

Poverty and child well-being in foster care:  
Exploring family stress and adolescent behavior in Washington State

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## **Abstract**

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Poverty defines the lives of most families in the child welfare system. Children are more likely to be removed from poorer families. In the Family Stress Model, economic stress influences child well-being in biological families, and is hypothesized to be associated with foster youth well-being in foster families. Descriptive statistics from a sample of 64 caregiver and adolescent dyads are presented. 30% of families live below the federal poverty guideline (FPG). 84% of families have insufficient income. While no significant differences were observed in child wellbeing among families by income, a trend level difference was observed between foster youth feeling alienated from their caregiver in families below FPG and families with sufficient income. Statistical power was limited, and replication is needed. Policy recommendations include increasing financial resources to families to enhance child well-being as a way to achieve the American Academy of Social Work and Social Welfare's 12 Grand Challenges.

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## **DEDICATION**

To the children and families who deserve a more just world.

## **1. INTRODUCTION**

14.7 million children live below the official poverty line in the United States. (DeNavas-Walt & Proctor, 2014). About 1 in 5 children under 6 years old are living in poverty (DeNavas-Walt & Proctor, 2014), a key period in the development of the body and brain that can be impacted by poverty (Perou et al., 2012). These estimates may significantly underrepresent the number of children living in families experiencing economic stress. The federal poverty line has been criticized for being too low and leaving out tens of millions of people, many of whom are employed yet struggle to meet their basic needs (Pearce, 2008). One critique is the federal poverty line is standardized across the contiguous United States, and consequently fails to control for geographic differences in cost of living.

Living in poverty can create toxic stress in the brain which can have lifelong effects, particularly for infants and young children (Shonkoff, Richter, van der Gaag, & Bhutta, 2012). Child maltreatment has harmful and persistent impacts on the brain (De Bellis & Zisk, 2014) that may contribute to intergenerational transmission of maltreatment (DeGregorio, 2013). While poverty has long been associated with maltreatment of children (Coulton, Korbin, Su, & Chow, 1995; Hussey, Chang, & Kotch, 2006), a theoretically grounded body of evidence is developing drawing a link between family financial stress and child maltreatment (Conger, 2005; Conger et al., 1992, 2002; Conger, Conger, & Martin, 2010).

In the United States, federal law prohibits the abuse and neglect of children. When abuse and neglect is found to have occurred in a family, removal of the child from their family can occur when deemed necessary for ensuring the child's immediate safety. Children can then be placed in the care of their extended family. When this is not possible, the child is placed with a suitable adult, often a licensed foster parent. On September 30<sup>th</sup>, 2013 there were 402,378 children in

foster care in the United States, and 172,575 (42.9%) were 11 years or older (Children's Bureau, 2014).

Children are placed in the homes of foster parents to ensure the safety of children and to provide for their wellbeing. These placements are supposed to be temporary stays while the biological parents resolve the issues necessitating removal. If these issues cannot be resolved in a legally established timeframe, suitable adoptive parents are found. While contemporary foster care is a regulated, government run bureaucracy, the practice of finding alternative caregivers for vulnerable children has ancient roots (Pecora et al., 2010).

Substantial evidence demonstrates young people who have lived in foster care in the United States are significantly more likely to experience a range of long-term challenges to their health, within their social networks, in gaining an education, and in achieving economic self-sufficiency. (Ahrens, Richardson, Lozano, Fan & DuBois, 2008; Carpenter, Clyman, Davidson, & Steiner, 2001; Courtney, Dworsky, Lee, & Raap, 2010; Courtney et al., 2005; Courtney, Terao, & Bost, 2004; Keller, Salazar, & Courtney, 2010; Kushel, Yen, Gee, & Courtney, 2007; McMillen et al., 2005; Merikangas et al., 2010; Narendorf & McMillen, 2010; Pecora et al., 2005; Pecora, White, Jackson, & Wiggins, 2009; Pecora et al., 2003; Pilowsky & Wu, 2006; Vaughn, Ollie, McMillen, Scott, & Munson, 2007; Zlotnick, Tam, & Soman, 2012). Some qualitative work suggests placement into foster care can be traumatizing (Folman, 1998) and that long-term foster care can have a negative impact on identity development (Kools, 1997). More recent work on health profiles of foster children shows that sub-groups exist within the population of foster children; roughly 30% of children are in good health and 30% are in poor health, necessitating the adaptation of services to the varying needs of children (Kools et al., 2013). While there appears to be an intergenerational pathway between poor functioning of foster care alumni and

the placement of their children into state care (Jackson Foster, Beadnell, & Pecora, 2013), foster care can be a beneficial experience for some children. Fallesen's (2013) work indicates that in Belgium children who had longer stays in foster care had greater success later in life finding work and had higher incomes than children with short stays in care. It is clear significant work must be done to improve our foster care system in the United States.

## **1.1 INTRODUCTION TO CHILD WELFARE AND MALTREATMENT IN WASHINGTON STATE**

One goal of this thesis is to better understand the children and families involved in the child welfare system in Washington State. In 2013, 44,813 investigations were conducted, a rate of 60.95 investigations per 1,000 children in the State (Partners for Our Children Data Portal Team, 2015). From those investigations, 6,281 children were placed in out-of-home care, or approximately 14% of all investigations (Partners for Our Children Data Portal Team, 2015).

