% of Oklahomans are African-

American and 7.9% are Native American, yet these ethnic groups each represent 20% of

the children in foster care (Oklahoma Department of Human Services, 2003).

     Some studies suggest that the over representation of African-American children in

foster care is most prevalent for children under 12 years of age, suggesting that young

African-American children are removed from their parents at a higher rate than are other

children (Fein et. al., 1990; Pecora et al., 1992). However, African-American adolescents

are most often placed in group homes or residential care, instead of foster care or in-

patient mental health treatment settings. While group home and residential care are less

restrictive placements, they are more restrictive than foster care, where more Caucasian

adolescents are placed. In-patient mental health treatment is more restrictive than foster

care, group home, or residential placement, but also provides critical mental health

treatment. Again, Caucasian youth are more likely to be placed in this setting than are

African-American youth. This raises a question of equitable treatment, and is similar to

concerns expressed about the overrepresentation of African-American men in penal and

state mental health facilities (Fein et al., 1990). An added dimension is that many adults

in prison and in state administered residential mental health facilities were also in foster

care for long periods of time.

Effects of Maltreatment on Children

Most children in foster care have been removed from their homes by state human

services agencies because their parents have not protected them from physical abuse,

neglect, or sexual abuse (Crosson-Tower, 2002; Rycus & Hughes, 1988). Parents who

maltreated their children often expressed difficulty with their relationship with their child,

and reported less enjoyment in parenting (Aber, Allen, Carlson, & Cicchetti, 1989).

When they lack support from community resources, they report even more

symptomology in their children's behavior. Iverson and Segal (1992) observed that

parents who maltreat also encourage less autonomy in their children, which is associated

with lower scores on tests for cognitive maturity. Parents who maltreat also spend less

time interacting with their children and elicit more negative responses from them.

This problematic parenting is likely to have a negative psychological impact on

the child, which can promote anxiety, depression, disassociation, detachment, cognitive

distortion, aggression, and sexualized behavior (Briere, 1992; Gil & Johnson, 1993).

Children who are maltreated may demonstrate significant problems in varied domains of development, and problems may occur long before they reach school, often beginning with attachment problems (Egelund & Sroufe, 1981; Aber & Allen, 1987; Crittenden & DiLalla, 1988). As early as twelve months, children who have experienced physical abuse and/or neglect show higher rates of anxious/avoidant and anxious/resistant patterns of attachment than non-abused children (Egelund & Sroufe, 1981). At the age of three and one-half years, they exhibit more negative affect, poor self-control, inflexibility, poor affective responses to their mothers, and less creativity than non-maltreated children (Egelund, Sroufe, & Erickson, 1983). As many as 31% of children who are maltreated may have a disability and receive special education services (Sullivan & Knutson, 2000).

Differential effects are reported according to maltreatment types (Crittenden & DiLalla, 1988; Egelund et. al, 1983). Children who experienced excessive maternal control and hostility, to the extent assessed as psychological maltreatment, often develop compulsive compliance patterns as toddlers instead of the typical negativism most often associated with this age. When the psychological maltreatment is a result of a mother who is unavailable to the child, children often become avoidant of that mother, as well as angry and non-compliant. Children who experienced neglect often exhibit passivity as toddlers, but develop more negativism as they grew older. Eventually, they become resistant, distractible, inflexible, and avoidant of their mothers. Of all children who have experienced maltreatment, those from neglectful environments exhibit the most negativity, dependence, and lack of ego control. Physically abused toddlers often exhibit negativism and other behaviors typical for their developmental age which do not impede

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adaptation to their environment, but also exhibit non-compliance, negativity, and problems in self-identity and personal competence at levels which do create problems in adjustment.

Iverson and Segal (1992) found that maltreated children often experience great difficulty with social skills. They exhibit less positive peer interactions than children not maltreated, and are less effective in approach behaviors when initiating play with other children. Neglected children are more often rejected or ignored by peers than any other child with a maltreatment history. Children who were psychologically neglected by periods of isolation from parent-child interactions, but who also experienced problematic levels of parental criticism when parents did give them attention, were more aggressive on the playground and were rejected more often by their peers.

Effects of Foster Care Placement on Children

Children who suffer maltreatment may experience an additional negative impact on their development when removed from parents and guardians in order to protect them from further maltreatment (American Academy of Pediatrics, 2000). Placement in foster care is often associated with lower measures of child well-being, but such findings are obviously affected by the fact that most children in foster care are also victims of maltreatment. Though the findings may be mixed, this literature is significant to understanding what children in foster care bring to their educational experience.

The general health of children in foster care is more problematic than for those in the general population. McNichol (1999) observed that many enter foster care because of substance abuse in their families, and these children may have serious health problems due to exposure to the same drugs. This author reported that of 204 infants placed within

two large counties in California, 71% tested positive for cocaine exposure and 20% for amphetamine exposure. These children had a higher incidence of asthma, delayed physical growth, and eating/sleeping problems, which created greater demands on their foster parents. A side effect of chronic health problems may impact the nature of their foster care placement. Benedict and White (1991) reported that children in foster care with health problems, whether related to illness or injury, remained in placement longer than other children in foster care.

Halforn, Mendonca, and Berkowitz (1995) reported that children in foster care experienced higher rates of developmental delays and chronic illnesses than children not in foster care. As many as 54% of children in foster care may have one or more disabling conditions, the most common of which is emotional/behavioral disturbance, followed by developmental disabilities, mental handicaps, and learning disabilities (English, Kouidou-Giles, & Plocke, 1994; Starr, Dubowitz, Harrington, & Feigelman, 1999; Sullivan & Knutson, 2000). This high rate of emotional/behavioral disturbance increases the chance of placement in residential and hospital settings (Staff & Fine, 1995).

The type of foster care placement experienced appears to influence the emotional well-being of the child in foster care. Children placed long-term with relatives in kinship foster care homes appeared to evidence less severe behavior problems than children placed long-term in typical foster care homes. Keller et al. (2001), using the Achenbach Child Behavior Checklist, observed that the percentage of children who scored above the clinical cutoff rate for behavior problems was the same whether they live in kinship foster care or in the homes of their birth parents. However, children who lived in typical foster care homes scored above the clinical cutoff for behavior problems at a higher rate than

either children in kinship care or in the homes of their birth parents. This positive finding for children placed in kinship foster care is tempered by the fact that on scales for school competence, thought problems, and delinquent behavior, they scored above the clinical cut-off for problems at a higher rate than children living with their birth parents.

The effects of placement in foster care on wellbeing may extend beyond childhood and adolescence. Individuals who experienced a stay in foster care of at least four months in childhood reported persistent depression, lower self-esteem, and difficulty in social-relational functioning in adulthood (Cook-Fong, 2000). However, the type of foster care experienced may mediate this relationship. Zuravin, Benedict, and Stallings (1999) observed that individuals reared in foster care by relatives reported an overall higher level of wellbeing as adults than those reared in foster care by non-relatives. Exceptions included those individuals who were homeless and with a low income level.

Other factors associated with foster care status impact children. Some report that homelessness is associated with foster care placement. Pinkerton and Stein (1995) observed that 20% of the children in foster care in Belfast, Northern Ireland, and Leeds, England were judged to have been homeless at some point before their placement in foster care. One third of these children who had been homeless were also identified as having a disability.

Involvement in criminal or delinquent activity is also associated with foster care status. Examining the National Longitudinal Study of Youth for 1989, Prosser (1997) reported that youth removed from their parents for at least 4 months were more likely to have had trouble with the police, drugs, or alcohol before age 15. They were also less likely to graduate from high school. Last, foster care does not always offer the protection

intended, and some children experience maltreatment by foster parents (Child Welfare

League of America, 2000a; Child Welfare League of America, 2000b). Child welfare

data reported by the states suggests that 0.86 of the perpetrators of maltreatment and

1.2% of those who are responsible for non-accidental death are foster parents. Children in

foster care who experienced maltreatment by foster parents had twice as many

placements as children not maltreated by foster parents. (Benedict, Zuravin, Somerfield,

& Brandt, (1996). They also had significantly more health, developmental, behavior, and

mental problems, and experienced more performance and adjustment problems in school.

The well-being of children in foster care is influenced by the interpersonal

relationship with their foster parents (Kufeldt, Armstrong, & Dorosh, 1995). Most

children reported that their foster parents were "normal", defined as able to accomplish

family tasks, communicate adequately, express affect in positive ways, and demonstrate

acceptable values and norms; they also believed that their foster parents were more

normal than their biological parents. Children involved in weekly visitation with their

biological parents were most likely to view foster parents positively. Wilson and Conroy

(1999) observed that 81.5% of the children in their study stated they were happy to very

happy with their placement, and 80% stated they felt loved and safe.

On the other hand, Buchanon (1995) reported mixed perceptions from children

about their placement in foster care. Children in this study, age 12 to 17 years, reported a

need for more information about the progress of their case and their legal rights, and for

more contact with their families. They expressed concerns about the stigma of being in

foster care and the loss of familiar connections with birth families, friends, and schools.

Of greatest concern, 25% of the children in this sample reported that they had made some

attempt at suicide after placement in foster care. On a positive note, children who were open about expressing their concerns were those who reported that they received adequate help from their foster parents, and who participated in ongoing discussions with them regarding the progress of their case.

Well-being is also influenced by the relationship children have with their caseworkers. However, children are more ambivalent about this relationship than that with foster parents (Wilson & Conroy, 1999). While 71% of the children reported they were happy to very happy with their caseworker, they also made negative comments about the caseworker regarding accessibility and dependability in carrying through on requests made by the children. The requests often pertained to visitation with their birth parents, and were accompanied by complaints of limited or no contact with their families. Children in foster care also stressed the importance of remaining connected to their past. Buchanon (1995) observed that children in foster care reported that caseworkers often discounted existing relationships with birth families and former foster parents by placing too much emphasis on relationships resulting from new placements. Children in this study also reported that caseworkers were unavailable for consultation.

Effects of Maltreatment on School Performance

The negative impact of maltreatment on the general well-being of children, which includes those in foster care, suggests that school performance will be a tremendous challenge, beginning with their earliest school experience. Egelund et al. (1983) reported that children birth to three years of age who experienced maltreatment expressed compulsive patterns of compliance, passivity, and negativity. They also evidenced an inhibited development of self-identity and personal competence, a distorted perception of

reality, and behavioral/affective responses which did not appear to reflect their true feelings. Children age five years and younger who had experienced maltreatment were reported to be more distractible, as well as less persistent and enthusiastic in learning tasks. Aber and Allen (1987) observed that as early as pre-school and the primary grades, children who have experienced maltreatment show less secure readiness to learn than children not experiencing maltreatment. These children also placed greater reliance on external cues than on internal cognitive resources for task completion.

Once children who experience maltreatment move into the primary and secondary grades, the impact on school performance becomes more obvious. Eckenrode, Laird, and Doris (1993) examined the effects of maltreatment on 420 children without respect to placement status. Because neglect was overwhelmingly represented in their initial sample, they adopted a stratified sampling plan to obtain an adequate representation of children who had experienced physical, sexual, and multiple forms of maltreatment. These children were matched with a non-maltreated comparison group on several demographic variables. Then, school records were examined to obtain standardized test scores, grades for English, reading, and math, and evidence of grade repetition and discipline problems. Maltreated children, as a whole, scored significantly below their non-maltreated peers on standardized tests for reading and math, as did sub-groups of those who experienced only neglect or a combination of neglect and sexual abuse. Also, maltreated children were 2.5 times as likely to have repeated a grade, and had accumulated more discipline referrals and school suspensions.

Using the same sample as Eckenrode et al. (1993), Kendall-Tackett and Eckenrode (1996) reported that grades earned for reading and math were lower for

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children who experienced only neglect, or combined neglect and physical abuse, than for those who experienced only physical abuse. Similar findings were reported by Leitner and Johnson (1994), who found substantial deficits in cognitive performance for children who were maltreated, even after accounting for the effect of poverty. School performance for children who experienced maltreatment was similar, regarding gender differences, to that of children who had not experienced maltreatment. (Kendall-Tackett, 1997). The authors observed that the typical pattern for all children was for males and females to experience a significant drop in math and English grades between elementary school and middle school. Upon entering high school, male students experienced a rise in performance on both content areas, but females experienced a continued drop in math scores. However, while male and female children experiencing neglect followed the same pattern, all scores for both content areas and at each level of schooling were still significantly lower for maltreated children than for those who had not experienced maltreatment.

Foster Care and School Performance

The dual impact of maltreatment and separation from primary and secondary caregivers often results in a significant, negative impact on the school performance of the child. School experience for these children is also impacted by having lived in homes disadvantaged by poverty, multiple deprivations, and emotional turmoil (Aldgate, 1994; Fletcher-Campbell & Hall, 1990; Prosser, 1997). In general, findings about foster children and school performance parallel those about children who are maltreated. Since they so often occur in tandem, it is difficult to separate the effects of foster care on school performance from that of prior maltreatment (Prosser, 1997).

Several studies document academic difficulties experienced by children in foster care. Fletcher-Campbell and Hall (1990) reported that 56% of the children in foster care had significant problems in school. Sawyer and Dubowitz (1994) found that 41% of children in foster care had been retained in grade once, and 34% had failed an elementary grade. Smucker, Kauffman, and Ball (1996) reported that children in foster care were retained in grade more often than typical children, regardless of whether or not they were assessed as emotionally disturbed. Children in foster care often exhibit sub-standard performance in academic skills. Hahn (1994), reviewing records for 231 youths in foster care, age 16 to 19, found that, in contrast to their typical school placement of 11th grade, their average reading level was 7th grade and their mean math score was 6th grade. Colton and Heath (1994) reported that even when children entered foster care and began receiving assistance with school work, their reading scores remained below the national average for the United Kingdom. Compounding this issue is a finding that children in foster care often do not possess capacities that might mitigate difficulty at school. Stein (1997) observed that children in foster care evidenced fewer strengths in regard to demonstrating special skills in academics, sports, arts and music, technology, and interpersonal relations. Additionally, the professionals serving children in foster care often made negative assumptions about their academic abilities. Bullock, Little, and Millham, (1994) observed that teachers and caseworkers tend to have lower academic expectations for children in foster care than for typical children. Further, communication between these professionals more often focuses on behavioral problems, and rarely includes discussions about academic performance and vocational preferences.

Children in foster care often exhibit more disciplinary problems at school than other children. Colton and Heath (1994) found that behavior problems for children in foster care were an average of 4 times higher than in the general population, and were also associated with lower school performance. Children in foster care exhibited fewer pro-social behaviors, more problematic relations with peers and teachers, and more externalized behaviors than children not in foster care (Stein, 1997). Those assessed as having an emotional behavioral disturbance had significantly more negative comments written into their school records than did typical children, and were referenced more negatively in interviews with school personnel (Smucker et al., 1996). Finally, children in foster care with emotional behavioral disturbance were referred to more negatively than were children in foster care without emotional behavioral disturbance.

Special education placement is established for children in foster care more often than for children not involved in child welfare systems. This rate ranges from 20% to 39% of the foster care population (Advocates for Children of New York, 2000; English et. al., 1994; Fletcher-Campbell & Hall, 1990; George, Van Voorhis, Grant, Casey, & Robinson, 1992; Oregon Department of Human Services-Children's Services Division, 1990; Sawyer & Dubowitz, 1994; Stein, 1997; Sullivan & Knutson, 2000). This range is substantially higher than the reported rate of 11.5% for all children in the United States (U. S. Department of Education, 2002), and the reported rate of 13.5% for all children in the State of Oklahoma (Oklahoma State Department of Education, 2004). Benedict and White (1991) reported that poor school performance and developmental delay appeared to predict longer stays in foster care. At the same time, an extended stay in foster care may create more opportunities for caregivers and professionals to identify a need for

special education services (Advocates for Children of New York, 2000; George, et al., 1992). Regardless of whatever point at which they are referred for special education services, George and colleagues observed that children in foster care are most likely to be assessed as emotionally disturbed or mentally handicapped (George et al., 1990).

Compounding school performance problems for children in foster care is the fact that living in foster care is often unstable, resulting in repeated movement between foster homes and ongoing entry into new schools. While the actual number of moves varies, and is obviously dependent upon the length of time children remain away from their own homes, those who enter foster care rarely remain in one placement for the duration of their stay. McMillen & Tucker (1999) reported that adolescents exiting from foster care had been out of their home an average of 5.6 years and had lived in 7.6 homes. Thirty-seven percent of these youth had experienced more than one entry into the foster care system. Similar findings for children sixteen and older who were surveyed about their readiness to assume independent living status found that 70% had at least 2 placements and 50% had 3 or more (English, et. al., 1994). In contrast to these findings is the Oregon study cited above (Oregon Department of Human Services-Children's Services Division, 1990) in which 78% of the children observed had no changes in residence during the school year, and 17% had 1 to 2 changes.

Repetitive placement, especially for adolescents, can result in children being placed in more restrictive environments than foster care, further disrupting their school performance. McMillen and Tucker (1999) reported that almost half of the children in their study had been in placements more restrictive than family foster care, including residential and in-patient hospital care. Staff and Fine (1995) reported lower rates of

residential and in-patient hospital care for children removed from their own homes (20%)

than did McMillen and Tucker, but also reported that 40% of the those placed in a

residential or in-patient hospital facility were subsequently placed in another residential

or in-patient setting. Of the 97 children in this status, Staff and Fine observed that only

25% eventually returned to family foster care, and only 2% returned to the foster home in

which they had been placed before entering a residential or in-patient facility.

When children returned to their own homes from foster care, their educational

problems often continued. Children resuming school after foster care placement often

encounter teachers who are not sensitive to the difficulties of having been away from

their parents and living with strangers (Bullock et al., 1994). However, Bullock and

colleagues also reported that the transition appears less difficult for younger children,

perhaps because they often have only one teacher, and the elementary school

environment is filled with group activities, play, and music and drama, which facilitate

inclusion into the classroom social system more readily. At the older end of the age

spectrum, Biehal and colleagues reported that 75% of youth in England exiting foster

care after 4 or more placements did not have proper academic qualifications to enter

college or trade school (Biehal, Clayden, Stein, & Wade, 1994).

System Response to Educational Needs

Educational and social services systems have not systematically met the needs of

children in foster care. Examining case studies for twelve children in foster care and in

need of special education services, Weinberg (1997) reported many problems in securing

educational services guaranteed under the Individuals with Disabilities Education Act

(I.D.E.A.). The most common problems were timeliness of receiving services, failure to

follow Individualized Education Plans, availability of appropriate programs, lack of coordination among agencies, denial of services due to child's dependency status, and delays in receiving services due to repeated movement from one foster home to another.

Similar findings are reported by Hubley (1997), who observed that the I.D.E.A. requires the participation of a parent in assessment and service delivery, but prevents a state agency or its employees from serving in this capacity. Hubley added that the law does not specifically rule out foster parents, but neither does it list them as eligible for the "acting parent" or "surrogate parent" roles that serve the process when a birth parent is not available. This confusion often creates delays in service delivery, and fosters tension between schools, foster parents, and caseworkers regarding who is to advocate for the child needing special education services. At times, simply getting the child enrolled into school after foster care placement appeared to be a problematic. Surveys of children in foster care, foster parents, and caseworkers in New York City suggested that 42% of the children in foster care were delayed in starting school after placement; of those delayed, 50% were for periods ranging from 2 to 4 weeks (Advocates for Children of New York, Inc., 2000). Half of the extended delays resulted from lost or misplaced school and immunization records. Once enrolled, 70% of the children changed schools at least once, and 22% changed twice.

Another challenge reported is that the key players involved in serving the child often do not coordinate their attempts to help the child. While the appropriate and immediate priority for child protection systems is to insure safety for the child, casework services often do not proceed past this goal. Aldgate, Heath, Colton, and Simm (1993) reported that 42% of social workers surveyed about their work with children in foster

care said that working on children's attachments to parents was a high priority, while 22% said that attending to physical needs and development was more important. Only 2% reported that educational attainment was a high priority. Further, 60% of the foster parents thought they should be making long-term plans for education for the child in their care, yet only 37% of the caseworkers thought this activity was the responsibility of the foster parent. Ninety percent of foster parents thought they, alone, would be responsible for contact with the school, but only 67% of the caseworkers thought this was a foster parent responsibility. Interestingly, while foster parents rated educational performance a higher priority than caseworkers, both rated it higher than teachers. In spite of these differences in views, foster parents reported high levels of parental involvement in day to day school activities (e.g. attendance at school events, helping with homework, talking with teachers, community activities).