The total number of confirmed cases of child maltreatment is laid out below in table 1, with breakdowns by type. Neglect is the most common form of maltreatment in Washington State, confirmed in 75.9% of cases (Heisler, 2012). This is slightly lower than the national average of 78.3% (Heisler, 2012). Washington experienced almost the same percentage of physical abuse cases as the national average, and somewhat more than half as many confirmed cases of sexual abuse (Heisler, 2012).

Type	Frequency	Percentage
Neglect	5,735	75.9%
Physical Abuse	1,396	18.5%
Sexual Abuse	418	5.5%
Total	7,549	~100%

*Table 1: Count of confirmed child victims by maltreatment type in Washington State. Source: Heisler, 2012.*

The population of children and adolescents under 18 in Washington stood at approximately 1,539,920 in 2013 (U.S. Census Bureau, 2015). While the State of Washington was able to confirm that 0.46% of children were victims of maltreatment, in a representative sample of high school seniors 23% of males and 28% of females reported experiencing physical and/or sexual abuse by an adult in their lives (Health Youth Survey, 2013) [see table 3]. A survey conducted by the Washington State Department of Health found that nearly a quarter of adults reported some history of child abuse [see table 3]. These are troubling statistics that suggest the current service system may only be reaching a proportion of children experiencing maltreatment.

The children who do enter out-of-home placement in the public child welfare system in Washington tend to be young children (Partners for Our Children Data Portal Team, 2015) [see figure 1]. Rates of placement decline as children grow older, with adolescents between the age of 14-17 years old making up only 12.9% of the population of children in out-of-home care in 2015 (Partners for Our Children Data Portal Team, 2015). Nearly 3.2 times as many young children

### Surveys of Washington State

Have you ever been physically abused by an adult? (Standard Error)

Yes	18.3% ( $\pm 1.8$ )
No	81.7% ( $\pm 1.8$ )

*Table 2:* Healthy Youth Survey 2012: Report on Results.

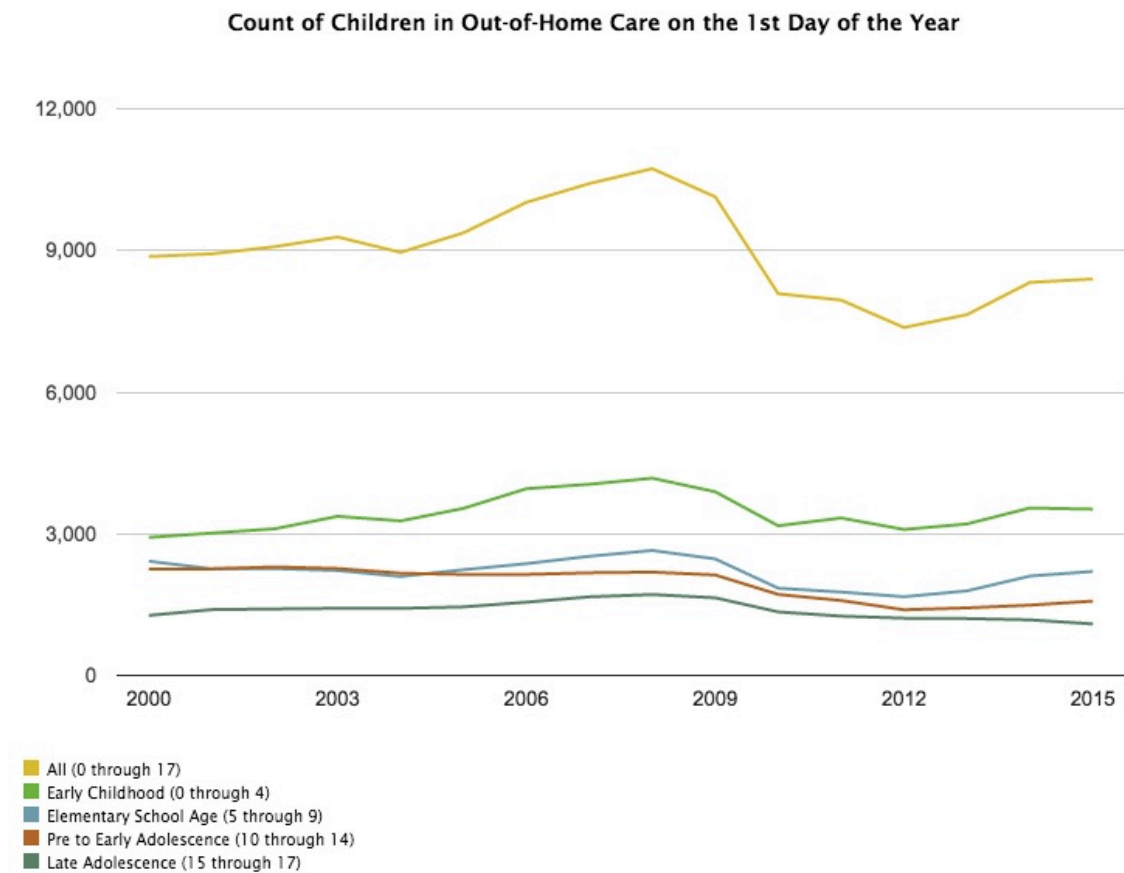
Types of child abuse reported by men and women (Standard Error)