Considering the tremendous needs of children in foster care and the gaps in service delivery, some have suggested improvements for the delivery of services. Foster parents surveyed in Oregon (Oregon Department of Human Services—Children's Services Division, 1990) stated they believed schools should make programmatic changes to better accommodate the individual needs of children in foster care, offer after school counseling throughout the school year, and provide more life skills education. These foster parents also suggested that more stability was needed in retaining the same teacher throughout the school year and assisting counselors to understand the problems of children in foster care. Advocates for Children of New York, Inc. (2000) reported similar recommendations. They suggested that training should be conducted with caseworkers and foster parents to emphasize the necessity of positive communication and the

importance of maintaining adequate school records to insure timely enrollment when children enter foster care. Cicchetti, Toth, & Hennesy (1989) suggested several improvements for educational settings, including (1) providing early educational intervention as soon as possible after maltreatment is confirmed, (2) securing the most appropriate and educationally sound environment possible, (3) involving parents (and foster parents) in the educational intervention in order for them to learn to modify their interactional style to meet the particular needs of maltreated children, (4) promoting organizational efforts that address developmental needs in multiple domains across all environments, and (5) increasing system (the educational as well as the social services system) knowledge about the consequences of maltreatment on development.

<center>Foster Parents and Parental Involvement</center>

Addressing the numerous and complex needs of children in foster care demands significant capability from foster parents and requires skills indicative of high levels of cognitive development (Richardson, Foster, & McAdams, III, 1998). Further, these skills must be facilitated by the service system on behalf of the child. Foster homes are a special microsystem within the home-school mesosystem which addresses the educational needs of the child (Bronfenbrenner, 1998). Bronfenbrenner emphasized the necessity of positive, thorough mesosystem interaction for the child's development to be maximized. From an educational perspective, this interaction could be identified as parental involvement (Epstein, 1996).

Of the six types of parental involvement identified by Epstein, it is logical to assume that communicating with the school, involvement with learning at home, and addressing parenting and child rearing skills might be the most likely forms in which

foster parents may become involved. It is also possible that foster parents might be involved in volunteering at the school, decision making in school issues, and collaborating with communities to strengthen schools.

Successful parental involvement is dependent upon the parent constructing a role compatible with being involved in helping a child to succeed in school and believing one is capable of doing it (Hoover-Dempsey & Sandler, 1997). However, for foster parents, this efficacy may be more difficult to achieve when tested by child behaviors which create difficulty in the foster home and disruption at school, and which are exacerbated by the experiences of maltreatment and separation from significant caregivers. Seventy-one percent of the changes in school placement for foster children have been due movement to a new foster home because they were unable to adapt to the former one. (Fletcher-Campbell, & Hall, 1990).

Foster parent participation in parental involvement activity may also be affected by the quality of support for such activity from the child welfare system. Weinberg (1997) found that addressing the educational needs of foster children was often delayed due to the child welfare agency's need to focus on protection as a priority. Other factors in such delays were lack of formal procedures to coordinate educational services, gaps in foster parent training to manage difficult behaviors of foster children, and inability (for non-relative foster care providers) to receive counseling and support services from the agency due to eligibility problems. Weinberg suggested that these issues prevented foster parents from achieving the stability necessary to turn their attention to the educational needs of the foster child. In short, these challenges would impede participation in parental involvement activity.

CHAPTER 3

METHOD

Research Design

This study utilized both descriptive and causal-comparative research methods to examine parental involvement by foster parents on behalf of children in their care. Since parental involvement among foster parents has not been examined, descriptive methods were employed to gather information about this unique population. Causal-comparative methods were employed to compare discrete groups within the foster care population. An array of variables was examined to determine their efficacy in predicting features of parental involvement by foster parents.

Standard demographic variables were utilized to describe the foster parent population. Additional information was obtained germane to the area of foster care, which included, but was not limited to, (1) years since foster parent core training, (2) years since first placement of foster children in the home, (3) total number of children placed since licensed as a foster home, (4) current number of foster children in the home, (5) total number of all children in the home, (6) number of all persons in the home, and (7) length of stay of the foster child of interest in this home.

Independent variables utilized in group comparisons and prediction analyses included, but were not limited to (1) foster parent type, (2) minority/non-minority status of foster parent, (3) marital status, and (4) length of time served as foster parent. The main dependent variables of interest were parental involvement activity, but other variables examined were (1) foster parent perceptions of their role, as well as (2) their feelings of efficacy in helping a child in foster care with school; (3) foster parent

perception of the level of caseworker support received; (4) self-report of the level of knowledge of special education; and (5) level and sources of social support.

Obtaining data from Department Human Services-Children and Family Services Division caseworkers and from the children's teachers was considered. The administration for DHS-CFSD declined to allow contact with caseworkers because the field had recently experience several program evaluation efforts and it was believed their personnel were saturated with survey efforts. The investigator decided against collecting teacher data after considering the immense difficulty in obtaining agreement to participate from school districts statewide. It is acknowledged that the absence of this data limits the study to the foster parent perception for several of the key variables.

Sample

The sample for this study was drawn from the population of foster parents who serve children under the auspices of the Oklahoma Department of Human Services (DHS), Children and Family Services Division (CFSD). Permission to contact foster parents and to utilize the DHS-CFSD Adoption and Foster Care Analysis and Reporting System (AFCARS) for data was requested and received from the CFSD administration. Also, since the study involved human subjects research, approval was received to conduct such research from the Institutional Review Board of the University of Oklahoma, Office of Research Administration. Letters of support and approval can be found in Appendix A.

Foster parents serve within one of six geographical administrative areas utilized by D.H.S. (see Appendix B). This population is composed of foster parents who are reimbursed for the care of children residing in their home and those who are not reimbursed for such care. Because the intent of the study was to examine foster parents

who have the most defined relationship with the DHS-CFSD program, two decisions were made that excluded selected groups of foster parents from this study. First, foster parents not reimbursed for the care of children in their homes were eliminated. These homes are not subject to pre-service foster care training, and they have less programmatic connection with the DHS-CFSD caseworker since they are virtual legal guardians for the child of interest. Second, foster parents who were reimbursed but also in the categories of Native American Tribal Homes and Developmental Disability Services Division Homes (DDSD) were excluded because each of these categories of homes are administered by programs outside of DHS-CFSD and are subject to different pre-service foster care training.

What remained in the population were three types of foster parents who are managed fairly similarly by DHS-CFSD: a) Foster Family Care homes, (b) Kinship Relative homes, and (c) Kinship Non-Relative homes. One last exclusion was made to insure that the sample was relevant to the questions of interest. Since parental involvement on behalf of children in school was the overall area of interest, and because parental involvement patterns are known to differ from pre-school, to elementary, to middle school/high school (Powell, 1995; Schneider & Coleman, 1993), the population was narrowed to include only those foster parents who were parenting a child in foster care, between 6 and 12 years of age, at the time the sample was drawn. The sample was selected from the population of children in foster care between September and March to assure that the children would be in school while in the care of the foster parent. This time frame coincided with a data collection period utilized by DHS-CFSD, thus the data

collected specifically for this study could be combined with DHS-CFSD data, as both reflected the foster parent and child in foster care during the same time period.

To summarize, the defined population for this study was all DHS-CFSD foster parents who (1) were reimbursed for the care of children in their homes; (2) were classified as Foster Family Care, Kinship Relative Care, or Kinship Non-Relative Care homes; and, (3) who were providing care for a child, between 6 and 12 years of age, during the school year defined by the time period.

With these parameters established, the DHS-CFSD Research and Technology Unit queried their Foster Family Home (FFH) database to produce the names of 1,425 eligible foster children residing in 929 foster homes. The foster homes of the eligible children were identified in the database by the name of the "primary foster parent", a designation assigned by the caseworker that certified the home. This designation is the head of household for single parent homes, and the person with whom most communication takes place in two parent homes. This query produced mailing addresses and variables for the 929 foster homes of interest. Using the children in foster care already identified, a second query was conducted to obtain demographic variables from the DHS-CFSD Adoption and Foster Care Analysis and Reporting System (AFCARS) database. AFCARS is the system utilized by the Administration for Children and Families of the U.S. Department of Health and Human Services to collect uniform data from every foster care program within the United States.

Using these database files, the investigator completed several steps to produce the research sample. First, the FFH Excel file was sorted by the last and first name of the foster parent to consolidate all foster children under their foster care provider. Second,

each foster parent was assigned a project number from 1 to 929. Third, to produce a

modified list consisting of one child for each foster parent, each of the 929 cases was

examined. Cases with only one foster child in the home were left in place. In cases with

multiple foster children in the home, one child was selected and the others removed from

the case. To create an even distribution of children across the age span (6 to 12 years),

each time a case with multiple children was examined, a child of a different age was

selected, beginning with age six, and rotating through the age groups until all multiple

cases had been reduced to one child for each case. If the next case with multiple children

did not have a child of the age next in the sequence, the next highest age was selected,

with an effort made to include the skipped age group at the next opportunity. If the next

case with multiple children had two children of the same age next in the sequence, the

first child on the list was chosen. This process continued until a population of one child

for each of the 929 foster homes was defined. Last, a visual examination detected one

foster home that did not fit the selection criteria, and it was removed, leaving 928 foster

homes.

<div align="center">Procedure</div>

A modified version of Dillman's (1991) survey mailing procedure was used. A

survey packet, including a foster parent survey (see Appendix C), was mailed to all 928

homes in the defined population. Two weeks after this mailing, a reminder card was sent

to the same group. Two months after the first mailing, a second research packet was

mailed to all those on the list who had not responded to the first packet and reminder,

followed by a second reminder card two weeks later. Additionally, an incentive of $5.00

was offered to each participant for returning the completed survey instrument. The

research packet mailed to each foster home-included informed consent documents, the survey instruments, and instructions to focus on the child selected for the study (see Appendix D for all materials related to the mailing, except for the survey, found in Appendix C).

A total of 345 usable research packets were returned, representing a return rate of 37.2%. This rate of return was lower than desired for sufficient representation, but a comparison of demographics for the defined population and this sample suggested that the sample was representative of the defined population in significant elements. First, the sample reflects the proportion of foster parents across the geographical administrative areas utilized by D.H.S. (Appendix A) . This is demonstrated in Table 1**.** Second, the percentage of foster parents of each type is relatively equal between the population and the sample, as demonstrated in Table 2. In this table, "DHS Designated: Population" columns refer to the categories of foster parents in the DHS-CFSD database; the "Foster Parent Report" column refers to the way foster parents characterize themselves in the survey. Note that 7 of the 345 respondents did not report such a characterization.

While the percentages of each foster parent type in both the population and sample were reasonably close, some differences were observed. In the population, Kinship Relative homes outnumber Family Foster Care homes by 3.5%. This is inverted in the sample data where Family Foster Care homes outnumber Kinship Relative homes by 5.5% (see Table 2). It is possible that Kinship Relative parents may be reluctant to respond to such surveys since they have reported feeling less a part of the professional team serving foster children than do Family Foster Care parents. Also, some individuals may be uncertain about their foster home designation. Kinship Relative homes sometimes

Table 1

Participants by DHS Administrative Area

DHS Area	Population		Sample	
	N	%	n	%
I	83	8.9	43	12.5
II	166	17.9	72	20.9
III	226	24.3	74	21.4
IV	105	11.3	44	12.8
V	143	15.4	45	13.0
VI	206	22.2	67	19.4
Total	929	100.0	345	100.0

Table 2

Classification of Foster Parents by Three Types

Type	DHS Designated Population		DHS Designated Sample		Foster Parent Report Sample	
	N	%	N	%	N	%
Foster Family Care	405	43.6	165	47.8	174	51.5
Kinship Relative Care	438	47.1	146	42.3	131	38.8
Kinship Non-Relative Care	86	9.3	34	9.9	33	9.8
Missing	0		0		7	0.2
Total	929	100.0	345	100.0	338	100.0

become Family Foster Care homes for non-relative children, and Foster Family Care homes sometimes assume care for related children. However, this finding was not observed in Kinship Non-Relative homes, where the percentages remained constant across all columns.

90

Instruments

Data were gathered from the DHS-CFSD data file and from the participant survey completed by foster parents. The DHS-CFSD data file provided data about foster parents and children in foster care for standard demographic information and foster care specific information, such as the foster parent training type and date, DHS-CFSD administrative-geographical area in which the foster parent lived, length of stay of the child of interest in the foster home, total length of time the child had been removed from the home of their parent or guardian, and the total number of out-of-home placements for this removal episode, and others.

The participant survey provided data on the constructs of interest. The first section of the survey contained instruments selected to obtain data on parental involvement by the foster parent, caseworker support of the foster parent, knowledge of special education procedures, and social support. Where necessary, instruments were modified to include language specifically stating *foster parent* or *children in foster care* in the instructions and item statements. The last section of the participant survey contained questions designed to gather standard demographic information on the foster parent and information specific to foster parent status.

Foster Parent Parental Involvement

Information on the foster parent's parental involvement activities on behalf of the child in foster care was obtained using the Parent Involvement on All Types of Activities Scale (Epstein & Salinas, 1993). This is an 18-item instrument scored on a scale of 1 (*never do*) to 4 (*have done many times*), with the total score derived as the mean of the individual item scores. Higher mean scores represent higher levels of parental

involvement. The authors report an internal consistency of .77 (Cronbach's alpha). For this study, an internal consistency of .84 (Cronbach's alpha) was found.

<p style="text-align:center">Foster Parent Efficacy</p>

Information on the foster parent beliefs about their level of efficacy in helping foster children with their education was obtained using the Parent Efficacy for Helping Children Succeed in School Scale (Hoover-Dempsey, Bassler, & Brissie, 1992; Hoover-Dempsey, Barreno, Reed, & Jones, 1998). This is a 12-item instrument scored on a scale of 1 (*strongly disagree*) to 6 (*strongly agree*). Total scores are derived by reverse coding negatively worded items and summing the responses to all items, with higher scores indicating a stronger perception of efficacy. The authors report an internal consistency of .84. For this study, internal consistency was .79 (Cronbach's alpha).

<p style="text-align:center">Parental Role Construction</p>

Information on foster parent beliefs about their role in helping foster children with their education was obtained using the Parental Role Construction Scale (Reed, Jones, Walker, & Hoover-Dempsey, 2000). This is a 14 item instrument that measures the extent to which parents believe their part in the education of their children should be centered on parent-focused, school-focused, or partnership-focused (joint parent and school) roles. It is scored on a scale from 1 (*strongly disagree*) to 6 (*strongly agree*) and subscale scores for each role focus are derived by summing the appropriate items. The number of sub-scale items for each role focus is: 4 for parent-focused, 5 for school-focused and 5 for partnership-focused. Higher scores on any given role sub-scale indicate that the parent believes their role should be focused in that area of activity. The authors report an internal consistency of .63 for the parent-focused subscale, .55 for the school-focused

subscale, and .84 for the partnership-focused subscale. For this study, internal

consistency was .63 for the parent-focused subscale, .62 for the school-focused subscale,

and .65 for the partnership-focused subscale (Cronbach's alpha).

Children's Behavior Problems

Information on foster parent's perception of behavior problems exhibited by

foster children was obtained using the Behavior Rating Index for Children (BRIC), as

reported by Stiffman, Orme, Evans, Feldman, and Keeney, 1984. This instrument

correlates with the Achenbach Child Behavior Checklist at .76. It is 13 item instrument

scored on a scale of 1 (*rarely or never*) to 5 (*most or all of the time*) with the total score

derived by omitting items 1, 6, & 10 (items included to reduce response set), then adding

all item scores, subtracting from that figure the total number of items completed,

multiplying that figure by 100, and dividing the result by the total number of items

completed times 4. High scores indicate more severe behavior problems, with a cut point

of 30 or above for clinical problems. This instrument has a misclassification rate of 16%,

which is well within the range for other longer instruments. The authors report internal

consistency ranging from .80 to .86. For this study, internal consistency was .85

(Cronbach's alpha).

Family Coping Capacity

Foster parent perception of their social support network was obtained using the

Family Coping Index (McCubbin, Thompson & Elver, 1996). This is 24-item instrument

scored on a scale of 1 (*strongly disagree*) to 5 (*strongly agree*). Total scores are derived

by summing the values of the responses, with higher scores indicating stronger support

and coping capacity. Sub-scales can be scored for (a) Seeking Professional and Spiritual

Guidance; (b) Seeking Family and Neighborhood Support; and (c) Affirming the Family's Confidence. This instrument is very applicable for this study. It was developed to assess populations in which foster children are frequently found, specifically, families of youth at-risk, youth offenders, and youth in residential treatment programs. Also, it is ethnically sensitive and applicable to families of both Caucasian and African-American youth. The authors report an internal reliability of .85 for the total scale. For this study, internal consistency was .85 for the total scale (Cronbach's alpha); for the sub-scales it was .72 for Family Confidence, .84 for Family/Neighborhood and, .73 for Professional/Spiritual Guidance (Cronbach's alpha).

Foster Parent Invitation by School

Information on foster parents' perceptions of invitations by the school to participate in the education of the child in foster care was obtained using the Teachers Involving Parents-Parent Questionnaire (Reed, Jones, Walker, & Hoover-Dempsey, 2000), based upon the work of Epstein. The item statements were used intact, but the rating scale was modified to make the scores consistent with the Parent Involvement on All Types of Activities Scale previously described in this study, resulting in a six item instrument scored on a scale of 1 (*never do*) to 4 (*have done many times*), The total score is derived by summing the individual items and converting to and item mean score. Higher mean scores represent higher levels of parental involvement. For this study, internal consistency was .83 (Cronbach's alpha).

Caseworker Support

Information on foster parent perception of the level of support received from the DHS-CFSD case worker regarding the target child was obtained using an instrument

developed for this study. The reference point for this perception was posed as the time period shortly after the child was first placed into the foster home. The instrument is a 13-item instrument scored on a scale of 0 *(did not do),* 1 *(did do, but could have done better)*, and 2 *(did very well)*. Internal consistency was .91 (Cronbach's alpha).

Foster Parent Knowledge of Special Education Process

Information on foster parents' perception of knowledge of the special education process was obtained using an instrument developed for this study. It consisted of a 10-item instrument scored on a scale of 0 *(know nothing),* through 3 *(know a lot)*. For this study, internal consistency was .96 (Cronbach's alpha)

CHAPTER 4

RESULTS

Introduction

Data for this study were gathered from a sample selected from a population of foster parents who provide care for children in the custody of the Oklahoma Department of Human Services-Children and Family Services Division (DHS-CFSD). The intent of this study was to examine parental involvement in education by all Foster Family Care (FFC), Kinship Relative Care (KRC), and Kinship Non-relative Care (KNRC) foster parents of children six to twelve years of age. Any interpretation of data from the sample selected from this population should be framed by this definition. It is also important to acknowledge, again, that much of the data is foster parent report of their perceptions, and does not include caseworker or teacher report. This singular view limits the interpretation of the findings.

Dataset

Data Cleaning: Parental Involvement Variables

Prior to analysis interval level variables representing parental involvement and factors influencing parental involvement were examined. Mean substitution was used to provide missing values in 2 cases on the Behavior Rating Index for Children and in 17 cases on the Foster Parent Activities to Help Children scale. Missing values on the remaining variables in this area were not numerous enough to be problematic. The histograms for all parental involvement variables appeared normal. The skew statistics suggested the same interpretation, with all values observed to be within an acceptable range of 1.0 to -1.0 (Tabachnick & Fidell, 1996).

Data Cleaning: Demographic and Foster Care Context Variables

Prior to analysis, interval level variables representing foster parent and foster child demographic data, and variables describing features unique to the context of foster care were examined. Histograms and skew statistics for four of these variables suggested they violated normality. Three of these variables were used to estimate the level of foster parent experience for participants in this sample. The first of these measured the length of time since a foster child had first been placed in the home. This sample was heavily populated with foster parents who had served less than 5 years (86.0%) and many who had served less than 2 years (57.8%). However, the sample also contained a number of foster parents who served for 15 years or more (2.6%), and within this group were 2 foster parents who had served for 30 and 40 years, respectively. These extremes in length of service, while inflating the skew statistic (4.00) and suggesting doubt about normality, are nonetheless typical of real world conditions of a large, publicly administered foster care program. For this reason, they were not transformed. A second measure of level of experience was the length of time since the foster parent had attended core training for foster parents. This variable was also severely skewed (4.43), but was considered to be typical of real world conditions and was not transformed (Tabachnick & Fidell, 1996).

The third variable measured the number of children for whom the foster parent had provided care since becoming a foster parent. Like the other two variables, this one had an extreme positive skew. Two participants reported they each had fostered 400 children, a value considerably above higher end values found in the rest of the sample but also potentially reflecting real world conditions. For this variable, the distribution was truncated by recoding those two cases from 400 children to 200 children, a value 25

points above the next highest score in the frequency distribution. Even with this transformation, the skew remained very high at 4.38 (Tabachnick & Fidell, 1996).

The measure for estimating the length of time the foster parent had provided care for the target child also revealed problems with normality. This variable had a positive skew of 2.4. An attempt to improve normality was made by dropping cases with a Z-score of higher than 3.0. This improved the skew minimally, but not within the acceptable range of 1.0 to –1.0. Therefore, this variable was not transformed in spite of its deviation from normality (Tabachnick & Fidell, 1996).

Description of Sample

General Descriptive Information

As shown in Table 3, foster parents in this sample were middle-aged, primarily female, and married. Single parents represented 29.6% of the sample, married parents 70.4%. They lived in homes wherein four to five persons resided, and the mean income was between $31,000 and $35,999. The majority of these individuals were employed outside the home, either full or part-time, and had obtained an average level of education of some college coursework. In fact, almost 90% had completed at least a high school education, and over half had completed college course work. Most parents were White, with African American, American Indian, Biracial/multi-racial, Hispanic-Latino groups also represented (see Table 4). While a small number of Asian parents were represented in the population, no sample participants reported this ethnicity. Twelve participants did not report a racial status.

Significant associations were observed among variables representing foster parent characteristics. Older foster parents were less likely to be employed outside the home

Table 3
Frequencies and Means for Foster Parent Demographics

	Population n=928	Sample n=338	Foster Family Care n=174 (51.5%)	Kinship Relative Care n=131 (38.8%)	Kinship Non-Relative Care n=33 (9.8%)	df	χ^2/F
Male	Not	17 (5.0%)	5 (2.9%)	9 (6.9%)	3 (9.1%)	2	3.79
Female	Reported	325 (95.0%)	169 (97.1%)	121 (93.1%)	30 (90.9&)		
Single	285 (31.0)[a]	101 (29.6%)	38 (22%)	49 (37.7%)	12 (36.4%)	2	9.67**
Married	633 (69.0)	240 (70.4%)	135 (78%)	81 (62.3%)	21 (63.6%)		
Not Employed	Not	129 (38.7%)	74 (44.6%)	41 (32.3%)	12 (36.3%)	42	6.85
Part-Time	Reported	60 (18.0%)	32 (19.3%)	22 (17.3%)	5 (15.1%)		
Full Time		122 (43.3%)	60 (36.1%)	64 (50.4%)	16 (48.6%)		
Minority	31.6% (290)	27.3% (91)	25.1% (43)	32.0% (40)	15.6% (5)	2	3.95
Non-Minority	68.4% (627)	72.7% (242)	74.9% (128)	68% (85)	84.4% (27)		
Age (years)	49.2 (32.3) n=918	48.7 (10.8) n=333	47.8 (11.37) n=171	51.4 (10.1) n=129	43.9 (9.4) n=33	2, 330	8.15**
Annual Income[b]	Not Reported	$31K to $35.9K (4.06) n=306	$36K to $40.9K (4.03) n=158	$26K to $30.9K (3.82) n=119	$36K to $40.9K (4.69) n=29	2, 303	4.25*
Highest Level[c] Of Education	Not Reported	some college (2.01) n=329	some college (1.96) n=168)	vocational school (1.91) n =128	associates degree (2.21) n=33	2, 326	7.50**
Total Number of Children in the Home	Not Reported	2.9 (2.0) n=338	3.5 (2.16) n=174	2.2 (1.63) n=131	2.4 (1.5) n=33	2, 335	18.84**
Total Number of Persons in the Home	Not Reported	4.8 (2.23) n=326	5.7 (2.36) n=166	3.9 (1.75) n=127	4.1 (1.6) n=33	2, 323	28.08**

[a]Taken from DHS-CFSD variable reported as 1 or 2 adults present in the home.
[b]Income levels reported in $4,999 increments: 1 = < $5,000, 2 = < $11,000, etc.
[c]Key: (1) less than 6th grade, (2) less than 9th grade, (3) less than high school, (4) high school/GED, (5) vocational school), (6) some college course work, (7) associates degree, (8) bachelors degree, (9) some graduate coursework, (10) masters degree, and (11) post-masters coursework.
*p = <.05
**p = < .01

($r = -.30$, $p < .01$), more likely to have lower incomes ($r = -.14$, $p < .05$), and had

achieved lower levels of education ($r = -.12$, $p < .05$). They also were parenting fewer

Table 4

Racial Status of Population, Sample, and Foster Parent Types

Foster Parent Race	Population	Sample	Foster Family Care	Kinship Relative Care	Kinship Non-Relative Care
American Indian	6.3% (58)	7.8% (27)	7.0% (12)	8.0% (10)	12.5% (4)
Asian	.3% (3)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
African American	21.0% (195)	13.3% (46)	11.7% (20)	18.4% (23)	3.1% (10)
Hispanic/Latino	.4% (4)	1.4% (5)	1.2% (2)	2.4% (3)	0% (0)
White	67.6% (627)	70.1% (242)	74.9% (128)	68.0% (85)	84.4% (27)
Biracial/Multi-Racial	3.2% (30)	3.8% (13)	5.3% (9)	3.2% (4)	0.0% (0)
Unknown[a]	1.2% (11)	3.5% (12)	—	—	—
Total	100% (928)	100% (345)	100% (171)	100% (125)	100% (32)

[a]*Unknown* is a category found in the DHS-AFCARS data file, but not used in the participant survey.

children at the time of assessment ($r = -.22$, $p < .01$). Married foster parents were more

likely younger ($r = -.13$, $p < .05$) and reported a higher level of income ($r = .43$, $p < .01$).

Minority status foster parents were less likely to be married ($r = -.30$, $p < .01$), more

likely to be older ($r = .14$, $p < .05$) and had lower levels of income ($r = -.25$, $p < .01$).

Participants in the sample fell into one of three types of foster parents: Foster

Family Care (FFC), Kinship Relative Care (KRC), and Kinship Non-Relative Care

(KNRC). As seen in Table 3, the number of participants in each group were not equal,

thus caution is advised regarding group comparisons. The sample sizes for the FFC group

(n = 174) and KRC group (n = 131) were substantially larger than the KNRC group (n =

33). The differences in group sizes exceeded the ratio for which analysis of variance is

considered robust to the violation of the assumption of equal cell sizes. With that caveat in mind, variations across the groups are discussed here.

As shown in Table 3, most participants were above age 45. Both FFC parents and KNRC parents were in their mid-forties, with FFC parents a little older and KNRC parents a little younger. KRC parents were significantly older than both FFC and KNRC parents at just over age 50.

Few participants in this sample were male. They represented less than 10% of all participants, as well as for any foster parent group. Across groups, Chi Square analysis suggested that these numbers were what would be expected in the sample (see Table 4). Married parents represented the majority of foster parents in all groups. However, single parents represented just over one-fifth of the participants in the FFC group, while they represented over one-third of those in both KRC and KNRC groups. Chi-Square analysis revealed this difference between FFC and the other two groups to be highly significant, indicating that, proportionally, fewer single parents than expected were found in the FFC group.

A minority/non-minority status variable was computed by adding counts for all non-White ethnic groups into Minority, leaving all counts for White as Non-minority (see Table 3). The percentage of minority participants in the sample was similar to that in the population. Across foster parent group types, minority status represented about one-fourth of the FFC group and one-third of the KRC group. The lowest percentage (16%) of minority parents was found in KNRC. The Chi-Square analysis indicated the distribution of minority status was about what would be expected and was not significantly different across groups (see Table 3). Data for specific racial groups can be found in Table 4. In

foster parent groups, the expected frequency for some categories violated the assumption of 5 counts for a df ≥ 2. An examination of the data suggested that the sample appeared to be fairly representative of the population across racial groups. Variations were found across foster parent groups. African Americans represented almost 19% of the KRC participants, but less than 12% of FFC and 4% percent of KNRC participants.

Foster parents across groups had achieved substantial levels of education (see Table 3). KNRC participants had achieved a significantly higher level of education (an average of an associates degree) than had KRC participants (an average of vocational school). KNRC foster parents also achieved a higher level of education than had FFC foster parents (an average of some college course work) but the difference was not significant.

A large majority of these foster parents worked outside of the home for at least part of the day (See Table 3). Over 40% worked full-time and an additional 18% worked part-time. A comparison of employment across groups found revealed some variability, but Chi-square analysis revealed no significant differences.

The mean score for yearly income level for the sample was 7.21, which translates into a range of $31,000 to $35,999. Both FFC and KNRC participants reported mean values which placed them with a higher range of $36,000 to $40,999 (M = 7.77 and M = 7.59, respectively), while KRC participants reported a lower mean value which placed them within the range of $26,000 to $30,999. Though FFC and KNRC foster parents shared the same income range, the difference between means was statistically significant only for FFC and KRC parents.

Participants in the sample reported having moderate sized families (see Table 3). They reported an average of three children per home and five persons per family, including foster children. FFC families were significantly larger than KRC and KNRC families in terms of both total number of children and total number of persons.

Foster Care Context

A variety of data were gathered which described features unique to the foster care context. As shown in Table 5, participants in this sample had received core training to become a foster parent, on average, almost three years prior to this study. This core training could have been one of three programs available to foster parents over the eight years prior to this study. Many participants had been foster parents before the core training they attended had been implemented. For this reason, years of service and other similar variables were sometimes greater than twice the period of time since training. Foster parents reported, on average, that they had provided care for approximately fourteen children, and were providing care for two foster children at the time of assessment. They had fostered the target child for a little over one year.

Several significant associations were observed among variables in the foster care context. Participants who had been foster parents for longer periods of time were likely to be married ($r = .14$, $p < .05$) and less likely employed outside the home ($r = −.14$, $p < .05$). Those with more years of experience were caring for foster children who had been in their home for longer periods of time ($r = −.24$, $p < .01$). Parents of minority status provided care for foster children who had experienced fewer placements for the current episode of removal from their birth home ($r = −.14$, $p < .05$).

Table 5

Measures for Foster Care Context: Three Types of Foster Care

	Sample	Foster Family Care	Kinship Relative Care	Kinship Non-Relative Care	df	F
Years Since Core Training	2.77 (3.6) n=247	4.20 (4.4) n=129	1.24 (1.19) n=93	1.08 (1.47) n=25	2, 244	8.15**
Years Since Becoming a Foster Parent	3.40 (4.71) n=303	4.87 (5.30) n=154	1.95 (3.75) n=117	1.63 (1.60) n=32	2, 300	16.0**
Total Number of[*] Children Fostered Since Licensed	14.1 (25.9) n=317	24.9 (32.9) n=162	2.64 (1.84) n=122	3.30 (3.41) n=33	2, 314	34.85**
Current Number of Foster Children In Home	2.07 (1.65) n=338	2.48 (1.80) n=174	1.66 (1.37) n=131	1.61 (1.30) n=33	2, 335	11.4**.
Years Foster Child of Interest Has Been in the Home	1.37 (1.26) n=338	1.40 (1.45) n=174	1.35 (.968) n=131	1.24 (1.16) n=33	2, 335	258

**p = <.01

There were statistically significant differences between FFC parents and both KRC and KNRC parents on 4 of 5 measures described above. (see Table 5). Family Foster Care participants were the most experienced foster parents in this sample. They had completed core training, on average, four years prior to time of assessment, while Kinship Relative Care and Kinship Non-Relative Care parents had been trained for just under two years. FFC parents had foster children placed in their home for the first time an average of almost five years prior to the time of this study, while KRC and KNRC parents had children placed just under two years prior to that time. FFC parents had provided care for an average of almost 25 children since first licensed, compared to around three children for KRC and KNRC parents. At time of assessment, FFC parents were providing care for an average of two foster children. KRC and KNRC participants were providing care for one child each. All groups were similar regarding the length of time the target child had been in the foster home. Each group had fostered the target child, on average, a little over one year.

Parental Involvement Measures

Several instruments were used to measure aspects of parental involvement concepts. As shown in Table 6, foster parents in this sample reported they had been involved in activities related to the target foster child, on average, a few to many times during the school year and had been invited by the school to participate in activities about two times. Minority foster parents and female foster parents reported more school invitations to be involved than did other foster parents ($r = .12$, $p < .05$ and $r = .17$, $p < .05$ respectively). Those foster parents with whom the target foster child had lived for longer periods of time also reported more invitations from the school ($r = .15$, $p < .01$) as

Table 6

Parental Involvement Measures

	Sample	Foster Family Care	Kinship Relative Care	Kinship Non-Relative Care	df	F
Foster Parent Activities	3.24 (.41) n=336	3.21 (.40) n=173	3.28 (.42) n=130	3.23 (.37) n=33	2, 333	.89
Foster Parent Invitation	2.32 (.77) n=334	2.35 (.78) n=172	2.33 (.77) n=129	2.11 (.75) n=33	2, 331	1.36
School Focused Role	3.13 (.89) n=336	3.17 (.83) n=172	3.14 (.96) n=131	2.93 (.91) n=33	2, 333	1.00
Parent Focused Role	4.99 (.72) n=337	4.99 (.72) n=173	4.98 (.74) n=131	5.07 (.74) n=33	2, 334	.20
Partnership Focused Role	5.17 (.60) n=336	5.18 (.55) n=172	5.12 (.68) n=131	5.24 (.52) n=33	2, 333	.73
Foster Parent Efficacy	4.66 (.64) n=336	4.65 (.63) n=172	4.69 (.69) n=131	4.57 (.51) n=33	2, 333	.52

well as higher levels of participation in parental involvement activities ($r = .24$, $p < .01$). Caution is urged regarding the findings for gender, given the small number of males in this study. Across all foster parent groups, participants reported very similar levels of parental involvement.

Data for foster parent's belief in their perceived role in the education of the target foster child were obtained (see Table 6). Foster parents reported moderate agreement with a partnership-focused role with the school. They also reported moderate agreement with a parent-focused role. Agreement for the partnership-focused role was slightly higher than agreement with the parent-focused role. Foster parents reported mild disagreement with a parental involvement role placing primary responsibility on the school. Participants with higher levels of education and those who had provided care for the target foster child for longer periods of time were less likely to agree with a school-focused role in addressing the education of children ($r = -.16$, $p < .01$ and $r = -.12$, $p < .05$, respectively). Female foster parents were more likely to report agreement with a partnership-focused role ($r = .11$, $p < .05$). Again, caution should be taken regarding findings for gender given the small number of males in this study.

Last, foster parents in this sample reported they perceived themselves as mildly to moderately efficacious in helping the target foster child with school. Those who had provided care for the target foster child longer were more likely to report higher levels of efficacy ($r = .11$, $p < .05$). Examination of the means across groups indicated foster parents in all three agreed on parental involvement roles. Foster parents in the sample also reported they were moderately effective in helping the target foster child in school. Like perception of role involvement, participants across foster parents groups were very

similar in their perception of self-efficacy. For all parental involvement measures reported in this section, caution should be taken. These findings are limited since only foster parent reports of their perceptions were obtained for these variables. Teacher reports were not obtained, so their perception is not available for comparison and balance.

Influencing Parental Involvement

Additional data were collected for factors believed to influence parental involvement for this specific population. The extent to which foster parents indicated the target child evidenced behavior problems was measured by administering the Behavior Rating Index for Children (BRIC). As shown in Table 7, foster parents, on average, rated the child in their care as exhibiting a level of problematic behavior above the normal range. Any BRIC score above 30 indicates a need for additional clinical assessment of the child. The sample mean for this measure was 33.1, and over half the foster parents (53.6%) rated the children above the clinical cut point. Kinship Relative Care parents reported a mean just above the clinical cut-point, a number 3.8 points lower than Family Foster Care parents reported and 7.6 points lower than Kinship Non-Relative parents reported. The results of an analysis of variance reported an overall significant mean difference between the groups on children's problem behavior, but post-hoc tests were not significant, and, therefore, did not establish which groups were different.

Foster parent's report of their perceived knowledge of the special education process was collected. On average, foster parents reported they had some perceived knowledge of the process involved in utilizing special education services. Those who had

Table 7

Measures Influencing Parental Involvement

	Sample	Foster Family Care	Kinship Relative Care	Kinship Non-Relative Care	df	F
Behavior Rating by Foster Parent (BRIC)	33.1 (17.9) n=331	34.2 (18.1) n=170	30.4 (16.6) n=128	38.0 (20.8) n=33	2, 328	3.00*
Knowledge of Special Education	1.64 (.90) n=99	1.80 (.81) n=33	1.47 (.95) n=33	1.64 (.92) n=33	2, 323	6.41**
Caseworker Support	1.22 (.57) n=308	1.21 (.55) n=162	1.26 (.59) n=118	1.08 (.61) n=28	2, 205	1.23
Family Coping: Overall	3.94 (.44) n=334	3.92 (.40) n=171	3.91 (.48) n=130	4.15 (.39) n=33	2, 331	4.44**
Family Coping: Professional/Spiritual Guidance	4.24 (.54) n=334	4.23 (.49) n=171	4.20 (.63) n=130	4.38 (.45) n=33	2, 331	1.40
Family Coping: Family & Neighbor Support	3.45 (.68) n=334	3.42 (.66) n=171	3.44 (.70) n=130	3.84 (.62) n=33	2, 331	5.64**
Family Coping: Affirming Family Confidence	4.20 (.49) n=334	4.20 (.48) n=171	4.18 (.52) n=130	4.30 (.69) n=33	2, 331	.70

*p = <.05
**p = < .01

been foster parents for longer periods of time and who had more foster children in the home reported higher levels ($r = .16$, $p < .01$ and $r = .15$, $p < .01$, respectively). More perceived knowledge of the special education process was also associated with the target foster child being in the home longer ($r = .14$, $p < .05$). FFC foster parents reported the highest level, followed by KNRC foster parents, both reporting having some. KRC foster parents reported significantly less perceived knowledge than either FFC or KRC parents, reporting that they had little such perceived knowledge. It is important to acknowledge that this data reflects foster parent *perceived* knowledge and not an objective assessment of their level of knowledge.

As shown in Table 7, foster parents in this sample reported, on average, that their caseworker had performed activities which supported their care of the target child, but that the caseworker could have done better (refer to Appendix C, page 192 for an understanding of these concepts). However, 35% reported that the caseworker did not provide supportive activities. Older foster parents reported receiving more support from the caseworker ($r = .21$, $p < .01$). While the mean for the KNRC group was slightly lower than the means for FFC and KRC groups, all groups were very similar. Caution should be taken since only foster parent reports of their perceptions were obtained. Caseworker reports were not obtained, so their perception is not available for comparison and balance.

Data were collected to measure perceived support reported by foster parents for coping with difficulties in life. As shown in Table 7, sample participants reported moderate overall support for coping. KNRC foster parents reported significantly more overall support for coping than did FFC or KRC foster parents.

Sub-scale scores regarding specific coping sub-systems were also examined.

These sub-systems were *professional and spiritual guidance, family and neighborhood support,* and *affirming family confidence* (or, support from with the immediate family).

Examinations of the subsystems means revealed sample participants felt their best source of support came from professional and spiritual guidance, followed by support from within their own immediate family (see Table 7). They were neutral when reporting support from their extended family and neighborhood, suggesting this sub-system was neither particularly helpful nor unhelpful. Foster parents with more experience and with whom the target foster child had lived longer were less likely to report extended family and neighborhood as sources for coping ($r = -.16, p < .01; r = -.12, p < .01$). This pattern for sub-systems was repeated within the three groups.

Comparisons of means across foster parent types revealed similar levels of support for the professional and spiritual guidance sub-system, and for the immediate family sub-system, with foster parents in each group reporting moderate support from these areas. However, KNRC foster parents reported significantly higher support from the family and neighborhood sub-system than did FFC or KRC foster parents.