	Men	Women
Sexual abuse (only)	4% ( $\pm 1$ )	11% ( $\pm 1$ )
Physical abuse (only)	15% ( $\pm 1$ )	9% ( $\pm 1$ )
Sexual & physical abuse	3% ( $\pm 1$ )	8% ( $\pm 1$ )
Any abuse	23% ( $\pm 1$ )	28% ( $\pm 1$ )

*Table 3:* Rates for Types of Child Abuse Reported by Men and Women, Washington State Behavioral Risk Factor Surveillance System, 2009-2010. *Source:* Lillian, Kevens, & Drake, 2012.

from 0-4 years were placed in out-of-home care as older adolescents. From the early 2000's through 2008, there was a gradual quarter-by-quarter increase in the number of children in out-of-home care from 8,000-9,000 children to a peak just below 11,000 (Partners for Our Children Data Portal Team, 2015). In 2009, a dramatic decline occurred and 2,000 fewer children were placed in care (Partners for Our Children Data Portal Team, 2015). Since, 2009, the number of children in care has ranged between 7,367 in the 1st quarter of 2012 and 8,712 in the 3<sup>rd</sup> quarter of 2014. (Partners for Our Children Data Portal Team, 2015).

While the majority of children in care are white, children of color are disproportionately



*Figure 1: Count of Children in Out-of-Home Care on the 1<sup>st</sup> Day of the Year. Source: Partners for Our Children Data Portal Team (2015).*

represented in the child welfare system in Washington (Partners for Our Children Data Portal Team, 2015) [see table 4]. For example, while Native Americans make up 1.9% of the state’s population, 5.5% of children in out-of-home placements are Native. Black, Multiracial, and Latino are also over-represented. There is significant concern the “multiracial” category serves as a catch-all for children treated by providers and systems Black or Native, potentially leading to an inaccurate representation in the data of the true disproportionality. In the Department of Social and Health Services 2015 report to the Legislature, children are further identified as “multiracial Black and Multiracial Native” (Children’s Administration, 2015). Non-Hispanic White and Asian children are under-represented. The under-representation for Asian children is particularly dramatic. While 7.9% of people in Washington describe themselves as Asian, only 0.9% of children in out-of-home care are of Asian descent. Avoiding attribution bias is key to understanding and ultimately addressing racial disproportionality in child welfare.

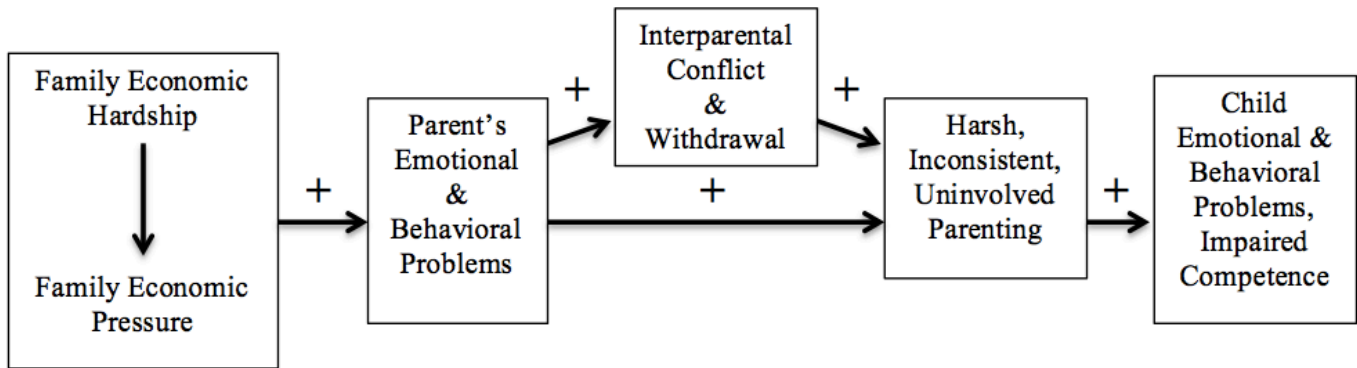
<b>Race/Ethnicity</b>	<b># Children in care on Jan. 1, 2013</b>	<b>WA Population % 2013 (U.S. Census)</b>	<b>Simple % Ratio</b>
American Indian/Alaska Native	419 (5.5%)	1.9%	2.89 : 1
Asian	69 (0.9%)	7.9%	1 : 8.77
Black/African American	683 (8.9%)	4.0%	2.23 : 1
Native Hawaiian/Pacific Islander	40 (0.5%)	.7%	1 : 1.14
White/Caucasian	5,191 (67.9%)	81.2%	1 : 1.19
Multiracial	1,212 (15.8%)	4.4%	3.59 : 1
Hispanic/Latino	1,329 (15.8%)	11.9%	1.33 : 1
Non-Hispanic White	4,129 (52.9%)	71.0%	1 : 1.34
Total	7,641	-	-

*Table 4: Count of Children in Out-of-Home Care in Washington State by Race & Ethnicity*  
*Source:* Partners for Our Children Data Portal Team (2015). *Note:* percentages do not add to 100% because race and ethnicity are considered separate categories, whereas they are combined into one table here for convenience.