Correlations

Analyses were conducted to determine the strength and significance of associations between variables in the data set. For these analyses, variables most pertinent to the research questions were selected and the findings are reported here. The variables were grouped into those relating to (a) foster parent characteristics, (b) child characteristics, and (c) factors influencing or supporting the foster parent. These groups of variables were then correlated with measures focused on parental involvement:

(a) foster parent parental involvement activities, (b) foster parent perception of

invitations from the school, (c) foster parent espoused school-focused role, parent-

focused role, and partnership-focused role; and (d) foster parent espoused belief in their

efficacy for helping the target child in school. Correlations between foster parent

characteristics and measures of parental involvement reported above and are not repeated

here. As shown in Table 8, most of the statistically significant findings discussed here

show mild to moderate levels of association. A few had high levels of associations.

Again, caution should be taken since only foster parent reports of their perceptions were

obtained. Teacher and caseworker reports were not obtained, so their perceptions were

not available for comparison and balance.

Foster Child Characteristics and Parental Involvement Measures

As shown in Table 8, several mild to moderate associations were found between

variables representing foster child characteristics and parental involvement variables. The

age of the target child was significantly associated with every parental involvement

variable, and the child's length of stay in the foster home was significantly associated

with all parental involvement variables except for parent-focused and partnership focused

roles. Specifically, foster parents engaged in more parental involvement activity and

received more invitations from the school when they were parenting younger children.

Activities and invitations were more frequent for foster parents who had provided care

for the target foster child for longer periods of time. When they parented older children,

foster parent endorsement of the parent-focused and partnership-focused roles was lower

and endorsement of the school-focused role was higher. Foster parents parenting older

children reported lower levels of efficacy in helping children in school, but those with

Table 8

Correlations for Child and Support
Characteristics: Parental Involvement Measures

Variables	Foster Parent Activities	Foster Parent Invitation	School Focused Role	Parent Focused Role	Partnership Focused Role	Foster Parent Efficacy
Age of Foster Child	-.22**	-.20**	.18**	-.16**	-.19**	-.16**
Length of Stay	.24**	.15**	-.12*	.01	.09	.11*
Behavior Rating	.07	.10	.05	-.08	.05	-.40**
Years Since Becoming a Foster Parent	.04	.07	.03	–.01	.09	.01
Caseworker Support	.04	.12*	.03	.09	.09	.08
Knowledge of Special Education	.25**	.18**	-.16**	.18**	.26**	.12*
Family Coping: Overall	.10	.11*	.01	.15**	.24**	.03
Family Coping: Professional & Spiritual	.16**	.16**	-.02	.12*	.27**	.02
Family Coping: Family & Neighbor	.03	.05	-.01	.07	.15**	-.07
Family Coping: Affirming Family Confidence	.07	.05	.07	.17**	.16**	.19**

*p = < .05
**p = < .01

target foster children in the home for longer periods of time reported higher levels of efficacy. Only one association was observed between the behavior rating of the target foster child and parental involvement variables. Foster parents reported lower levels of efficacy as their ratings of problem behavior of the target child increased.

Factors Influencing/Supporting Foster Parent and Parental Involvement Measures

Several significant associations were observed for measures which influence or support the foster parent and parental involvement measures (see Table 8). Higher levels of perceived support from the DHS caseworker were associated with more invitations from schools to participate in the target child's educational activities. Also, perceived knowledge of the special education process had a significant relationship with every parental involvement measure. More perceived knowledge of the special education process was associated with higher levels of foster parent involvement activity and more invitations to participate from the school. Perceived special education knowledge also had a strong positive association with endorsement of a partnership-focused role, and a less powerful positive association with the parent-focused role. Consistent with these views of parental involvement roles, perceived knowledge of the special education process was negatively associated with endorsement for a school-focused role. Perceived knowledge of special education process was positively associated with higher levels of perceived efficacy by foster parents for helping the child with school. Again, it is important to acknowledge that this data reflects foster parent perceived knowledge, not an objective assessment of their level of knowledge.

Correlations between variables of social support and specific sources of coping with difficulties were also examined. As shown in Table 8, higher levels of support were associated with more invitations from the school, as well as with stronger foster parent endorsement of partnership-focused and parent-focused roles. The association was strongest with the partnership-focused role. Looking at specific sources of coping with difficulties, foster parents who indicated reliance upon sources from professional and

spiritual guidance also reported higher levels of foster parent involvement activity and more invitations from the school. They also expressed stronger endorsement for partnership-focused and parent-focused roles. Foster parents who indicated reliance on sources of coping from the extended family and neighborhood also reported stronger endorsement for the partnership-focused role. Last, those who indicated more reliance on support from within their immediate family reported stronger endorsement of parent-focused and partnership-focused roles, and higher levels of efficacy for helping the target foster child with school.

Matched Dataset

Development of the Matched Sample

As noted earlier, comparing groups within this sample on continuous variables raises a concern about Type I error due to uneven cell sizes, a violation of ANOVA assumptions. As shown in Table 3, the number of participants in Family Foster Care and Kinship Relative Care groups was greater than in the Kinship Non-Relative Care group, exceeding the acceptable ratio of 4:1. While homogeneity of variance was acceptable on most variables, somewhat reducing concerns regarding Type I error, a conservative approach was followed to avoid overestimating findings. A matched sample was created to alleviate the concern for cell sizes in order to address this concern.

The matched sample was based upon all 33 participants in the KNRC group. Sixty-six cases were matched to the KNRC cases, 33 each from the FFC and KRC groups, by examining individual cases compared to those in the KNRC group. Criteria established for matching cases were, in order of priority, (1) race, (2) gender, (3) marital status, (4) age of foster parent, (5) employment status, (6) income, and (7) age of foster

child of interest. Race and gender were matched exactly for every case except one in which there was no race designation provided for the KNRC case. For this case, remaining criteria were used to match without regard to race. With regard to marital status, all but 1 case was matched. With regard to age of the foster parent, 58 cases were matched with the same age or within 5 years plus or minus the age of KNRC case; 4 were matched within 6 to 10 years. The remaining 4 could not be matched within this age span. With regard to employment status, 54 cases were exactly matched for employment status. Income proved to be the most difficult criteria to match due to the varied levels of income observed in the sample. Forty-eight cases were matched that shared the same income level or were within $20,000 of each other. Thirteen cases were within a range of $25,000 to $50,000 of each other and 5 cases were in a range over $50,000 of each other. Last, 48 cases were matched for age of the target child within 2 years, 15 cases within 3 to 4 years, and 5 cases within 5 to 6 years.

Data Cleaning

Continuous variables for the matched sample were reexamined for normalcy. Visual examinations of histograms for most all scale variables appeared normal. Examination of the skew statistics suggested the same interpretation, with all values within the acceptable range of 1.0 to –1.0. An exception was the variable representing foster parent perception of a partnership-focused role in helping the target child with school. This variable had a skew statistic of –1.053, just over acceptable limits. Values lower than a z score of –2.0 were recoded as –2.0, which improved the score to an acceptable –.054. Demographic variables for level of income, number of years since core training, number of years since the target child was first placed out of their birth home,

number of foster children presently in the home, total number of persons presently in the home, and number of years the target child had been in the foster home all had skew statistics well over acceptable limits. However, these skews were similar in shape to those in the full sample, and distributions appeared to be typical of real world conditions in a large, publicly administered foster care program. This was especially true for Family Foster Care, where many participants had been fostering for many years. No transformations were made in these variables to preserve the inherent meaning of these scores (Tabachnick & Fidell, 1996).

Description of Matched Sample

General Descriptive Information: Matched Sample

Demographics for the matched sample vary from the whole sample, and so are discussed here. As shown in Table 9, participants in the matched sample were, on average, forty-four years of age. Married parents represented over two-thirds of the matched sample, and ninety percent were female. Sixteen percent of the matched sample was of minority racial status, with Native Americans representing the largest minority group at 12% percent. African American foster parents represented 3%, and White foster parents almost 83% of the matched sample (see Table 10). Participants in the matched sample had achieved a mean level of education which represented some college course work. Over half of these participants were employed outside of the home full-time. Combined with those working part-time, almost three-fourths of the matched sample was working outside of the home sometime during the day. The matched sample foster parents reported an average yearly income between $31,000 and $35,999 and resided in homes composed of five total persons, three of whom were children.

Table 9

Frequencies and Means for Foster Parent Demographics: Matched Sample

	Matched Sample (n=99)	Foster Family Care	Kinship Relative Care	Kinship Non-Relative Care	df	χ^2/F
Male	10 (10.1%)	4 (12.1%)	3 (9.1%)	3 (9.1%)	2	.22
Female	89 (89.9%)	29 (87.9%)	30 (90.9&)	30 (90.9&)		
Single	33 (33.3%)	10 (30.3%)	11 (33.3%)	12 (36.4%)	2	.27
Married	66 (66.7%)	23 (69.7%)	22 (66.7%)	21 (63.6%)		
Not Employed	25 (25.3%)	7 (21.2%)	6 (18.2%)	12 (36.3%)	4	5.4
Part-Time	21 (21.2%)	10 (30.3%)	6 (18.2%)	5 (15.1%		
Full Time	53 (53.5%)	16 (48.5%)	21 (63.6%)	16 (48.6%)		
Minority	15.5% (15)	15.2% (5)	15.6% (5)	15.6% (5)	2	.004
Non-Minority	84.5% (82)	84.8% (28)	84.4% (27)	84.4% (27)		
Age (years)	43.5 (SD=9.14) n=99	42.8 (10.05) n=32	43.9 (8.09) n=33	43.9 (9.44) n=33	2, 95	.157
Income	6.96 (3.59) n=91	7.30 (2.65) n=30	6.06 (3.12) n=32	7.59 (4.69) n=29	2, 88	1.59
Education	6.00 (1.97) n=99	5.91 (1.96) n=33)	5.52 (1.60) n =33	6.58 (2.21) n=33	2, 96	2.52
Total Number of Children in the Home	2.87 (1.69) n=99	3.61 (1.87) n=33	2.64 (1.50) n=33	2.36 (1.45) n=33	2, 96	5.38**
Total Number of Persons in the Home	4.78 (2.06) n=99	5.76 (2.49) n=33	4.45 (1.66) n=33	4.12 (1.60) n=33	2, 96	6.45**

[a]Taken from DHS-CFSD variable reported as 1 or 2 adults present in the home.
[b]Income levels reported in $4,999 increments: 1 = < $5,000, 2 = < $11,000, etc.
[c]Key: (1) less than 6th grade, (2) less than 9th grade, (3) less than high school, (4) high school/GED, (5) vocational school), (6) some college course work, (7) associates degree, (8) bachelors degree, (9) some graduate coursework, (10) masters degree, and (11) post-masters coursework.
**p = < .01

Table 10

Race of Foster Parents: Matched Sample

Foster Parent Race	Matched Sample	Foster Family Care	Kinship Relative Care	Kinship Non-Relative Care
American Indian	12.1% (12)	12.1% (4)	12.5% (4)	12.5% (4)
Asian	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
African American	3.0% (3)	3.0% (1)	3.1% (1)	3.1% (1)
Hispanic/Latino	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
White	82.8% (82)	84.8% (28)	84.4% (27)	84.4% (27)
Biracial/Multi-Racial	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
Unknown	2.0% (2)	0.0% (0)	0.0% (0)	0.0% (0)
Total	100.0% (99)	100% (33)	100% 32	100% 32
Minority	15.5% (15)	15.2% (5)	15.6% (5)	15.6% (5)
Non-Minority	84.5% (82)	84.8% (28)	84.4% (27)	84.4% (27)

Due to the matching process, differences in foster parent characteristics across group types were less apparent than in the full sample. Discrete variables for gender and marital status were almost the same and non-significant Chi-Square statistics confirmed these were expected values. Variability was apparent in employment status. Kinship Relative Care parents appeared to be working full-time in greater numbers than either Foster Family are or Kinship Non-Relative care parents, and KNRC parents appeared to not be working out of the home in greater numbers than either of the other two groups. However, these differences in frequency were not significant in the Chi-Square analyses.

As noted above, typical income level for the matched sample was reported in the range of $31,000 to $35,999. Income levels across foster parent group types were very similar. Participants reported an educational achievement of some college coursework,

and this, too, was very similar across group types. FFC parents reported significantly more children and more total persons, overall, residing in the home than did either KRC or KNRC parents (see Table 9).

Foster Care Context: Matched Sample

As shown in Table 11, participants in the matched sample had received their core foster parent training, on average, two years prior to this study and had foster children first placed in their home almost two years prior to that time. They had parented an average of nine children since the time they first became foster parents, and presently had an average of two foster children currently placed in their home. The target foster child had been in the home a little longer than one year.

Like the full sample, Family Foster Care parents were significantly more experienced than either Kinship Relative Care or Kinship Non-Relative Care parents. As shown Table 11, they had been trained over three years longer and had parented foster children one and one-half years longer. FFC parents had provided care for over 6 and 9 times as many foster children, respectively, as KNRC and KRC parents. Every group reported, on average, two foster children in the home at time of assessment, and also reported that target children had been in their homes slightly more than one year.

Parental Involvement Measures: Matched Sample

As shown in Table 12, foster parents in the matched sample reported that they had participated in parental involvement activity a few times over the school year and had been invited by the school to participate in activities one and two times. Across foster parent groups, means for activity and invitation were very similar.

Table 11

Demographic Data Specific to Foster Care Context: Matched Sample

	Matched Sample	Foster Family Care	Kinship Relative Care	Kinship Non-Relative Care	df	F
Years Since Core Training	2.19 (4.50) n=72	4.58 (7.07) n=24	0.91 (1.12) n=23	1.08 (1.47) n=25	2, 69	5.77**
Years Since Becoming a Foster Parent	1.99 (1.87) n=93	3.10 (2.30) n=29	1.34 (1.07) n=32	1.63 (1.60) n=32	2, 90	9.15**
Total Number of Children Fostered Since Licensed	9.14 (14.64) n=96	21.7 (20.0) n=32	2.35 (1.23) n=31	3.30 (3.41) n=33	2, 93	27.75**
Current Number of Foster Children In Home	1.91 (1.50) n=99	2.27 (1.82) n=33	1.85 (1.28) n=33	1.61 (1.30) n=33	2, 96	1.70 .
Years Foster Child of Interest Has Been in the Home	1.23 (1.08) n=99	1.10 (1.06) n=33	1.36 (1.02) n=33	1.24 (1.16) n=33	2, 96	.465

**p=<.01

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Table 12

Parental Involvement Measures: Matched Sample

	Matched Sample	Foster Family Care	Kinship Relative Care	Kinship Non-Relative Care	df	F
Foster Parent Activities	3.19 (.43) n=99	3.10 (.47) n=33	3.25 (.45) n=33	3.23 (.37) n=33	2, 96	1.13
Foster Parent Invitation	2.13 (.73) n=99	2.10 (.73) n=33	2.17 (.73) n=33	2.11 (.75) n=33	2, 96	.134
School Focused Role	3.09 (.86) n=99	3.24 (.80) n=33	3.10 (.85) n=33	2.93 (.91) n=33	2, 96	1.24
Parent Focused Role	4.95 (.76) n=99	4.73 (.73) n=33	5.05 (.80) n=33	5.07 (.74) n=33	2, 96	2.05
Partnership Focused Role	5.15 (.65) n=99	5.05 (.63) n=33	5.17 (.77) n=33	5.24 (.52) n=33	2, 96	.754
Foster Parent Efficacy	4.68 (.67) n=99	4.52 (.78) n=33	4.94 (.61) n=33	4.57 (.51) n=33	2, 96	.4.19*

$p =< .05$

Participants in the matched sample reported moderate agreement with a partnership-focused role in helping foster children with educational activities, and mild agreement with a parent-focused role (see Table 13). They reported mild disagreement with a school-focused role. Again, the means across foster parent groups on these measures were very similar. Foster parents in the matched sample reported moderate feelings of efficaciousness in helping the target foster child with school. While participants in all three groups reported moderate levels of efficacy, Kinship Relative Care parents felt significantly more effective than Family Foster Care parents. There was no corresponding difference between KRC parents and Kinship Non-Relative Care parents, nor was there a significant difference between FFC and KNRC parents. Once again, caution should be taken since only foster parent reports of their perceptions were obtained. Teacher reports were not obtained, so their perception is not available for comparison and balance.

Influencing Parental Involvement: Matched Sample

Like the full sample, foster parents in the matched sample reported levels of behavior problems in the target foster child at just above the mean clinical cut-point of 30 (see Table 13). Though a range of variability for target foster child behavior problems existed across foster parent groups, all means were similar and at or above the clinical cup-point. Regarding perceived knowledge of special education process, matched sample participants reported some knowledge in this area. Participants across foster parent groups reported similar levels of perceived knowledge. Again, it is important to acknowledge that this data reflects foster parent perceived knowledge and not an objective assessment of their level of knowledge.

Table 13

Measures Influencing Parental Involvement: Matched Sample

	Matched Sample	Foster Family Care	Kinship Relative Care	Kinship Non-Relative Care	df	F
Behavior Rating by Foster Parent (BRIC)	34.3 (19.0) n=97	30.7 (18.5) n=32	34.2 (17.3) n=32	38.0 (20.8) n=33	2, 94	1.19
Knowledge of Special Education	1.64 (.90) n=99	1.80 (.81) n=33	1.47 (.95) n=33	1.64 (.92) n=33	2, 96	1.12
Caseworker Support	1.20 (.60) n=89	1.19 (.55) n=32	1.34 (.62) n=29	1.08 (.61) n=28	2, 86	1.41
Family Coping: Overall	3.99 (.46) n=98	3.95 (.48) n=32	3.88 (.48) n=33	4.15 (.39) n=33	2, 96	3.19*
Family Coping: Professional/Spiritual Guidance	4.15 (.56) n=98	4.01 (.54) n=32	4.05 (.62) n=33	4.38 (.45) n=33	2, 95	4.56*
Family Coping: Family & Neighbor Support	3.64 (.66) n=98	3.62 (.70) n=32	3.46 (.62) n=33	3.84 (.62) n=33	2, 95	2.82
Family Coping: Affirming Family Confidence	4.25 (.49) n=98	4.25 (.52) n=32	4.19 (.55) n=33	4.30 (.69) n=33	2, 95	.360

p= < .05

Regarding support from their caseworker, foster parents in the matched sample reported that this person had performed activities which supported their care of the target child, but the caseworker could have done better. Thirty-eight percent believed that the worker, on average, did not complete these activities. All foster parent groups were very similar in their view of caseworker support. Again, caution should be taken since only foster parent reports of their perceptions were obtained. Caseworker perceptions were not available for comparison and balance.

Last, participants in the matched sample reported moderate levels of support for coping with problems and difficulties faced as a foster parent. As shown in Table 13, KNRC parents reported significantly higher levels of support than did FFC and KRC parents.

As in the full sample, sub-scale scores for specific coping sub-systems were examined. These sub-systems were, again, professional and spiritual guidance, family and neighborhood support, and affirming family confidence (or, support from within the immediate family). Examinations of the subsystems means revealed matched sample participants felt their best source of support came from affirming family confidence, followed by professional and spiritual guidance, then family and neighborhood. This pattern for sub-systems was repeated in the by FFC and KRC groups. KNRC parents in the matched sample reported that their best source came from professional/spiritual guidance, followed by affirming family confidence, then extended family and neighborhood support.

A comparison of each sub-system mean across groups revealed some significant differences. Regarding professional/spiritual guidance, KNRC parents reported

significantly more support for coping from this system than did FFC and KRC parents. For the two other sub-systems, each foster care group was similar in the level of support they received from each sub-system, with one difference. Moderate support was reported in every case except that KRC parents stated they were neutral on support from extended family and neighborhood, suggesting this sub-system was neither particularly helpful nor unhelpful.

The third research question for this study asks what predicts parental involvement activity by foster parents. The report of results will now move to a description of the analysis used to address this question and data gathered to represent it.

Explaining Parental Involvement Activity

Causal Model Development

Conceptualization

Path analyses were conducted to examine what variables might explain the likelihood that foster parents in this sample would participate in parental involvement activity. Hoover-Dempsey & Sandler (1995) suggested that the decision to participate in such activity was a combination of a parent's (a)construction of their parental role, (b) sense of efficacy in helping children with school, and (c) opportunities and demands for involvement from child and school. Addressing the third research question for this study, what might predict parental involvement by foster parents, provided an opportunity to test the Hoover-Dempsey and Sandler model of parental involvement.

Associations between variables were analyzed to determine if a causal model for foster parent parental involvement activity could be constructed. Six constructs were proposed that appeared to have potential to define a causal path: *foster child*

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characteristics, parent characteristics, home context, invitations from school, perceived

partnership role, and perceived parent efficacy. A seventh construct, serving as the

dependent variable, was *parental involvement activity.* These constructs were composed

of pertinent variables from the full sample dataset which were found to be significantly

correlated to parental involvement activities (see Table 8).

For this model, the seven constructs were arrayed into four components (see

Figure 1). Theory and research suggest that characteristics of the foster child influence

foster parent behaviors (Scannapieco, 1999; Keller, et al, 2001). Therefore the first

component of the causal model was the target child in foster care. It was posited that the

target child would influence the second component of the model consisting of both foster

parents (parent characteristics) and the context in which they lived (home context). The

combined influence of these two components, plus the child characteristics, would, in

turn, impact a third component addressing how foster parents made decisions about their

participation in parental involvement, namely, invitations from school, perceived

partnership role, and perceived parent efficacy. Based on the work of Hoover-Dempsey

and Sandler (1995), the combined weight of these three components would then influence

a fourth component, the dependent variable of parental involvement activities.

Construct Development

The constructs used in the model were either single variables or combinations of

variables from the data set. The child characteristics construct was represented by a

composite variable composed by summing the child's age in years and her/his number of

years in foster care. The parent characteristics construct was represented by a single

variable which measured the number of years since the foster parent had first provided

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care for a foster child. The home context construct was also represented by a composite variable. It measured the foster parent's report of perceived knowledge of the special education process and their level of reliance on the professional/spiritual guidance sub-system for coping with difficulties encountered as a foster parent. Because these two variables were scored on different scales (a 3-point scale for knowledge of special education process and 5-point scale for coping through professional/spiritual guidance) each was standardized, and then the two standardized scores were summed.

The third component of the model was represented by constructs theorized by Hoover-Dempsey and Sandler (1995). These authors have suggested a conceptualization of parental involvement which is a combination of school invitation, parental role construction, and parental efficacy for helping a child with school. In combination, these three constructs provide the key factors in the parental decision to become involved in parental involvement activity. A note should be made about parental role. Hoover-Dempsey and Sandler described two additional roles in their theory, school-focused and parent-focused roles, which were reported earlier in this study. They also stated that endorsement of the partnership-focused role has the best potential, in the combination with school invitations and parent efficacy, for optimum levels of parental involvement activity. These three variables were represented by their total scale scores on the instruments developed by Reed, et al, 2000, based on the work of Hoover-Dempsey and Sandler. It is important to acknowledge that only foster parent reports of their perceptions were obtained. Teacher reports were not obtained, so their perception for these variables was not available for comparison and balance. Finally, the seventh construct, the dependent variable, was the total scale score on the instrument measuring the number of

times during the school year the foster parent had participated in a diverse set of parental involvement activities (Epstein & Salinas, 1993) based upon the work of Epstein.

Thus, the model proposed here hypothesizes that characteristics of the target foster child predict foster parent characteristics and the foster home context. Together, these three constructs predict partnership-focused role construction, efficacy, and invitations to be involved from the school, which, in turn determine the observed level of parental involvement activity on behalf of the target foster child.

Path Analysis

Path analysis procedures were used to test the model predicting parental involvement activity. As seen in Figure 1, the results of the path analysis supported the proposed model. Only significant paths are depicted in the figure. Direct paths are represented by straight lines. Child characteristics positively predicted parent characteristics and invitations from school, but negatively predicted foster parent construction of a partnership-focused role with the school. This suggests that older foster children with longer periods of placement in the foster home lived with more experienced foster parents as might be expected. Concurrently, foster parents caring for older children in foster care for longer periods of time experienced more perceived invitations to become involved in the education of the foster child, but were unlikely to choose a partnership-focused role with the school. While child characteristics were not related to the foster home context, the home context positively predicted both the partnership-focused role and perceived invitations from the school. Each of the three Hoover-Dempsey and Sandler constructs had direct paths to parental involvement activity. Foster parents were more likely to become involved when they perceived themselves as

Parent
Characteristics

Invitation
From
School

Child
Characteristics

Perceived
Partnership
Role

Parental
Involvement
Activities

Home
Context

Perceived
Parent
Efficacy

.162**

-.122*

.215**

.413**

-.129**

.233**

.372*

.135**
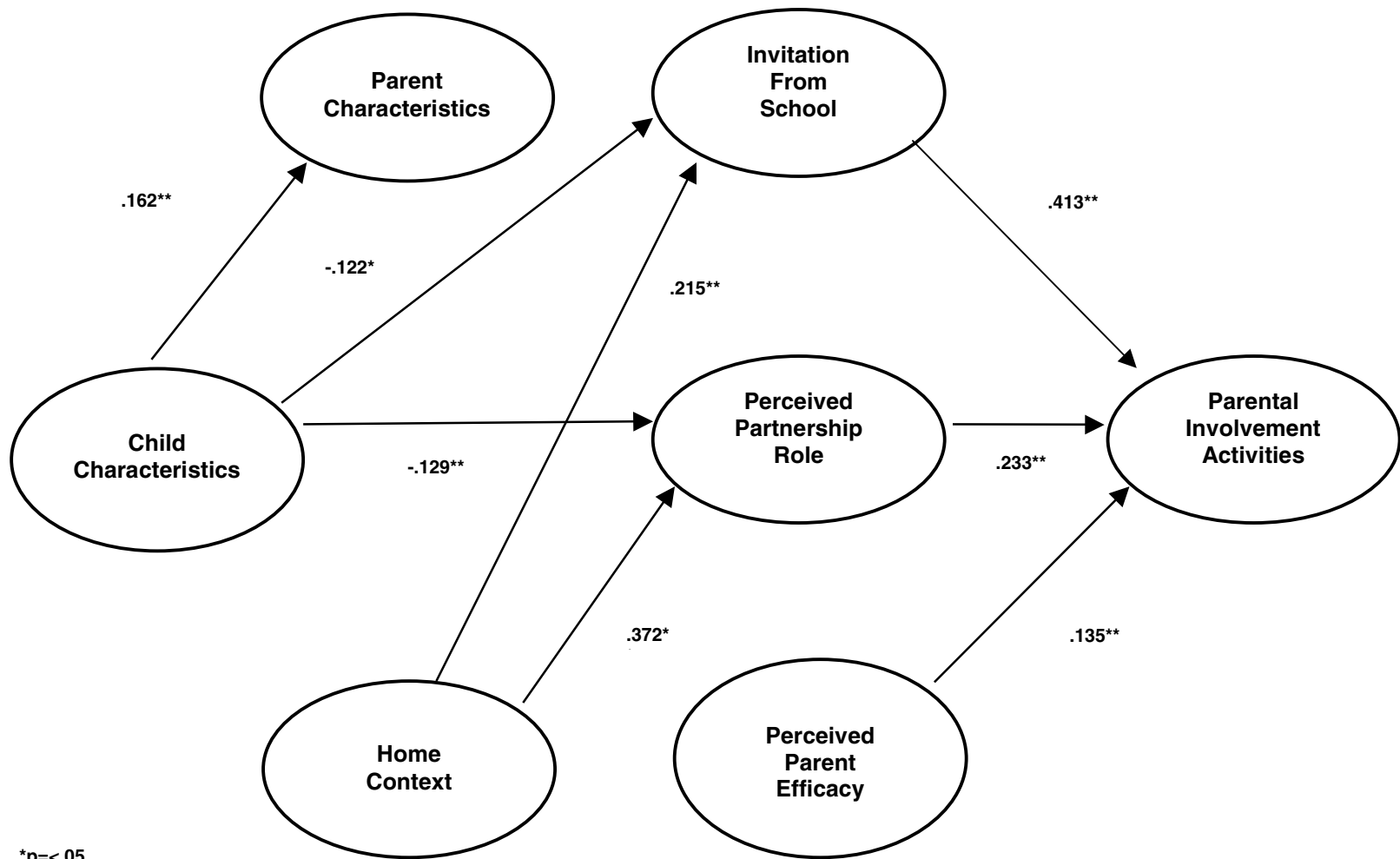
*p=<.05
**p=< .01

Figure 1: Path Analysis

efficacious, valued a partnership-focused role with the school, and perceived invitations from the school to be involved.

While child characteristics, alone, did not predict parental involvement activity, it indirectly influenced it through invitations from the school and endorsement of a partnership-focused role. Likewise, neither parent characteristics nor home context directly predicted the outcome variable. However, home context indirectly influenced parental involvement activity through its direct influence on invitations from the school and foster parent endorsement of a partnership-focused role. Parent characteristics, though influenced by child characteristics, had neither direct nor indirect influence on any other components in the model.

CHAPTER 5

DISCUSSION

Intended Purpose of the Study

The purpose of this study was to explore what foster parents report about their involvement in the education of foster children in their care. Further, its purpose was to compare three types of foster parents on parental involvement measures. Last, the purpose of this study was to determine if parental involvement activity could be predicted from factors associated within the foster care context.

Limitations Study

One limitation of this study was that the response rate of the participants was lower than desired. From a population of 929 possible participants, 345 usable returns were received, representing a return rate of 37.2%. However, a comparison of the demographic characteristics of sample and population suggested that the two groups were quite similar. This similarity may mitigate concerns regarding the return rate and representativeness of the sample.

A second limitation was that the difference in the cell size of the Kinship Non-Relative Foster Care group compared to both the Family Foster Care and Kinship Relative Care groups violated assumptions for statistical analysis. This limitation was mitigated by construction and utilization of the Matched Sample, and group comparisons discussed here are based upon that data set.

A third limitation was that data from caseworkers and teachers also involved with the child were not gathered. While the idea of obtaining caseworker data was broached with the Department of Human Services/Child and Family Services Division, the agency

administration was not willing for caseworkers to participate due to workload concerns. The researcher elected not to pursue data from teachers due to the logistical problem of obtaining individual consent from dozens of school districts across the state.

Last, reliable measures could not be obtained for three target child variables deemed important to this study. Prior research suggested that overall well being and educational performance of children was negatively influenced by the experience of child maltreatment as well as the specific type of maltreatment (Egelund & Sroufe, 1981; Aber & Allen, 1987; Crittenden & DiLalla, 1988; Iverson and Segal, 1992; Eckenrode et al., 1993; Kendall-Tackett & Eckenrode, 1996). The initial plan was to obtain measures for type of maltreatment, school testing or academic scores, and presence and type of disability from the Adoption and Foster Care Analysis and Reporting System (AFCARS) data base maintained by the Oklahoma Department of Human Services-Children and Family Services Division. After examination of the AFCARS data, these variables evidenced multiple problems and were deemed unusable. Since it was anticipated that data from this official reporting system would be more reliable than foster parent report, this issue was not a part of the foster parent survey. With caseworkers not surveyed, no other sources for reporting on type of maltreatment, educational outcome, and presence and type of disability were available for analysis.

Sample Participants and Research on Foster Parents

Before addressing the central issue of parental involvement, it is important to identify how participants in this sample compare with other foster parents and foster parent groups as reflected in the literature. Sample participants appeared to reflect portraits of foster parents in prior studies. Overall, they resided in middle-income

families, had moderate levels of education, and were married ((Denby, Rindfleisch, & Bean, 1999; Fees, et al., 1998; Sanchirico, Lau, Jablonka, & Russell, 1998). Participants in the Kinship Relative Care group closely matched the view that kinship foster parents were typically older, single, of minority status, and employed outside of the home (Berrick, Barth & Needell, 1994; Gebel, 1996; Pecora, Le Prohn, & Nasuti, 1999; Scannapieco, 1999). Regarding employment, it should be noted that this study differentiated between full and part-time status, while prior research did not. The percentage of foster parents employed full-time in this study was comparable to the percentage "employed" in the literature. However, combined percentage employed full-time and part-time in this study was higher than employment figures in the literature. Possibly foster parents in this sample have an increased need for income due to increased financial stress of the current economy as compared to foster parents reporting in previous years. The added burden of work outside the home and caring for children in foster care may add more stress to their role.

As discussed in the literature review, the concept of satisfaction with the role of foster parent has been examined. One dimension of that satisfaction is support the foster parent receives from individuals within the system in which they function. Higher levels of support result in higher levels of participation in the service planning process, the assessment, planning, and casework effort designed to mitigate the effects of maltreatment for the child (Sanchirico, et al, 1998). Addressing educational needs of foster children would be a significant part of that process. Central to satisfaction in the service planning process is the quality of support received from the caseworker. Foster parents in this sample fared better in their relationship with the caseworker than foster

parents described in the literature. Prior research reported a more problematic view of the relationship between caseworker and caregiver overall, with kinship foster parents reporting more problems than typical foster parents (Cimmarusti, 1999; Gebel, 1996; Scannapieco, 1999). In this sample, participants reported a positive relationship with the caseworker, and no differences were observed between foster care groups in level of caseworker support.

Support was strengthened by assistance from sources beyond the relationship with the caseworker. Foster parents in this sample reported moderate levels of support from their social system. Those from the Kinship Non-Relative Care group reported significantly higher levels of support than the other two groups, but the actual difference in the means was small. When specific support sub-systems were examined, KNRC parents relied more on sources of support from professional and spiritual guidance than did Family Foster Care or Kinship Relative Care parents. These findings cannot be compared with prior research since support has not been examined in prior foster care research using these terms. What is known is that some foster parents reported significant levels of stress in their role, especially kinship foster parents (Cimmarusti, 1999; Petras, 1999). One might infer that prior research indirectly suggests that lack of caseworker support contributed to increased stress for those foster parents. The findings from this study suggested caseworker support and support from the social system might mitigate stress for foster parents in this sample. However, this cannot be clearly established from sample data since no measure of stress was obtained.

Perceptions of the target foster child's behavior were comparable to reports in the literature. Foster parents in this sample reported that the children in their homes exhibited

behavior that appeared to need clinical attention. However, there were no significant differences in children's problem behavior across foster parent groups in this report, contrary to Gebel (1999) who reported that kinship relative care parents reported a more positive view of children in their care than did typical foster parents. Comparing reported problem behavior between this study and those reported in prior research may be difficult, since this study asked that the foster parents report on a specific child and those in the literature asked for foster parents to report their impression, in general, of the behavior of foster children. Reporting on a specific child may elicit a different response than reporting on foster children in general.

Foster Parents and Parental Involvement

The first research question posed by this study asked what foster parents report about their involvement in the education of foster children in their care. Foster parent report on parental involvement, as addressed by the theoretical base used in this study, has not been examined in the literature. Thus, the nature of this question is exploratory. However, the findings will be compared to the parental involvement literature on typical families. Findings are supported by data from the full sample except for foster parent group comparisons, which are supported by data from the matched sample.

For clarity, it is important to establish the context for which foster parents were asked to report. Participants received their surveys in early fall. They were asked to reflect on the *last school year* for responding about parental involvement. For example, when asked about parental involvement activities, they were directed to report only those in which they engaged on behalf of the target child during the previous school year. Thus,

the measure for parental involvement activities is the number for one school year, not a total for the whole time they had parented the target child.

Foster parents in this sample involved themselves in parental involvement activities several times during the school year. They also reported that they had been invited to the school, on average, over two and up to a few times during the school year. This level of involvement and invitation might be considered low, given these same foster parents also reported clinical levels of behavioral problems in the target child, and since the literature suggests that children in foster care experience more school problems and more special education placements than other children (Fletcher-Campbell & Hall, 1990; Sawyer & Dubowitz, 1994). At least one study suggested that teachers believed they initiated more contact with parents whose children presented discipline problems (Dornbusch & Ritter, 1988). Some light is shed on this matter by returning to the parental involvement instrument used in this study and examining the individual items for talking with the teacher at school and talking with the teacher at home. While the overall involvement mean was low, almost all of these foster parents reported that they had talked with the target child's teacher *at school*. Likewise, half reported they had talked with the teacher *by telephone*. Thus, while invitation from the teacher was lower than expected, foster parents had initiated a lot contact with the teacher to discuss the child. This is more in line with literature reporting that 52% and 84% of parents report some contact with teachers during a school year (Epstein, 1986; Miller & Kerbow, 1993). As stated above, these findings are limited to foster parent perception since teacher data is not available.

Parental involvement activity and invitation from the school may be influenced by factors within the foster care experience. For example, more parental involvement was associated with foster parents who had parented the target child for longer periods of time. This suggested that gaining more knowledge through experience caring for the child prompted foster parents to participate in more parental involvement activity during the year for which the report was made. Additionally, those who had parented the child for longer periods of time also reported more invitation from teachers to participate in parental involvement. Further, foster parents of minority status reported higher levels of invitation than those of non-minority status. Though these findings are not as clear as that for parental involvement activity and can not be verified by teacher report, they may have a reasonable explanation. Foster parents who become more involved after more experience with the child may contact the school for assistance, and teachers may reciprocate by giving more invitations.

In preferring a partnership-focused role, foster parents chose the role most supported in the literature for providing help to the child with school (Hoover-Dempsey & Sandler, 1997). Given they reported only slightly less support for a parent-focused role, these foster parents clearly felt it was important for them to take a central role in helping foster children in school, regardless of the role they had expected from teachers. This is supported by the fact that foster parents expressed mild disagreement with a school-focused role. These findings suggest that foster parents are willing to partner with schools, and, if necessary initiate involvement on their own to insure that the child succeeds. This is likely driven by the tremendous needs identified when children are placed within the foster home.

Challenged by the demands of foster parenting, it could be expected that foster parents might express doubts about their ability to address significant needs presented by children in foster care. Prior research reported foster parents expressed less satisfaction with their role as foster parent when they did not feel competent to handle such problems (Denby & Rindfleisch, 1996). Thus, it is mildly surprising that foster parents in this sample felt they could be effective in helping target foster children with school. Two findings are noted. First, similar to the findings already discussed for parental involvement activity and invitation from the school to become involved, foster parents who provided care for the target child for longer periods of time also reported feeling a sense of efficaciousness for helping that child with school. It is likely that developing knowledge about the child's needs and strengthening the relationship with the child contributed to increased parental confidence to help in school.

However, for some foster parents, these same challenges were associated with a diminished sense of efficacy. Foster parents who rated the target child higher on behavior problems were also those who reported less efficaciousness in helping the child in school. Lower efficacy was also matched with foster parents who parented older children. Believing one is less capable when encountering clinical level behavior problems is intuitively understandable. Since these behavior problems tend to increase as foster children age, the same would be true for those parenting them. In these situations, it is not surprising that more time caring for the target foster child did not contribute to an increased sense of capability, and actually might have lessened it. This might be influenced by findings in prior research which reported that older children in foster care have often experienced multiple placements, and that multiple placements can be

associated with more problematic behavior. For whatever reason, it is supposed that these foster parents also experience less satisfaction in their role, which may have contributed to a cycle of feeling less capable, which, in turn, negatively impacted participation in parental involvement.

Experience with the special education process appeared to have a strong association with parental involvement by foster parents in the full sample. Given the fact that significant numbers of foster children receive special education services (Advocates for Children of New York, 2000; English et. al., 1994; Fletcher-Campbell & Hall, 1990; George, Van Voorhis, Grant, Casey, & Robinson, 1992; Oregon Department of Human Services-Children's Services Division, 1990; Sawyer & Dubowitz, 1994; Stein, 1997; Sullivan & Knutson, 2000) it is not surprising that foster parents would have opportunity to gain knowledge of its process. While foster parents reported, on average, moderate levels of perceived knowledge about the special education process, this was positively associated with every dimension of parental involvement assessed. Additionally, higher levels of perceived knowledge were associated with more experienced foster parents and with those who had parented target children for longer periods of time. Foster parents with greater perceived knowledge of the special education process had received more invitations from the school to become involved and had participated in more activities. They also were more likely to endorse a partnership-focused role with the school and to report higher levels of efficacy for helping the child with school.

This finding is interesting since establishing special education services for foster children is reported to be problematic (Weinberg, 1997). Also, as reported by Hubley (1997), the Individuals with Disabilities Education Act does not contain language that

would facilitate the participation of foster parents in the role of "parent" in establishing services for foster children, and many times this role has been left to the child welfare caseworker. With regard to caseworker activity, this sample reported that the caseworker had performed some activities to support the foster placement, as a whole, but could have done better. Some of these activities included ones which would support the special education process, such as providing information about the child's school history, delivering records from the foster child's former school, and contacting the current school. Given these findings from the current study and existing literature, weaker associations between perceived knowledge of special education process and parental involvement might be expected. However, it seems that foster parents having experience with special education process gained knowledge and became strong advocates for foster children who needed special education services. They also become active parental involvement participants.