## **2. LITERATURE REVIEW**

Poverty is the contextually defining issue for many families involved in the child welfare system (Hook, Lee, Marcenko, & Romich, 2011; Marcenko, Hook, Romich, & Lee, 2012). Researchers, policy makers, and the general public have long known that poverty is associated with child maltreatment (Culhane, Webb, Grim, Metraux, & Culhane, 2003; Slack, Holl, McDaniel, Yoo, & Bolger, 2004). In the past decade, empirical and theoretical work has established a foundation of evidence for understanding how poverty influences romantic relationships and parenting quality (Belsky, Conger, & Capaldi, 2009; Conger et al., 2002, 2010; Neppl, Conger, Scaramella, & Ontai, 2009). Work by Cancian, Slack, & Yang (2010) has found evidence of a causal link between income and risk for a screened-in report of maltreatment. In a diverse sample of single mothers with very young children, they found that a modest increase in income of \$97-\$164 a year reduced the risk of a screened-in maltreatment report by 10% (Cancian et al., 2010). This evidence suggests children in families with even slightly more resources may have better outcomes.

The Family Stress Model, developed by Conger et al. (1992, 2002, 2010) states that financial stress increases parent's emotional and behavioral problems and inter-parental conflict, which in turn leads to lower quality parenting and emotional and behavioral problems in children [see figure 2]. Their findings that economic hardship results in conflict and withdrawal also holds true for stepparents, unmarried couples who cohabit, and for daughters and mothers caring for a child together (Conger et al. 2002). Support for the model among different ethnic groups has grown over the past decade within the United States (Conger et al., 2002; Mistry, Benner, Tan, & Kim, 2009; Parke et al., 2004) and in Finland (Solantaus, Leinonen, & Punamaki, 2004). While in their recent review Conger et al. called for longitudinal study of the model to assess the effects



*Figure 2: Extension of the Family Stress Model to the lives of children. Source: Conger et al., 2010, pg. 692.*

of financial strain over time (2010), empirical evidence so far supports the model's predictions about the harm of financial strain to child and family wellbeing. How well this model predicts harm to children in foster care is a question open to empirical study.

Conger and colleagues (2010) have developed the Investment Model, which posits that families who have more financial resources are able to invest significantly in stimulating learning and growth in their children in contrast to families with less who must use their resources to meet basic needs (Bradley & Corwyn, 2002; Duncan & Magnuson, 2003; Linver et al, 2002; Mayer, 1997). Conger et al. (2010) described three dimensions of investment, (1) parents providing learning experiences to their children personally and with tutors; (2) providing consistently and adequately for basic needs for food, shelter, clothing, and medical care; (3) living in a geographic place that is advantageous to the child's development.

In raw dollars, a nationally representative survey of family expenditures on children conducted by the U.S. Department of Agriculture consistently found high income families who earned over \$106,540 per year spent twice to two and a half times as much on their children as families who earned less than \$61,530 per year (Lino, 2014). As children age, the survey found families spent more on their children. The ranges of pre-tax resources spent on children are: low income spent

\$9,130 - \$10,400 per child, middle income spent \$12,800 - \$14,970 per child, and high income spent \$21,330 - \$25,700 per child. Housing accounted for the largest proportion of money spent across income levels, or around one third of expenditures. For middle and high-income families, childcare and education was the second largest expenditure while many low-income families spent nothing on childcare and education. On average, the low-income group spent about 14% of expenses on childcare and education (Lino, 2014). These results are consistent with the Investment Model, with more income allowing families to invest substantially more in stimulating learning experiences for their children.

Defining poverty is difficult and problematic. The U.S. Health and Human Services 2014 Poverty Guidelines begin at \$11,670 for one person in the lower 48 contiguous states, and grow by \$4,060 for every additional person in the household. For example, the poverty guideline for a family of four is \$23,850 ( $\$4,060 \times 3 = \$12,180$ ,  $\$11,670 + \$12,180 = \$23,850$ ). An alternative to the Federal guidelines is the Self-Sufficiency Standard, which describes the level of income needed by families of different sizes to meet their needs without assistance from public welfare or private charity (Pearce, 2011). In contrast to measuring poverty, which is a somewhat vague and variable concept, the Self-Sufficiency Standard measures levels of income needed to adequately meet a families' basic needs. The Self-Sufficiency Standard achieves a greater level of detail by digging into contemporary costs for basic needs at the county level in order to describe an adequate level of income sufficiency. In Seattle, WA a single adult with one infant and one preschool aged child needs to earn \$62,465 to be self sufficient (Pearce, 2011), which is 315% of the federal poverty level of \$19,790 for a family of three. In 2012, the median household income in Washington State is \$56,444, and in King County the median income is \$68,313 (Washington State Office of Financial Management, 2015). Self-sufficient families have

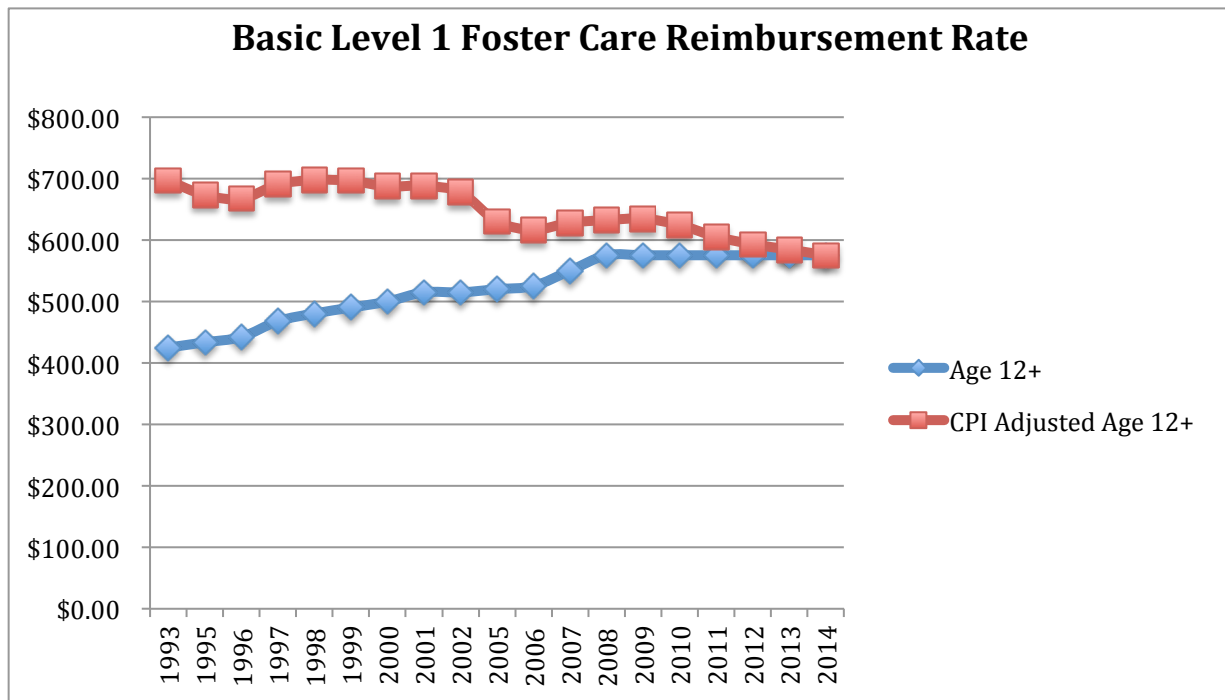
the resources necessary to meet basic needs and are more likely able to provide stimulating learning experiences for their children.

In Washington State, foster parents receive payment from the state to help meet the basic needs of the foster children in their care. The payments increase in three stages as children age, with stage one for children ages 0-5, stage two for children ages 6-11, and stage three for children ages 12 and older. Payments can also increase over four levels depending on the time spent caring for the health and behavioral needs of the child. Most children are categorized as stage one. These reimbursements are not intended to offset the full cost providing care. For monthly and annual payment rates for an adolescent are listed below [see table 5].

These reimbursement rates have been irregularly and incrementally increased by \$5–\$25 per year over the past several decades. These increases have not kept pace with increases in the cost of living. The Federal Bureau of Labor Statistics uses the Consumer Price Index (CPI) to measure changes in the cost of living in the United States. Figure 3 on the following page contrasts the incremental increase in the reimbursement rate with the steady decline in reimbursement’s purchasing power. The current reimbursement rate is \$575.30, and has not been increased since 2009.

Child’s Age	Level 1	Level 2	Level 3	Level 4
0-5 years	\$423.68 (\$5,084.16)	\$601.61 (\$7,219.32)	\$947.19 (\$11,366.28)	1,225.98 (\$14,711.76)
6-11 years	\$500.69 (\$6,008.28)	\$678.61 (\$8,143.32)	\$1,024.20 (\$12,290.4)	\$1,302.99 (\$15,635.88)
12+ years	\$575.30 (\$6,903.6)	\$753.22 (\$9,038.64)	\$1,098.81 (\$13,185.72)	\$1,377.60 (\$16,531.2)

*Table 5: Foster care reimbursement rates* Source: Washington State Department of Social and Health Services, 2015. Note: Monthly reimbursement is listed, followed by annual reimbursement in parentheses.



*Figure 7: Foster care reimbursement rates in Washington State. Source: Children's Administration (2014). Foster Care Reimbursement. Department of Social and Human Services. Available at [http://www.dshs.wa.gov/ca/fosterparents/be\\_FosterFinancial.asp](http://www.dshs.wa.gov/ca/fosterparents/be_FosterFinancial.asp). Accessed on December 19, 2014.*

Most families involved in the child welfare system are experiencing poverty. Evidence suggests families in deeper poverty are more likely to have their children removed because of substantiated child maltreatment (Marcenko, Newby, Lee, Courtney, & Brennan, 2009). The family stress model can be used to theoretically frame studies of child welfare involved families, with deepening poverty leading to growing parent stress, resulting in greater risk of child abuse and neglect. Guided by the FSM this thesis will (1) build upon quantitative work exploring how income shapes the lives of mothers with children involved the child welfare system; (2) and examine quantitative data from a sample of foster children and foster parent dyads to investigate and understand the role of income in children's wellbeing while in foster care.