It is important to remember some limitations for interpreting these findings. First, the data reported here reflected an association between greater *perceived* knowledge and desirable aspects of the foster parent involvement, not an objective assessment of such knowledge, or successful or positive experiences in securing special education services for foster children.

Comparing Foster Parent Groups on Parental Involvement

The second research question posed for this study asked how different groups of foster parents compared on parental involvement. As discussed earlier, groups in this study represented different types of foster parents as defined by the Oklahoma Department of Human Services, Child and Family Services Division (OKDHS-CFSD).

Those types are Family Foster Care, Kinship Relative Care, and Kinship Non-Relative Care. Prior research on foster care indicated that different groups of foster parents exhibited different characteristics, and have different experiences with the child welfare system. Specifically, kinship foster parents were more likely to be single women, members of ethnic minority groups, less educated, older, and have lower household incomes than traditional, non-relative foster parents, or *typical* foster parents as labeled in literature (Berrick, et al, 1994; Gebel, 1996; Pecora, et al, 1999; Scannapieco, 1999). They also were employed outside of the home at a higher rate, and experienced poorer health and higher levels of emotional distress (Cimmarusti, 1999; Petras, 1999; Scannapieco, 1999). This situation may be influenced by the fact that they provided care for children considered hard to place due to the presence of disabilities and medical and behavioral problems (Petras, 1999; Scannapieco, 1999). For issues such as working with teachers and counselors, and for deciding on the best way to discipline children, some kinship foster parents in these studies reported lower levels of performance than did typical foster parents. Thus, it was anticipated that the different characteristics of the foster parent groups might result in lower levels of parental involvement.

In this study, the full sample demographic characteristics followed the pattern documented in the literature. Kinship foster parents were older, more likely to be of minority status, and had less income and education than traditional foster parents. However, this study presented a unique element with the inclusion of two kinship groups within the OKDHS-CFSD system. Kinship Relative Care parents were individuals who matched typical descriptions of kinship foster parents in the literature. Kinship Non-Relative Care foster parents were designated *kinship* by DHS-CFSD though they were

not related to the target foster child. They typically were family friends, teachers, or other community members who had some relationship with the child and were invited to become foster care providers when that child needed placement (D. Farmer, May 10, 2000). These individuals, on the whole, did not match the typical description of kinship foster parents (i.e. older, female, single, and of minority status) but were still termed kinship because they did not enter the foster care system as typical foster parents. With the inclusion of this third group, a challenge arose regarding testing for group differences. The low number of KNRC participants presented problems with cell size for statistical analysis, as discussed in Chapter 4, prompting the production of the matched sample. Thus, comparisons across groups were based on the analysis of the matched sample. However, as noted earlier, the matched sample demographic characteristics are more homogenous due to the matching process.

As reported earlier, most measures specific to the context of foster care were not significantly different across groups in the matched sample. One difference observed was total number of children in the home, where FFC foster parents were parenting significantly more children than either KRC or KNRC foster parents. This difference amounted to one additional child, and appeared to be a result of more birth children than more foster children, given that there were no significant differences among groups in the number of foster children present in the home when surveyed. That FFC parents have more birth children in the home than do KRC parents may be due to the fact that KRC parents are typically older than FFC parents, may have launched their birth children, and now provide care for their grandchildren as well as other extended family. However, this

explanation does not hold true for KNRC parents who are typically younger than either FFC or KRC parents.

Data for FFC parents reflected findings in the literature reporting that typical foster parents were more experienced than kinship foster parents. More time had passed since they completed foster care core training and began providing care for children in their home. Also, FFC parents had provided care for more foster children than had kinship foster parents. However, it should be noted that length of experience may not be the sole reason for lower numbers of children fostered by kinship groups. Prior research reported that kinship foster parents kept the same foster children for longer periods of time than did typical foster parents (Testa & Pollock, 1999; Scannapieco, 1999). However, the mean length of time for the target foster child's placement was not significantly different across groups. Children in foster care in the matched sample had been in their current placement, on average, a little over one year.

Contrary to the assumption that kinship foster parents might report less parental involvement, differences in these variables were, for the most, not significant across groups. The challenges faced by kinship foster parents, as reported in prior research, suggested that they might experience difficulty in meeting the school needs of children placed in their homes. However, they reported parental involvement activity and invitation from the school at rates similar to other foster parents in the matched sample. Also, they primarily supported partnership-focused and parent-focused roles, and expressed mild disagreement with the school-focused roles.

What may have been overlooked in assuming that kinship foster parents might be less capable in parental involvement is they also are different from typical foster parents

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in ways that demonstrate they possess more capability in areas critical to the well being of foster children. For example, kinship foster parents are more likely to describe children in their care as good natured and less likely as difficult to handle (Gebel, 1999). They also are more likely to support and facilitate contact between the foster child and birth parent, provide care for sibling groups, and to experience fewer disruptions in placement (Gleeson, 1999; Pecora et. al., 1999; Scannapieco, 1999; Testa & Pollock, 1999). Last, they are more likely than typical foster parents to report a strong sense of partnership with the foster care agency (Pecora, et al, 1999). These strengths should strongly influence a positive adjustment of the child to foster care, and contribute to a home environment which enhances the opportunity for positive experiences in school. It may be that the challenges of being single, poor, and under emotional distress, as well as parenting children with special needs, has provided kinship foster parents the opportunity to develop significant strengths for addressing their role. This appears to be supported by one finding within the parental involvement data that was significantly different. On the measure for efficacy for helping the target child in school, KRC parents reported significantly higher levels of efficacy for helping that child with school than did FFC parents. However, this was not true in comparison to KNRC parents.

Another contribution to the capacity of KRC parents to help children with school was their reliance on social support from within their own family, as well as from sources representing spiritual and professional guidance, for coping with the challenges of being a foster parent. This also matched prior research which reported kinship foster parents relied upon similar sources in meeting the challenges of fostering children (Cimmarusti, 1999; Pecora, et al, 1999).

Explaining Parental Involvement Activity

The last research question posed in this study asked what might explain the

parental involvement activity of foster parents. To explain parental involvement activity,

analyses were conducted to determine what factors in the foster care context might

predict parental involvement by foster parents. The model tested theoretical concepts

suggested by Hoover-Dempsey and Sandler (1995). As noted earlier, these authors

suggested that the decision to become involved resulted from a combination of school

invitation, parental role construction, and parental efficacy for helping children with

school. Building upon this proposition, the model proposed here also included factors

within the foster care context which might influence factors identified by Hoover-

Dempsey and Sandler. It will be helpful to the reader to refer to Figure 1 in Chapter 4 for

understanding this discussion.

As reported earlier in this study, the path analysis provided some support for

aspects of the model of parental involvement proposed by Hoover-Dempsey and Sandler.

As shown in Figure 1, the Hoover-Dempsey and Sandler constructs represented the final

component of the model proposed in this study. Endorsement of the partnership-focused

role and parent efficacy were moderate predictors of parental involvement activity, and

invitation from the school was a strong predictor. Combined, these findings support

Hoover-Dempsey and Sandler's proposition that these constructs may be causal factors in

parent choice to become involved in the education of children, specifically, the choice of

foster parents to become involved in the education of children in foster care.

The results of child and parent components of the path analysis were not as clear,

nor as representative of prior research. Recalling that child characteristics was a

composite variable of the age of the child and their length of placement in the current foster home, the findings indicated that older children who had been in the foster home longer lived with foster parents who perceived fewer invitations from the school to participate and who expressed lower levels of agreement with a partnership-focused role. Since prior research suggests that older children with more time in foster care exhibited more problematic behaviors and school performance (Benedict & White, 1991; Eckenrode et al, 1993; Hahn, 1994; Sawyer & Dubowitz, 1994; McMillen & Tucker, 1999), it seemed foster parents would report more invitations from the school, as do parents of typical children who have behavior problems. And, in fact, first order correlations from the study support the idea that foster parents who had parented the child longer received more invitations from the school to participate in parental involvement and reported more parental involvement activity. Foster parents who had parented the child longer also reported higher levels of efficacy for helping the child with school. However, utilizing the composite child characteristics variable, consisting of both age of the child and length of time in the current foster home, resulted in negative predictions of invitation and the partnership-focused role. It also negated the positive association of length of care with parental involvement activity and with efficacy.

On the other hand, the home context composite was an intervening variable that positively influenced parental involvement. Recall that the home context variable was the perceived level of knowledge about special education process reported by the foster parent combined with the level of support the foster parent reported from sources representing professional/spiritual guidance. In the path analysis, home context significantly predicted both perceived invitation from the school and endorsement of

partnership-focused role. This suggested that foster parents who perceived gaining experience in managing the special education process, and who benefited from support from sources representing professional/spiritual guidance, perceived more invitations from the school to participate in parental involvement activity. It also predicted that, when invited, they preferred to work in partnership with the school to address the needs of the foster child. This phenomenon was independent of how many years experience they had as a foster parent.

It is acknowledged that the data on invitation and partnership-focused role is foster parent report, and is not supported by concurrent data from the school. Thus, no data are available to examine teacher report of extending invitations, nor can it be determined what qualities of home context might influence the school to extend more invitations. Further, no data are available to determine if the teachers agreed that the relationship could be qualified as a partnership. Teacher report would be needed to understand perceptions from that part of the mesosystem.

Still, though speculative, it does seem that the home context, as defined by this model, may have encouraged more invitations to these foster parents from the school and increased the likelihood of partnership with teachers. It may be that home context increases parental involvement by somehow moderating the negative effects of separation from birth families and of the multiple placements experienced by children in foster care. If so, that moderating process allows foster parents to be more willing to become involved in helping the children with school when they might typically feel overwhelmed and hesitant to do so in the face of the challenges presented by the needs of those children. Gaining knowledge of the special education process may provide a useful tool

for helping as well as experience in working with schools. Strengthened and encouraged by guidance from counselors, ministers, and other sources, these foster parents may willingly respond to invitations and interact as partners with the school, increasing parental involvement activity. If so, this phenomenon would resemble the optimal service planning process reported in the literature (Sanchirico, et al, 1998). In that process, foster parents who reported more involvement in the service planning process were served by caseworkers who provided substantive, pertinent information, made regular contact, and expressed approval and support for foster parent performance. Involvement in such a context is typically considered by the foster parent to be of high quality.

However, it is surprising that the child and parent variables did not have the effect anticipated. Specifically, it was anticipated that parent characteristics, defined in this study as the number of years serving as a foster parent, would influence the home context as well as the parental involvement variables. As reported, this component of the model was not supported by significant path coefficients. This suggested that seniority alone is unlikely to increase parental involvement activity, invitations from the school, or endorsement of a partnership-focused role. What is needed are experiences which provide opportunities to learn about processes which serve the child. These experiences should be coupled with support from professional and spiritual sources within the community to be of optimal value. However, it is interesting to note, though, that more experience as a foster parent was associated with more perceived knowledge of special education process. Foster parents in this study may have gained the knowledge reported here before they began parenting this specific child. In this way, experience may have, indeed, indirectly influenced parental involvement activity.

Another surprising finding was that while perceived parent efficacy did predict parental involvement activity, it was not significantly influenced by child characteristics, parent characteristics, or home context. It seemed intuitive that greater challenges from the foster child might have negatively impacted the foster parents' sense of capability to help the child in school. In fact, the data analyses did reveal a negative correlation between behavior problems and foster parent report of efficacy. However, in the path analysis model, the conditions associated with behavior problems, increased age of the foster child and length of stay, did not predict efficacy (note that behavior problems were not included in the path analysis model).

What appeared to emerge from the findings is that a home context which includes experience with substantive educational process and moderate levels of social support significantly influenced parental involvement activity by foster parents. Home context may also mediate the decrease in foster parent efficacy that behavior problems, alone, appeared to produce. The complexity of obtaining and managing special education services for foster children is well noted (Hubley, 1997; Weinberg, 1997). Individuals who gained more knowledge of that process were likely to have more contact with schools and to prefer partnership-focused roles with teachers and service providers in order to achieve the best outcome for the children being served. More knowledge, then, would facilitate parental involvement activity. To find support for managing the complexity of addressing the educational challenges presented by foster children, it makes sense that foster parents would rely upon social support to address the challenge of dealing with school systems that may or may not be supportive of efforts to gain special education services for foster children. Added to this challenge is the fact that the foster

parent is one person advocating for the child with an array of school personnel. The experience, level of education, and professional status of those personnel could be intimidating to the foster parent. The caseworker may be one of those persons who can assist with this issue. Recall that in this study, foster parents reported better support from the caseworker than reported in prior research. As discussed above, caseworker support has a tremendous influence on the quality of foster participation in the service planning process, which would include addressing the educational needs of the foster child. However, as stated before, these findings are limited by the absence of caseworker report.

Theoretical Underpinnings of the Study

Family-School-Community Partnerships and Parental Choice to Become Involved

This study utilized Epstein's framework for types of parental involvement and her concept of overlapping spheres of influence (Epstein, 1992; Epstein, 1996b; Epstein, 2002). As shown in the results section (Chapter 4), foster parents participated in various types of parental involvement activity. Further, their activity matched Epstein's concept of overlapping spheres because it represented involvement at home, school, and within the community.

Findings also supported Hoover-Dempsey and Sandler's theory (1997) that the choice to become involved is influenced by parental role construction, sense of efficacy, and invitations from the school to become involved. This study revealed that foster parents supported the partnership-focused role and received invitations from the school which positively influenced higher levels of parental involvement activity.

Bronfenbrenner's Bioecological Model

Components of the Bioecological Model of Human Development as proposed by

Urie Bronfenbrenner (Bronfenbrenner, 1979; Bronfenbrenner, 1986; Bronfenbrenner &

Morris, 1998) also provided theoretical support. As discussed in Chapter 2,

Bronfenbrenner hypothesized that development of the child is a product of *dynamic,*

interactive relationships between process, person, environmental context, and time. As a

major focus for this study, parental involvement was conceptualized as a contributor to

optimal development of children in foster care. Elements of parental involvement can be

linked with each component involved in that interactive relationship.

Process Component

Recall that the process component of Bronfenbrenner's model was defined as

"particular forms of interactions between organism and environment, called *proximal*

processes, that operate over time . . . and are posited as the primary mechanisms

producing human development" (Bronfenbrenner & Morris, 1998; p. 994). For this study,

parental involvement activity was considered an element of proximal processes occurring

between the child in foster care and her/his foster parent. The findings from this study

demonstrated that one way in which foster parents promoted development in the children

placed in their care was by engaging in activities which helped them with school. Foster

parents reported participation in these activities several times during the school year.

Bronfenbrenner suggested that effective proximal processes should occur on a

fairly regular basis and over extended periods of time. The elements of parental

involvement activity observed in this study were proximal processes among a larger array

at work in the foster home and elsewhere. For future research, a more comprehensive

approach would be to capture all available proximal processes related to school success, within the foster home, school, and other significant microsystems. Also, given the fact that children in foster care typically experience multiple placements, data from former foster homes and school settings would be useful. Comparing parental involvement at multiple points across time and in varied settings would provide a more comprehensive view of the interaction between parental involvement activity and school success.

Person Characteristics Component

Bronfenbrenner described person characteristics as the second component of his model. This component is composed of (1) *force characteristics*, which are behavioral dispositions of the child which can initiate and maintain proximal processes, or which can interfere with and prevent their occurrence; (2) *resource characteristics*, which are biopsychosocial assets and liabilities, both those that can disrupt as well as foster development; and (3) *demand characteristics,* which are capacities that invite or discourage reactions from caretakers within the social environment, promoting or interfering with psychological growth (Bronfenbrenner & Miller, 1998).

In this study, foster parent ratings of children's problem behavior were the sole assessment of person characteristics of the child. As noted earlier, foster parents reported the children in their care, on the whole, exhibited problematic social behaviors. These behaviors represented elements of both force and demand characteristics, meaning foster parents reported behaviors that both interfered with the child's ability to successfully engage in proximal processes, as well as behaviors which might prompt negative reactions from their foster parents. Either could interfere with children's optimal development. Linking problem behaviors to Bronfenbrenner's model is consistent with

prior research indicating that children in foster care, especially those in care for long periods of time, typically demonstrate behavioral challenges and difficulty in school. Bronfenbrenner's theoretical assertionssuggest that such negative person characteristics could adversely impact the development of children in foster care. Lacking from this dataset are additional person characteristics that might reveal positive impacts on development, thus providing a more balanced view of the child in foster care and a more comprehensive representation of Bronfenbrenner's model.

Environmental Context Component

Bronfenbrenner posed environmental context as another interactive component in the development of the child. This context is composed of microsystems, described as "a pattern of activities, social roles, and interpersonal relations experienced by the developing person" in a given setting (Bronfenbrenner & Morris, 1998; p. 1013). Bronfenbrenner acknowledged thatmost children experience development in more than one microsystem, especially as they grow older and enter school. He termed the relationship between this array of microsystems as the mesosystem. Microsystems promote development by providing basic physical needs and proximal processes which are stimulating and increasingly more complex. Mesosystems promote development when specific conditions are present. These are (1) two-way communication between microsystems; (2) adult accompaniment of the child from one microsystem into new microsystems; (3) compatible child activities (proximal processes) in multiple microsystems (4) joint activity by combinations of adults and children across the mesosystem; and (5) trust and consensus between adults in microsystems about rules and values. These conditions enhance sharing of information, advice, and experience, leading

to a systematic operation of the mesosystem that benefits the developing child. Optimal mesosystem functioning creates an atmosphere in which parties can act responsively to the changing needs of the developing child.

Focusing on the foster home as a microsystem, foster parents provide proximal processes which include parental involvement activities for children in foster care. Again, the findings reported here indicated foster parents participated in parental involvement activities several times during the school year. Together, foster parent beliefs that they were efficacious in helping children with school, their perceived knowledge of special education process, and support from their social environment poses a promising view of the foster parent microsystem as capable of promoting optimal development. However, caution is offered since these finding are self-report and not corroborated by sources of information independent of the foster parent. Future research could address this limitation by including measures that would provide independent data from sources in addition to the foster parent.

Focusing on the mesosystem, foster parent support for the partnership-focused role suggests opportunities for optimal functioning of the relationship between the home and school microsystems. Supporting this assumption were findings that foster parents had been invited to participate in parental involvement by schools and had communicated with the target child's teacher. If this communication resulted in consensus about values and proximal processes, it would suggest positive mesosystem functioning resulting in enhanced opportunity for optimal development for children in foster care. However, this study reported only foster parent support for partnership, not if and how it was operative. In addition, foster parents reported the presence of communication, but not the quality or

content of it. Future research including additional foster parent and teacher reports on these elements would enhance the quality of the descriptive detail for these findings.

What emerges is an environmental context demonstrating potential to promote optimal development in the child in foster care. The foster home microsystems described in this study approximate Bronfenbrenner's theoretical criteria that microsystems should provide proximal processes and engage in a mutual and reciprocal manner within the mesosystem. If true, children in foster care studied here will have their developmental needs met in substantive ways.

Time Component

Last, Bronfenbrenner posed that time interacts as an influence on the developing child. The typical child in this study had been in the foster home a little over one year, and had experienced almost three placements since being removed from their birth home. For these children, Bronfenbrenner's theory suggested time influenced their development in two ways. One, movement of time brought significant change in the life of children in foster care through separation from attachments with birth parents. Following this, they experienced as many as two additional placements in emergency shelters or foster homes before entering their current foster home. Thus, the passage of time created disruptions in continuity of care, specifically, disruption of contact with their primary attachment figures and subsequent exposure to several new caretakers. Research on foster children suggests such experiences have a negative impact on children's development and may contribute to the problematic force and demand characteristics described earlier.

On the positive side, time moved the child into the present foster home. Living in this context an average of a little more than a year provided the opportunity to develop a

relationship with their caretaker and experience proximal processes promoting development. As a result, the movement of time created a window of opportunity for mitigating the negative effects of prior maltreatment and placement disruption, enhancing possibilities for improvement in developmental growth. Findings for this study only suggested this possibility. A longitudinal design with more specific measures of development would be needed to accurately assess if such optimal development actually occurs.