## **2.1 PARENT SURVEY**

In 2008, Partners for Our Children (POC) conducted interviews with a representative sample of parents with recent child-welfare involvement. The State of Washington Department of Social and Health Services Children's Administration (CA) contracted POC for this work as part of the evaluation of their then-new *Solution-based Casework* model. Having a new CA case in the past 60 to 180 days was considered recent involvement (Marcenko, Newby, Lee, Courtney, & Brennan, 2009). These parents were interviewed face-to-face in the final six months of 2008. These baseline data were then compared to future CA administrative records.

Marcenko and colleagues (2009) achieved an 82% response rate was achieved with an initial sample of 809 parents who were interviewed across each region of Washington State. 92% of the sample was female, 67% were unemployed, and 69% had an annual income of less than \$20,000. With less than 12% of the sample earning more than \$40,000 per year, only a few of even most well-off families in the sample approached economic self-sufficient as described by Pearce and colleagues (2008; 2011). Marcenko and colleagues (2009) found that 73% of families recently experienced a major hardship such as missing a rent payment, being unable to buy needed clothing, having to visit a food pantry, moving in with friends or family, or experiencing homeless. Parents with children placed by the State in out-of-home care were more significantly more likely to live in deep poverty. 35.5% of families with children who remained in their parent's care lived on less than \$10,000 per year. In contrast, 55% of families with children removed and placed in out-of-home care lived on less than \$10,000 per year (Marcenko, Newby, Lee, Courtney, & Brennan, 2009).

Marcenko and colleagues (2009) asked parents about the following five risk factors associated with child maltreatment: domestic violence, parent experience of childhood sexual abuse, mental

health disorders, substance dependence, parental stress. 35% of parents reported experiencing domestic violence with a current or previous partner. 55% reported being sexually abused in childhood. 56% of parents met diagnostic criteria for one or more mental health disorder including major depressive disorder, mood disorders, and anxiety disorders. 29% reported dependence on alcohol or other drugs. Overall, parents did not feel stressed in their familial role, and in contrast reported feeling rewarded, satisfied, and in control as parents. The child's mental health was predictive of parents stress, for families with children who remained in-home parent mental health was also predictive of parent stress (Rodriguez-Jenkins & Marcenko, 2014). Finally, parents with children placed in out of home care reported higher levels of domestic violence, substance use and substance dependence (Marcenko, Newby, Lee, Courtney, & Brennan, 2009).

In a later paper, Marcenko and colleagues (2012) found one fifth of the sample to be economically disconnected, receiving no income from employment, cash benefits, or from a romantic partner or family member. They found economically disconnected parents were significantly more likely to have children in out-of-home care. While disconnected families relied more on their social networks for financial assistance this help was inadequate. Finally, these parents had higher levels of unmet basic needs and were less engaged with child welfare services (Marcenko et al., 2012).

## **2.2 CONNECTION & CHILD WELLBEING**

Secure attachments to caregivers are fundamental for the well-being of children (Bowlby, 1988) and increase the likelihood a person will resiliently respond to challenges in life (Werner, 1989). In a 32-year follow-up on a longitudinal cohort of high-risk children, Werner (1989) found children who displayed resiliency later in life had fewer separations from their primary caregiver

during the first year of life, and were able to establish a strong bond with one or more caregivers who gave them substantial positive attention during infancy. For those children who had criminal records by age 30, Werner (1989) found a significant protective factor was having a stable family during childhood and particularly adolescence.

Building in part on Werner's work, Catalano and Hawkins (1996) proposed the Social Development Model (SDM) to explain the emergence of pro- or anti-social behavior in adolescence and young adulthood. Catalano and Hawkins (1996) described three fundamental constructs for bonding between people: (1) opportunities for involvement, (2) skills for interaction, and (3) social rewards. Each construct leads to successful bonding and the creation of a belief in accepted social values. These beliefs lead to expression of behavior. The same parallel pathway leads to either anti-social or pro-social behavior. Based on the SDM, it is hypothesized that caregivers who, because of dire economic circumstance, must focus energy and attention on securing needed resources for their families put their child's wellbeing at risk. Meeting the family's basic needs comes at the expense of providing their adolescent opportunities for pro-social involvement, youth skills training, and positive feedback for youth's efforts and success. These families risk having their adolescents becoming bonded to anti-social peers and engaging in anti-social behaviors (Haggerty, personal communication, April 24<sup>th</sup>, 2015).

The SDM guided the creation, testing, and implementation of *Staying Connected with Your Teen* (SCT), an evidence-based substance abuse prevention intervention designed for use in the home with adolescents 12 to 17 years old (Haggerty et al., 2007). The program has shown to be effective with adolescents in low-income families, partly because the self-directed model allows families to participate on their own schedule thereby permitting increased participation rates

(Haggerty, MacKenzie, Skinner, Harachi, & Catalano, 2006). Results of a randomized trial found the treatment improved familial relationships and functioning while also reducing teen drug use, early sexual initiation, and violent behavior (Haggerty et al., 2007). SCT was systemically adapted for use in the child welfare system in foster families with children in State care, in part because of its cost-effectiveness at \$300 per family and the limited burden on caseworker time for implementation. Renamed *Connecting*, the National Institutes for Drug Abuse funded a feasibility study (1R34DA029722) to evaluate the adapted intervention.

Work began on *Connecting* with qualitative analyses of nine focus groups conducted with adolescents, foster and relative caregivers, and Children's Administration staff (Storer et al., 2012). Results from this initial analysis found a lack of connection between youth and their foster caregivers was a significant barrier. Storer and colleagues (2012) found a strong desire for evidence-based tools to address foster youth's "amplified" risky behaviors (pg. 1856). A dearth of evidence-based prevention tools exist to help foster caregivers keep the youth in their care safe (Storer et al., 2012).

As a result of the youth and caregiver's expressed need for closer family bonds (Storer et al., 2012), Barkan and colleagues (2014) described the process of adapting an evidence-based program and conducted an initial waitlist-control test of the *Connecting* curriculum with the sample of foster youth and their foster and relative caregivers. Overall response from participants suggests the program has potential to build closer bonds (Barkan et al., 2014).

Further analysis by Storer and colleagues (2014) of the qualitative data from the nine focus groups found a stark contrast between foster homes where bonding was absent and foster homes where youth felt connected. Some youth reported they did not "fit in," that foster homes felt

chaotic, and their caregivers parenting was judgmental and reactive (Storer et al. 2014, pg. 113). Well-bonded youth described home environments as places where they belong, and that foster parents provide necessary structure, guidance, and consistency (Storer et al. 2014).

The goal of this thesis is to explore how income affects children's wellbeing in foster care using the first wave of quantitative data collected as part of the field test of *Connecting*. For the purposes of this thesis, the youth's relationships with their caregivers and their schools will be used as measures of overall wellbeing. Schools and families potentially provide pro-social (1) opportunities for involvement, (2) skills for interaction, and (3) social rewards, which create a picture of the child's wellbeing (Catalano and Hawkins, 1996). Potential proxy measures of anti-social involvement include substance use and early sexual initiation. Guided by models of family stress and investment in children (Conger et al., 2010), this exploratory study will use one dataset to illustrate how adolescent's experiences in the care of the foster families may be associated with the family's financial situation. The hypothesis of this study is that low income and limited opportunity in a foster family will be associated with lower measures of child wellbeing.

### **3. METHODS**

Sixty-four caregiver/youth dyads were recruited for the study. Constraints of the State of Washington's human subjects review process required the researchers to depend on child welfare social workers to select and recruit participants. Eligibility criteria for the foster teens were: (1) between 11 and 15 years of age; (2) live with a relative or licensed foster caregiver in a home; (3) live in King County, the geographic area participating in the study; (4) not have been identified as having initiated risky behaviors the prevention program was designed to prevent, (substance use); (5) no history of arrests or criminal convictions. These constraints yielded a

sample at less risk than the general population of children in foster care. After agency social workers created a list using the above criteria of potential participants, caregivers were mailed a letter by the researchers giving them the option to opt out of participation. Caregivers that did not respond and request to opt out were contacted by a child welfare worker to assess their interest. When caregivers suggested they were interested, the foster youth was contacted. When both the youth and caregiver indicated interest in participating, both were invited to participate.

During enrollment for the *Connecting* study, caregivers gave informed consent and teens gave oral assent to participate. Both then completed a survey. After, families were randomly assigned to experimental or waitlist control groups. Families in the experimental group received a letter, the *Connecting* workbook and DVD, and were called to notify them of their assignment. These families were given three months to complete the intervention, and received regular phone calls from the research team to check-in and offer support. Families in the waitlist control received a letter and phone call notification of their assignment. While two follow-up waves of data were collected, for this secondary analysis only the first wave of data was used. Caregivers and youth each received \$25 for every completed survey.

### **3.1 DEMOGRAPHICS**

Of the foster teens in the sample, 63% were female, with an average age of 13.5 years. Teens self-identified using the following racial/ethnic categories: 48% White, 30% Native American, 15% Black, 7% Hispanic, and 3% Asian/Pacific Islander. Of the caregivers in the sample, 83% were female, and the average age was 47 years old. Caregivers self-identified using the following racial/ethnic categories: 74% White, 12% Black, 9% Native American, and 5% Asian/Pacific Islander. No significant differences were found between the treatment group and the waitlist control group along these demographic characteristics.

#### **4. MEASURES**

Caregivers provided information about their net income for the previous year by selecting the appropriate range (e.g. \$24,000-\$28,000). Caregivers also answered a question about the number of people living in the home. To calculate estimates of family's per-capita income, the mid-point of the range was determined and then divided by the number of people in the home, including the foster child.

The Federal Poverty Guidelines informed per-capita income cut-offs for the lower 48 contiguous States and the Self-Sufficiency Standard for Seattle, Washington. The data fell into three clear groups: (1) below the Federal poverty guidelines, (2) below the self-sufficiency standard while still above the Federal poverty guidelines, and (3) above the self-sufficiency standard. The income cut-offs for families below the poverty guidelines was an annual per-capita income below \$6,000. For the group above poverty guidelines yet below sufficiency standard the per-capita income cut-offs were between \$6,000 and \$22,500 annually. Families must have earned more than \$22,500 per-capita annually to be placed above the sufficiency standard.

Average family size was assessed using one question from the survey, which asked the caregivers how many people lived in their home excluding the teen. For the analyses below, the teen was added to the number provided by the caregivers. Average family size was used to calculate average total family income. Family size was multiplied by the annual per-capita income to derive an estimation of family's total annual income.