Conclusion

This study examined parental involvement by foster parents on behalf of children in foster care. It has included exploratory analyses to capture data for a topic not well represented in extant research, as well as using causal comparative analyses to compare patterns across different types of foster parent groups. Also included were analyses to predict what influenced parental involvement activity by foster parents.

Foster parents reported they had, in fact, participated in parental involvement activity at moderate levels and supported a partnership-focused role with schools in addressing the educational needs of children in foster care. They believed themselves efficacious in their ability to help. In doing so, their beliefs and activities were significantly influenced by their perceived knowledge about the special education process. In their role, they were moderately supported by their social environment, especially from sources representing entities from professional and spiritual guidance. Further, these findings were equally true for typical as well as kinship foster parents.

Higher levels of parental involvement resulted when certain elements mitigated the problematic effects of age and multiple placements on children in foster care. Though

older age and multiple placements were associated with fewer invitations from schools and less agreement with a partnership-focused role, they did not prevent parental involvement. Perceived knowledge of special education process, vital to addressing the needs of the majority of children in foster care, and support from the social environment were associated with more perceived invitations and stronger acceptance of the partnership-focused role. Each of these, in turn, influenced higher levels of parental involvement activity. Again, this was true regardless of the group type of foster parent.

Foster parents are important partners in the child welfare system designed to protect children from maltreatment and remediate the effects of abusive experiences. They spend more time face to face with children than any other professional serving the child. Foster parents demonstrate they gain important knowledge and skills in helping children in school simply by being foster parents and by relying upon important sources of help available to them, and that they are willing to employ it on behalf of children in their care. Child welfare systems must continue to acknowledge the important role foster parents assume in serving children at risk and to recognize and utilize the wellspring of help they bring to their role.

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APPENDICES

Appendix A

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
Division of Children & Family Services
P.O. Box 25352
Oklahoma City, OK 73125
(405) 521-6602
Fax: (405) 521-4373

COMMISSION
FOR HUMAN SERVICES

DEPARTMENT
OF HUMAN
SERVICES

June 11, 2002

Steven P. Wells, M.S.W.
O.U. School of Social Work
Rhyne Hall
Norman, OK 73019

Re: Support for research project entitled
        "Foster Parents and Parental Involvement On Behalf of Children in Care"

Dear Mr. Wells:

I am pleased to offer support for your research project entitled, "Foster Parents and Parental Involvement On Behalf of Children in Care". It is my understanding that you will be examining the role foster parents assume in the education of foster children in Oklahoma. The information you gather could be useful to the Children & Family Services Division (CFSD) in our efforts to address the complex educational needs of foster children.

The support offered will include the production of reports by CFSD which will identify foster parents and children in foster care for your sample. Also, certain demographic information about the foster children will be provided from the DHS case record. I understand that you will be contacting your sample of foster parents through the mail with a survey packet, and that there will be no direct contact with foster children. Also, I understand that your research protocols will insure that you will maintain the confidentiality of all foster parents and foster children selected for this study.

Please contact Bill Hindman to schedule a meeting to discuss how the needed reports can be produced. I look forward to the report on your study.

Sincerely,

Linda Smith, M.S.W.
Children & Family Services Director

July 31, 2002

Ms. Linda Smith, M.S.W.
Division Administrator for Children and Family Services
Oklahoma Department of Human Services
P.O. Box 25352
Oklahoma City, OK

Re: Foster Parents and Parental Involvement on Behalf
        Of Children in Foster Care

Dear Ms. Smith:

This will acknowledge that the following information will be shared with Steven Wells per Oklahoma Statutes 7005-1.4 (15) for research purposes, as he is conducting such research under contract with the State of Oklahoma and is authorized by the Department of Human Services to conduct such research. Mr. Wells will ensure that all documents containing identifying information are maintained in secure locations and access to such documents by unauthorized persons is prohibited; that no identifying information is included in documents generated from the research conducted; and that all identifying information is deleted from documents used in the research when the research is completed.

Data on Foster Parents (with a child 6-12)	Data on Foster Children	
Name/mailing address	First name/ last initial	Manner of most recent removal
KIDS resource number	Area / county	
Type of home	Date of birth, race, and gender	Conditions for most recent removal (16 categories)
Area	Diagnosed disability & type	
Family structure	Date of 1st removal from home	Most recent case plan goal
Year of birth (1st caretaker)	Date of latest removal home	Caretaker family structure
Race (1st caretaker)	Date of placement in current foster home	Year of birth-1st caretaker
Gender (1st caretaker)	Total number of previous placements	Year of birth-2nd caretaker
		Parental rights terminated (mother & father)
	Date of discharge of latest placement	Removal end date

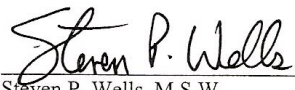The Department of Human Services will make a sufficient number of copies of (1) the Informed Consent Form, (2) the letter to foster parents from the Children and Family Services Division Administrator, (3) the instruction letter to the foster parents from Mr. Wells, (4) the Incentive form, and (5) the follow-up reminder card. The School of Social Work will cover the cost of the actual survey. The Department will also cover the cost of mailing surveys and the follow-up reminder cards.

Mr. Wells will provide DHS with a copy of the final analysis and report regarding the data collected and will be available to discuss findings and options with Children & Family Services programs staff.

Please sign below if this coincides with your understanding of this agreement. Thank you for your time and assistance.

Linda Smith
Linda Smith, M.S.W.
Oklahoma D.H.S. Children & Family Services

Date: 7/31/02

Steven P. Wells
Steven P. Wells, M.S.W.
Clinical Assistant Professor

Date: 07/31/02

July 25, 2002

Dear Child Welfare Supervisors, Workers, and Staff:

My name is Steven Wells and I am a clinical assistant professor of social work at the University of Oklahoma. Some of you may know me through training I have conducted in the CORE and Sexual Abuse Specialist Certification programs. I am happy to have this chance to communicate with you.

I am involved in a project very exciting to me, and one with which you may soon have some contact. Within the next few weeks, I will be initiating a study with foster parents designed to learn about how foster parents work with children in foster care in regard to their educational needs. About 600 foster parents across Oklahoma will receive a mailing containing a research packet. They will be asked to complete a questionnaire about their work with children in foster care, and will be informed that they will receive a $5.00 incentive if they participate. Foster parents will also be advised that they do not have to participate, that their name and information will be kept confidential if they do participate, and that nothing will happen to their status as a foster parent whether they participate or do not participate.

It is likely that foster parents may contact you when they receive this packet. I would like to ask your help if they do. First, I would ask that you be supportive of the study and encourage them to be a participant. The information I gather has the potential to be very helpful in learning how to better assist children in foster care with their educational needs. Second, I would ask that you encourage them to contact me if they have any questions about the study. My contact information is provided at the end of this letter.

Thank you for taking time from your busy schedules to read this letter. I would also invite you to contact me if you have questions about this study.

Steven P. Wells, M.S.W.
Clinical Assistant Professor
1-405-325-1064
spwells@ou.edu

The University of Oklahoma

OFFICE OF RESEARCH ADMINISTRATION

August 5, 2002

Mr. Steven P. Wells
SWK
RHYN 217
CAMPUS MAIL

Dear Mr. Wells:

The Institutional Review Board-Norman Campus, has reviewed your proposal, "Foster Parents and Parental Involvement on Behalf of Children in Foster Care" at the convened meeting on July 17, 2002. The Board found that this research would not constitute a risk to participants beyond those of normal, everyday life except in the area of privacy which is adequately protected by the confidentiality procedures. Therefore, the Board has approved the use of human subjects in this research.

This approval is for a period of 12 months from July 17, 2002, provided that the research procedures are not changed from those described in your approved protocol and attachments. Should you wish to deviate from the described subject procedures, you must notify this office, in writing, noting any changes or revisions in the protocol and/or informed consent document and obtain prior approval from the Board for the changes. A copy of the approved informed consent document is attached.

At the end of the research, you must submit a short report describing your use of human subjects in the research and the results obtained. Should the research extend beyond 12 months, a progress report must be submitted with the request for continuation, and a final report must be submitted at the end of the research.

If data are still being collected after three years, resubmission of the protocol is required.

Should you have any questions, please contact me.

Sincerely yours,

Susan Wyatt Sedwick

Susan Wyatt Sedwick, Ph.D.
Director of the Office of Research Administration and
Administrative Officer for the
Institutional Review Board – Norman Campus (MPA #1146)

SWS/lk
FY2002-459

cc: Dr. E. Laurette Taylor, Chair, Institutional Review Board
        Dr. Loraine Dunn, Instructional Leadership & Academic Curriculum

Appendix B

OKDHS Area & County Office Locations
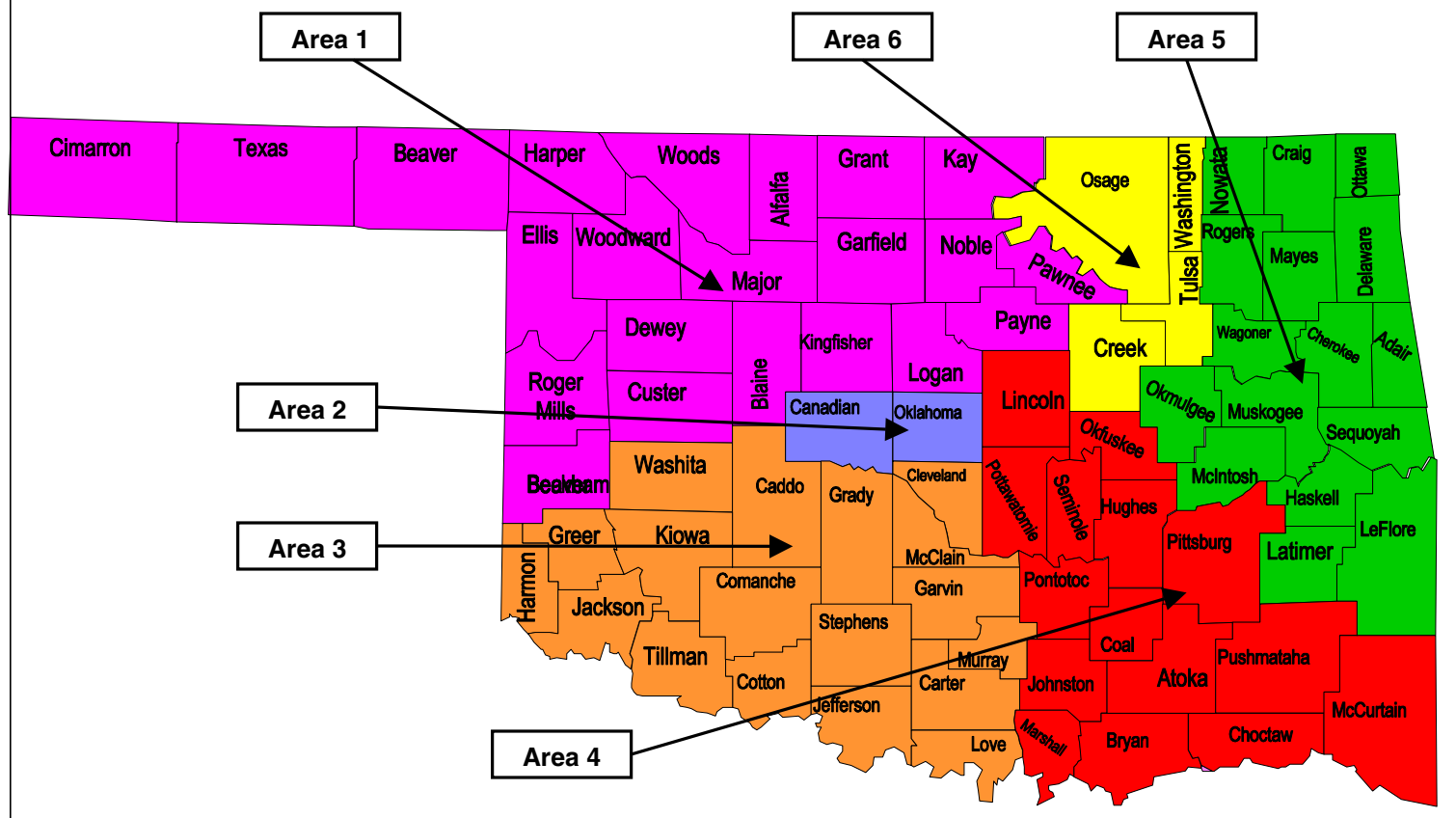
Appendix C

A Survey for Foster Parents: Helping Children

In Foster Care With School

Approved and Supported By

The Oklahoma Department of Human Services
Children and Family Services Division

And

The University of Oklahoma School of Social Work

Research
Number:

Instructions For Completing This Survey

1. Please read the questions and answer them as best as you can.

2. For the first few pages, you are asked to think about the
3. foster child we named in your instruction letter. On these pages, please answer the questions based on your experiences with that child.

4. For the last few pages, you are asked to answer some questions just about you.

5. If you have any questions, please contact:

> Steven Wells
> University of Oklahoma School of Social Work
> Rhyne Hall, Room 304
> Norman, OK 73019
> 1-405-325-1064

Rating the Behaviors of Children in Foster Care

First, tell us about the behavior of the **foster child** named in the letter. For each question, circle the number that comes to closest to your observations of that foster child's behavior.

Use the following scale:

Rarely or Never 1	A little of the time 2	Some of the time 3	A good part of the time 4	Most or all of the time 5

In general, how often does/did this foster child:

1.	Feel happy or relaxed?	1	2	3	4	5
2.	Hide his/her thoughts from other people?	1	2	3	4	5
3.	Say or do really strange things?	1	2	3	4	5
4.	Not pay attention when he/she should?	1	2	3	4	5
5.	Quit a job or task without finishing it?	1	2	3	4	5
6.	Get along well with other people?	1	2	3	4	5
7.	Hit, push, or hurt someone?	1	2	3	4	5
8.	Get along poorly with other people?	1	2	3	4	5
9.	Get very upset?	1	2	3	4	5
10.	Compliment or help someone?	1	2	3	4	5
11.	Feel sick?	1	2	3	4	5
12.	Cheat?	1	2	3	4	5
13.	Lose his/her temper?	1	2	3	4	5

Foster Parent Activities to Help Children in Foster Care with School

Directions: Families get involved in different ways at school or at home. Which of the following did you do **last school year** with the **foster child we named** for you?

NEVER	means you do NOT do this for this foster child last school year
1-2 TIMES	means you did this ONE or TWO TIMES for this foster child last school year
A FEW TIMES	means you did this a FEW TIMES for this foster child last school year
MANY TIMES	means you did this a MANY TIMES for this foster child last school year

Please CIRCLE one choice for each item.

	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
1. Talk to my foster child about school.	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
2. Visit my foster child's classroom.	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
3. Read to my foster child.	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
4. Listen to my foster child read.	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
5. Listen to a story my child wrote.	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
6. Help my foster child with homework.	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
7. Practice spelling or other skills before a test.	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
8. Talk with my foster child about a TV show.	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
9. Help my foster child plan time for homework or chores.	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
10. Talk with my foster child's teacher at school.	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
11. Talk to my foster child's teacher on the phone.	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
12. Go to PTA/PTO meetings.	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES

NEVER	means you do NOT do this for this foster child last school year
1-2 TIMES	means you did this ONE or TWO TIMES for this foster child last school year
A FEW TIMES	means you did this a FEW TIMES for this foster child last school year
MANY TIMES	means you did this a MANY TIMES for this foster child last school year

Please CIRCLE one choice for each item.

13. Check to see that my foster child has done his/her homework.   NEVER   1-2 TIMES   FEW TIMES   MANY TIMES

14. Volunteer at school or in my foster child's classroom.   NEVER   1-2 TIMES   FEW TIMES   MANY TIMES

15. Go to special events at school.   NEVER   1-2 TIMES   FEW TIMES   MANY TIMES

16. Take my foster child to a library.   NEVER   1-2 TIMES   FEW TIMES   MANY TIMES

17. Take my foster child to special places or events in the community.   NEVER   1-2 TIMES   FEW TIMES   MANY TIMES

18. Tell my foster child how important school is.   NEVER   1-2 TIMES   FEW TIMES   MANY TIMES

These last six questions are about your contact with the **teacher** this foster child had **last school year.** How often did that teacher do the following? Please CIRCLE one choice for each item:

1. Ask to have a conference with me about my foster child?   NEVER   1-2 TIMES   FEW TIMES   MANY TIMES

2. Ask me to volunteer or help out at school?   NEVER   1-2 TIMES   FEW TIMES   MANY TIMES

3. Ask me to practice spelling, math, or other skills at home with my foster child?   NEVER   1-2 TIMES   FEW TIMES   MANY TIMES

4. Ask me to read with my foster child?   NEVER   1-2 TIMES   FEW TIMES   MANY TIMES

5. Ask me to help my foster child with homework?   NEVER   1-2 TIMES   FEW TIMES   MANY TIMES

6. Invite me to visit the classroom?   NEVER   1-2 TIMES   FEW TIMES   MANY TIMES

Foster Parent Beliefs About Their Role in Helping Children in Foster Care in School
Instructions: We would like you to think about the **foster child we named** at the beginning of this survey. Please circle the number that most clearly matches your response to each question. (There are no "right" or "wrong" answers here; we just want to know what you think.)

Disagree Very Strongly 1	Disagree 2	Disagree Just A Little 3	Agree Just A Little 4	Agree 5		Agree Very Strongly 6

1. I assume my foster child is doing all right when I don't hear anything from the school.　　1　2　3　4　5　6

2. I like to spend time at my foster child's school when I can.　　1　2　3　4　5　6

3. My foster child's learning is up to the teacher and my foster child.　　1　2　3　4　5　6

4. It's my job to explain tough assignments to my foster child.　　1　2　3　4　5　6

5. It's important that I let the teacher know about things that concern my child.　　1　2　3　4　5　6

6. I make it my business to stay on top of things at school.　　1　2　3　4　5　6

7. The teacher has to let me know about a problem before I can do something about it.　　1　2　3　4　5　6

8. My teacher knows me.　　1　2　3　4　5　6

9. There are limits to what I can do to help my foster child.　　1　2　3　4　5　6

10. I find it helpful to talk with the teacher.　　1　2　3　4　5　6

11. I get most of my information about my foster child's progress from report cards.　　1　2　3　4　5　6

12. Conferences with the teacher are helpful to me.　　1　2　3　4　5　6

13. It's my job to make sure my foster child understands his or her assignments.　　1　2　3　4　5　6

14. I make sure that my foster child's homework gets done.　　1　2　3　4　5　6

Foster Parent Beliefs About Their Ability to Help Children in Foster Care Succeed in School

Instructions: We would like you to think about the **foster child we named** at the beginning of this survey. Please circle the number that most clearly matches your response to each question. (There are no "right" or "wrong" answers here; we just want to know what you think.)

Disagree Very Strongly 1	Disagree 2	Disagree Just A Little 3	Agree Just A Little 4	Agree 5		Agree Very Strongly 6

1. I know how to help my foster child do well in school.   1   2   3   4   5   6

2. My foster child is so complex, I never know if I'm getting through to him or her.   1   2   3   4   5   6

3. I don't know how to help my foster child make good grades.   1   2   3   4   5   6

4. A foster child's motivation to do well in school depends on the foster parents.   1   2   3   4   5   6

5. I feel successful about my efforts to help my foster child learn   1   2   3   4   5   6

6. Other children have more influence on my foster child than I do.   1   2   3   4   5   6

7. Most of the foster child's success in school depends on the classroom teacher, so I have only limited influence.   1   2   3   4   5   6

8. I don't know how to help my foster child learn.   1   2   3   4   5   6

9. If I try hard, I can get through to my foster child, even when he or she has difficulty understanding something.   1   2   3   4   5   6

10. I make a significant differenced in my foster child's school performance.   1   2   3   4   5   6

11. Other children have more influence on my foster child's motivation to do well in school than I do.   1   2   3   4   5   6

12. My efforts to help my foster child learn are successful.   1   2   3   4   5   6

Working with the DHS Caseworker

These questions are about the support you believe you received from the DHS caseworker when the **foster child we named** was placed in your home. Circle the number that best fits your opinion about the statement.

At the time this foster child was placed in my home, the DHS caseworker. . . . .

Did Not Do 0	Could Have Done Better 1	Did Very Well 2

1. Talked to me about this foster child before he/she was placed in my home.	0	1	2
2. Provided me with enough history about this foster child so that I knew what\to expect	0	1	2
3. Provided me with the papers I needed (medical care, school records, etc.)	0	1	2
4. Came with this foster child when he/she was placed to help them adjust to my home.	0	1	2
5. Contacted me with by telephone after this foster child was placed to check on his/her adjustment.	0	1	2
6. Visited my home after this foster child was placed to check on his/her adjustment.	0	1	2
7. Contacted others involved with this foster child (school, medical providers, counselors, etc.) to let them know about this foster child's needs.	0	1	2
8. Provided me with information from others involved with this foster child (school, medical providers, counselors, etc.) that could help me with this foster child.	0	1	2
9. Referred me to sources of help for this foster child when I asked.	0	1	2
10. Talked to me when I called to ask for help in caring for this foster child.	0	1	2
11. Kept me informed about events in the court regarding this foster child.	0	1	2
12. Kept me informed about events in the foster child's family.	0	1	2
13. Helped me feel like I knew what I was doing with this foster child.	0	1	2

Knowledge About Special Education Services

Please answer these questions based on any knowledge you may have learned about special education services for children in public schools. It doesn't matter if what you learned involved parenting a child or not. We just want to know what you think you know about these parts of special education services.

Know Nothing 0	Know Very Little 1	Know Some 2	Know A Lot 3		

Circle the number that best fits how much you know about what is being asked.

1. Who can request that a child receive special education services?	0	1	2	3
2. What kinds of problems must a child have to be evaluated for special education services?	0	1	2	3
3. What can a parent if the school will not agree to look at special educations services for a child?	0	1	2	3
4. What is the "team" talked about by the school in special education services?	0	1	2	3
5. Who attends the "team meetings" when an evaluation is completed on a child?	0	1	2	3
6. What can a parent do if she/he disagrees with the evaluation completed for a child?	0	1	2	3
7. What is an Individualized Education Program (IEP)?	0	1	2	3
8. Who can sign as "parent" on an Individualized Education Program?	0	1	2	3
9. What can a parent do if he/she does not agree with how the services are being given?	0	1	2	3
10. What can a parent do beyond the school if he/she disagrees with an part of the special education services for a child?	0	1	2	3

Beliefs About Rearing and Educating Children

The following statements are about rearing and educating **any child**. Read each item and choose the number that indicates your agreement or disagreement with that statement.

Strongly Disagree 1	Mildly Disagree 2	Are Not Sure 3	Mildly Agree 4	Strongly Agree 5

Choose the number that best fits your response to the statement.

1. Since parents lack special training in education, they should not question the teacher's teaching methods. 1 2 3 4 5

2. Children should be treated the same regardless of differences among them. 1 2 3 4 5

3. Children should always obey the teacher. 1 2 3 4 5

4. Preparing for the future is more important for a child than enjoying today. 1 2 3 4 5

5. Children will not do the right thing unless they must. 1 2 3 4 5

6. Children should be allowed to disagree with their parents if they feel their own ideas are better. 1 2 3 4 5

7. Children should be kept busy with work and study at home and at school. 1 2 3 4 5

8. The major goal of education is to put basic information into the minds of children. 1 2 3 4 5

9. In order to be fair, a teacher must treat al children alike. 1 2 3 4 5

10. The most important thing to teach children is absolute obedience to whoever is in authority. 1 2 3 4 5

11. Children learn best by doing things themselves rather than listening to others. 1 2 3 4 5

12. Children must be carefully trained early in life or their natural impulses will make them unmanageable. 1 2 3 4 5

13. Children have a right to their own point of view and should be allowed to express it. 1 2 3 4 5

Strongly Disagree 1	Mildly Disagree 2	Are Not Sure 3	Mildly Agree 4	Strongly Agree 5

Choose the number that best fits your response to the statement.

14. Children's learning results mainly from being presented basic information again and again.   1   2   3   4   5

15. Children like to teach other children.   1   2   3   4   5

16. The most important thing to teach children is absolute obedience to parents.   1   2   3   4   5

17. After children enter school, the school has the main responsibility for their education.   1   2   3   4   5

18. Children generally do not do what they should unless someone sees to it.   1   2   3   4   5

19. I teach children that they should be doing something useful at all times.   1   2   3   4   5

20. It's all right for children to disagree with me.   1   2   3   4   5

21. Children should always obey their parents.   1   2   3   4   5

22. Teachers need not be concerned with what goes on in a child's home.   1   2   3   4   5

23. I go along with the game when a child is pretending something.   1   2   3   4   5

24. Parents should teach their children to have unquestioning loyalty to them.   1   2   3   4   5

25. Teachers should discipline all the children the same.   1   2   3   4   5

26. Children should not question the authority of their parents.   1   2   3   4   5

27. What I teach my child at home is very important to his/her school success.   1   2   3   4   5

28. Children will be bad unless they are taught what is right.   1   2   3   4   5

29. A child's ideas should be seriously considered in making family's decisions.   1   2   3   4   5

30. A teacher has no right to seek information about a child's home background.   1   2   3   4   5

Family Coping Index

These questions are about the ways your family responds to problems and difficulties.

First, read the list of "Response Choices" one at a time. Second, decide how well each statement describes your attitudes and behaviors in response to problems and difficulties. If the statement describes your response very well, then circle the number 5, indicating that you **strongly agree**; if the statement does not describe your response at all, then circle the number 1, indicating that you **strongly disagree**; if the statement describes your response to some degree, then select a number 2, 3, or 4 to indicate how much you agree or disagree with the statement about your response.

Strongly Agree 1	Moderately Disagree 2	Neutral 3	Moderately Agree 4	Strongly Agree 5

1. Sharing our difficulties with relatives.   1   2   3   4   5

2. Seeking encouragement and support from friends.   1   2   3   4   5

3. Knowing we have the power to solve major problems.   1   2   3   4   5

4. Seeking information and advice from persons in other families.   1   2   3   4   5

5. Seeking advice from relatives (grandparents, etc.)   1   2   3   4   5

6. Seeking assistance from community agencies and programs.   1   2   3   4   5

7. Knowing that we have the strength within our own family
   to solve problems.   1   2   3   4   5

8. Receiving gifts and favors from neighbors (e.g. food,
   taking in mail, etc.)   1   2   3   4   5

9. Seeking information and advice from the family.   1   2   3   4   5

10. Asking neighbors for favors and assistance.   1   2   3   4   5

11. Facing the problems "head-on" and trying to get a solution
    right away.   1   2   3   4   5

12. Showing that we are strong.   1   2   3   4   5

Strongly Agree 1	Moderately Disagree 2	Neutral 3	Moderately Agree 4	Strongly Agree 5

13. Attending church services. 1 2 3 4 5

14. Sharing concerns with close friends. 1 2 3 4 5

15. Accepting that difficulties occur unexpectedly. 1 2 3 4 5

16. Doing things with relatives (get-togethers, dinners, etc.) 1 2 3 4 5

17. Seeking professional counseling and help for family difficulties. 1 2 3 4 5

18. Believing we can handle our own problems. 1 2 3 4 5

19. Participating in church activities. 1 2 3 4 5

20. Defining the family problem in a more positive way so that we do not become too discouraged. 1 2 3 4 5

21. Asking relatives how they feel about a problem we face. 1 2 3 4 5

22. Seeking advice from a minister. 1 2 3 4 5

23. Sharing problems with neighbors. 1 2 3 4 5

24. Having faith in God. 1 2 3 4 5

This is the end of the questions about "Family Coping".
Please go on to the page 14.

Foster Parent Questionnaire

We would like to ask some questions about you and your family. Please answer as best as you can.

1.   Pick the type of DHS foster parent that best describes you

	Check One
Foster Family Care	
Kinship Relative	
Kinship Non-Relative	

2. My ethnicity/race is:

	Check One
American Indian	
Asian	
Black or African-American	
Hispanic or Latina/Latino	
Native Hawaiian or Pacific Islander	
White	
Biracial/Multiracial	
Other (Please Specify)	

3. My gender is:

<div align="center">Check One</div>

     Male   _____

     Female   _____

4. I was born in the year _____.

5. I am a

<div align="center">Check One</div>

     Single Parent   _____

     Married Parent   _____

6. To become a foster parent, I attended basic training that was called:

	Choose one of the following by writing the **month and year** you completed training in the box beside it. If you did not attend training, just mark an "X" in the last box.
PATH Foster Parent Training	
PRIDE Foster Parent Training	
PRIDE/PATH Foster Parent Training	
Some other training not listed here	
I attended no training to become a foster parent	

7. I had foster children placed in my home for the first time in:

Month   _____

Year   _____

8. Since I have been a foster parent, I have had a total of _____ foster children placed in my home.

9. I currently have a total of (just children age 17 and under)

_____   foster children in my home.

_____   birth children in my home.

_____   other children in my home.

10. Of the children I counted in question #10, I currently have a total of

_____   children in school in grades 1 thru 6.

_____   children in school in grades 7 thru 12.

_____   children in day care, pre-school, or staying with friends/ family during school hours.

_____   children at home during school hours.

11. Including myself, there are _____ people over age 18 living in my home.

12. The highest level of education I have completed is:

Education	Check Only One My Highest Level
Less than 6th grade	
Less than 9th grade	
Less than High School	
High School/GED Diploma	
Vocational School	
Some College Coursework	
Associates Degree	
Bachelors Degree	
Some Graduate Coursework	
Masters Degree	
Post-Masters Coursework	

13. As far as employment other than being a foster parent, I am

Check One

Not employed   _____

Employed part-time.   _____

Employed full-time   _____

14. My yearly household income is:

Check One	
Less than $5,000 _____ (1)	$56,000—$60,999 _____ (12)
$5,000—$10,999 _____ (2)	$61,000—$65,000 _____ (13)
$11,000—$15,999 _____ (3)	$66,000—$70,999 _____ (14)
$16,000—$20,999 _____ (4)	$71,000—75,999 _____ (15)
$21,000—$25,999 _____ (5)	$76,000—$80,999 _____ (16)
$26,000—$30,999 _____ (6)	$81,000—$85,999 _____ (17)
$31,000—$35,999 _____ (7)	$86,000—$90,999 _____ (18)
$36,000—$40,999 _____ (8)	$91,000—$95,999 _____ (19)
$41,000—$45,999 _____ (9)	$96,000—$100,999 _____ (20)
$46,000—$50,999 _____ (10)	Over $100,000 _____ (21)
$51,000—$55,999 _____ (11)	

Please go on to page 19.

Please use this part to tell us anything you want us to know about being a foster parent, helping children in school, and taking this survey.

You Have Just Completed All Of The

Survey for Foster Parents: Helping Children

In Foster Care With School

Thank You So Much For Agreeing to Participate.

Now, Please Go Back and Reread The Instruction Letter.

It Will Help You Know How To Get This Survey

And The Rest Of The Materials Back To Research Team.

Appendix D

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Sequoyah Memorial Office Building
2400 N. Lincoln Blvd.
P.O. Box 25352
Oklahoma City, OK 73125-0352
(405) 521-3646 • www.okdhs.org

July 8, 2002

Dear Foster Parent:

I am inviting you to participate in a research study sponsored by the Department of Human Services (DHS) and the University of Oklahoma School of Social Work. We have agreed to support Mr. Steven Wells and the University in exploring the role that foster parents take in the education of children in foster care. Mr. Wells is well known to our system, having worked with us for many years in providing training to child welfare workers as well as to foster parents.

I want to assure you that your participation is voluntary. You are not required to be a part of this study simply because you are a foster or kinship parent providing care to a child in the custody of DHS. Also, nothing will affect your status as a foster parent with our system whether you choose to participate or not.

I also want to assure you that if you choose to participate, the University of Oklahoma School of Social Work will keep your name confidential. Only the University research team will know the identity of any person who participates. DHS will receive a final report when the study is complete, but it will only contain summary information. No individual foster parent response will be known, even by the University research team. The packet included with this letter contains a complete description of the project and its protections for participants. I urge you to read it to help you better understand your rights as a participant.

The information we receive from this study will help us better understand how foster parents help children with school. I hope that it will guide us in providing better support for people like you that take on the important responsibility of caring for children in custody.

Thank you for your time and consideration. **If you have questions regarding the survey, please contact Steven Wells at 1-405-325-1064 or spwells@ou.edu.**

Sincerely,

Linda Smith, Director
Children and Family Services Division

Dear (name of foster parent):

I am writing to ask you to participate in our *Foster Parents and Parental Involvement* research study. This study is supported and funded by the University of Oklahoma School of Social Work and the Oklahoma Department of Human Services, Children and Family Services Division. I hope that information from this study will help Oklahoma better address the educational needs of children in foster care.

If you choose to participate, you will be asked to think about your work with (name of foster child), age ( ), who was recently in your home, or may still be living with you. It is important that you focus *on this child* and his or her experience in school *last year* in answering the questions in the questionnaire.

If you choose to participate, here is what to do:

1. Locate and carefully read the *Informed Consent Form*. Sign and date both copies if you agree to participate. If you do not have an *Informed Consent Form*, please call me at 405-325-1064.

2. Check to see if you have the rest of these documents in your packet. Again, if you do not have all of them, call me.

   ✓ A questionnaire booklet entitled *A Survey for Foster Parents: Helping Children in Foster Care With School*

   ✓ An *Incentive Form* for collecting $5.00 for your participation

   ✓ A plain, business-size envelope (for keeping forms with your name on them separate from the booklet)

   ✓ A large, postage-paid, business reply envelope (for returning forms and the booklet to me)

3. If you are a two-parent home, talk with your spouse about the family's work with this child in foster care. Decide who has been most involved in helping this child in school, and have that person complete the questionnaire. If you are a single parent, go on to the next item.

4. Answer the questions in the questionnaire booklet, *A Survey for Foster Parents: Helping Children in Foster Care With School*. It will take you about 25 minutes to complete it.

5. Complete the *Incentive Form*. The $5.00 check cannot be mailed to you unless I have this completed form. It will take about a month to receive your check from the time you I receive your packet.

6. Put one (1) copy of the *Informed Consent Form*, along with the *Incentive Form* in the white envelope and seal it. Using this envelope will keep the forms with your name on them separate from the questionnaire booklet, which will help keep your answers confidential. Keep the second copy of the *Informed Consent Form* for yourself.

7. Put the white envelope and the questionnaire in the postage-paid business reply envelope and mail it. This envelope has postage on it—you do not have to use your own stamps.

Thank you for thinking about participating in this study. I hope you will decide to help me in better

understanding how to help children in foster care with school.

Steven Wells

Rhyne Hall, Norman, Oklahoma 73019-0475 (405) 325-2821 FAX: (405) 325-7072

Informed Consent Form
For Research Being Conducted Under the Auspice of the

University of Oklahoma – Norman Campus
Foster Parents and Parental Involvement On Behalf of Children in Foster Care

The Research Project. Thank you for agreeing to participate in the *Foster Parents and Parental Involvement* research study. This study is conducted by Steven Wells at the University of Oklahoma School of Social Work under the supervision of Dr. Loraine Dunn of the University of Oklahoma College of Education. This document is your consent to participate in the study.

Purpose. The purpose of this study is to learn about how foster parents help children in foster care with school.

Funding. This study is funded by the University of Oklahoma School of Social Work and the Oklahoma Department of Human Services, Children and Family Services Division (DHS-CFSD). However, DHS-CFSD will not be told which foster parents participate or what individual foster parents say.

What Will Happen. You will complete a questionnaire about your involvement with children in foster care and their school experiences, and about support you have received from the DHS-CFSD caseworker. You will spend about 25 minutes completing the questionnaire.

Confidentiality. All information received from you will be kept confidential. No one but members of the research team will be allowed to see it. The research report will not identify any individual foster parent or child in foster care. It will only include combined averages and percentages of responses from all foster parents who participate in the study. The only exception to this protection is that the researcher is required by Oklahoma state law to report child abuse and neglect to the Oklahoma Department of Human Services if he obtains information from you that causes him to have reason to believe that abuse has occurred.

Benefits. You will receive a $5.00 incentive for participating in this study. You may also learn more about your role in helping children in foster care with school by completing the questionnaire. The study will help DHS-CFSD learn more about how to help foster parents help children in foster care with school.

No Risks. If you participate in this study, there are no risks for you beyond those encountered in everyday life. Your participation in this study will have no effect on your status as a DHS-CFSD foster family home, relative care home, or a kinship non-relative home.

Voluntary Participation. Your participation in this study is completely voluntary. You do not have to participate just because you are a DHS-CFSD foster parent, relative care parent, or kinship non-relative parent. There will be no penalty for you if you do not participate. If you agree to participate and later change your mind, you may take yourself out of the study. There will be no penalty for you if you pull out of the study. To pull yourself out of the study, call Steven Wells at 405-325-1064 or the University of Oklahoma School of Social Work at 405-325-2821.

For Further Information. If you have questions about this research study, contact the principle investigator, Steven Wells, at 405-325-1064, or his advisor, Loraine Dunn at 405-325-1498. You may also choose to talk to your local DHS-CFSD foster care worker or the caseworker for the child in foster care. You may also contact the University of Oklahoma Office of Research Administration at 405-325-4757 for information about your rights as a research participant.

Consent Statement. "I agree to participate in this research study. I understand my participation is voluntary and that I may stop participating at any time without penalty or loss of benefits."

Signature: _____   **Date:** _____

University of Oklahoma / Norman Campus
Participant Incentive Form
"Foster Parents and Parental Involvement on Behalf of Children in Foster Care"

Please Print the Following Information

Participant Name: _____

Social Security Number: _____

Your Address: _____

City

_____

State   **Zip Code**

Are you an employee of the

University of Oklahoma?   **Yes** _____   **No** _____

Your Signature: _____

The Research Study Staff Will Complete the Information Below.
You Do Not Have to Complete It.
Thank You For Helping Us With This Information.

Description of Activity: **Incentive payment for participation in research study.**

Date: _____

Account #: _____

Principle Investigator Signature: **Steven P. Wells, MSW**

                                             OU School of Social Work

Signature: _____

Reminder Card Mailed to
Non-Responding Foster Parents

Dear Foster Parent:

About two weeks ago, we mailed a packet to you and asked you to help with a study we are doing about foster parents and how they help children in foster care with school.
One of the following things is likely true for you:

- **You received it, and have already completed and mailed it to us. If so, thank you for your help. Your $5.00 stipend will be on its way as soon as possible.**

- **You received it, but have not yet completed it. If so, please think about helping us by participating. If you have questions about the study or need another packet, call Steven Wells at 405-325-1064.**

- **You did not receive the packet. If so, please contact us and we will see that one is mailed to you. Use the telephone number given above to call for one. Thank you for taking the time to think about participating in this study. I hope we have heard, or will hear, from you soon.**

Steven P. Wells
O.U. School of Social Work

The University of Oklahoma
School of Social Work

Dear Foster Parent or Kinship Parent:

In September, I sent a packet to you about the *Foster Parents and Parental Involvement* research study, then a blue card asking you to consider completing the survey. Since then we have had many foster parents respond to this request. I am sending this to those who have not responded, *but if by chance you have already responded, please just disregard this letter.*

As I come to the end of this project, I wanted to take one more opportunity to invite you to participate. You might not have done so because you never received this packet the first time (many foster parents didn't, and called to tell me so after receiving the blue card). You might have been uncertain about it and wanted to think longer about doing so. Or, maybe you lost track of the packet, like we all do with so much mail that comes into our homes.

Whatever the reason may be, I want you to have another opportunity to participate if you think you would like to do so. And, I want to make certain you know some things about this study:

- ✓ This study is for foster parents *and* relative kinship parents.

- ✓ The $5.00 for completing the survey is still available.

- ✓ Participation is confidential. Only the research staff here at the University will know that you responded. Even then, no one will know how you responded.

Please consider taking part in this research study. What we learn could really help us understand the important things you do to help your foster child or kinship child with school.

Start by reading the papers I have included. If you have any questions, please feel free to contact me. My number is 1-405-325-1064. You could also send me an email message at spwells@ou.edu.

Thank you for allowing me to talk with you again about this project. I do hope you will decide to participate, and look forward to hearing from you.

Steven P. Wells
O.U. School of Social Work

ENDNOTE

Everything he wrote was read,
After certain years he won
Sufficient money for his need,
Friends that have been friends indeed;
'What then?' sang Plato's ghost, 'what then?'

'The work is done,' grown old he thought,
'According to my boyish plan;
Let the fools rage, I swerved in naught,
Something to perfection brought;'
But louder sang that ghost 'What then?'

From the poem, *What Then?*

By W. B. Yeats
1938