Caregivers provided additional demographic information, including the highest level of educational attainment. Of particular importance is their licensure status as a foster parent with the Department of Children and Family Services. Some caregivers are unlicensed relatives while others are foster parents unrelated to the child. Relatives do not receive reimbursement

compensation unless they go through the licensure process, which some relatives are reluctant to do because they may consider the process intrusive. While an alternative route for relative caregivers to receive financial support is through relative guardianship, none of the families in this sample were relative guardians.

Parent's highest educational attainment was measured with one question about their highest level of schooling. The response options range from "Less than High School Diploma" through to specific graduate and professional degrees such as "Ph.D/M.D" and "J.D." Each number corresponded with a specific degree type, listed on an ordinal scale.

The caregiver's legal status and relationship to the teen was assessed using one question. The question asked whether the caregiver was a licensed foster parent, a licensed relative, or an unlicensed relative. While response options were categorical, with the first option being licensed foster parent, the second being licensed relative caregiver, and the third being unlicensed relative caregiver.

The caregiver's employment status was determined using three questions. The first asked if they were currently employed more than 30 hours per week, with a yes or no response. Caregivers were then asked if they were "unemployed, looking for work, or laid off from a job" in the past 12 months. Caregivers were also asked about how long they were unemployed, and whether their spouse was employed.

Caregivers were asked whether anyone in their home received "government financial assistance, such as food stamps, free or reduced lunch, or welfare?" The responses were yes or no. When a caregiver answered yes, they were prompted with clarifying questions to ascertain what specific benefits were received. Foster care reimbursements were not specifically included or excluded.

Warmth/low conflict in the caregiver-teen relationship was assessed using 11 items ( $\alpha = .63$ ) which asked the caregiver about their behavior toward the teen in their care. These included items such as, “In the past month, how often did you let Teen know you really care about him/her?” and reverse scored items such as “In the past month, how often did you get angry at Teen?” For this scale, higher scores mean more self-reported warmth toward the teen, which for this discussion is synonymous with positive parenting.

The family conflict scale used in this survey is derived from the Family Environment Scale (Moos & Moos, 1981). The scale in this survey has four dichotomous true-false items, two questions asking about family conflict and two items that are reversed. The questions were presented to both caregivers ( $\alpha = 0.77$ ) and teens ( $\alpha = 0.64$ ). The results of these questions were averaged to produce the scale result in the table.

The number of placements was determined by asking two questions. The first of which asked if they have lived in any other placements besides the current one, to which the teens answered yes or no. Teens answering yes were prompted with a second question asking how many placements they have lived in, and could respond by selecting a number between 2 and 99. Two additional questions asked how many years and months they had lived in their current placement.

The number of school changes was assessed with one question that asked teens, “How many times have you changed schools?” Included in this question were normal school changes from elementary to middle school, and middle school to high school. The baseline number of school changes for a child staying within the same school system would be two. Teens responded by selecting a number between 0 and 99.

Forced sex was assessed using a string of questions that began by asking teens, “Have you ever had sex including oral, anal, or vaginal sex?” Responses to this dichotomous question were used to calculate sexual initiation, which was analyzed controlling for age and gender. Teens who responded yes were asked how old they were when they first had sex “with or without consent?” Teens selected a number ranging from 0 to 20. They were then asked two questions to count the number of female and the number of male sexual partners. Teens were next asked, “Has anyone ever forced you to have sex against your will?” They could respond with yes, no, or don’t know. Data from this question were used to calculate the statistics below. Further questions asked about using protection such as condoms, birth control, use of alcohol, and drugs such as cocaine.

Bonding to school is assessed using six questions to the teen about how they feel about school, including whether they looked forward to going to school, found school fun, and whether nice things happened to them at school. Three reverse coded questions asked the teen if they talked in class often when they were not supposed to, if the teen felt unhappy at school, and if the teen had difficulty paying attention. Response options ranged were No!, no, yes, and Yes! ( $\alpha = .71$ ,  $n = 58$ ).

In the analyses below, the proportion of teens kept out of school because of behavior is the result of responses to one dichotomous question. Two further questions were asked. The first concerned the discipline the teen received, whether they were expelled or suspended, and for those suspended the length of time. The final question asked how many times the teen had been kept out of school. Because of the small sample size, limited nature of this study, and for the sake of simplicity, the analysis was restricted to the first question.

The teen’s grades were assessed with two questions. The first question asked the teen to average their grades for the year, and self-evaluate how well they performed in school. Response options

were on an ordinal scale ranging from very good, to good, average, poor, and very poor. The second question asked the teens to compare their grades to the grades of their peers by asking, “Are your grades better than the grades of most students in your class.” Because the research query concerns how experiences in the home may relate to student’s grades, the teen’s grades relative to their peers were not analyzed.

The teen’s capacity to solve problems was assessed with nine statements, each with a standard set of response options that allowed the teen to affirm or deny the statement (NO!, no, yes, YES!). Each question began with the prompt, “When I have a problem...” One example of the question is, “... I do something to solve the problem.” There were two reverse scored questions, an example of which is “...I blame or say bad things about other people.” The variables were combined into a scale, which was analyzed.

The teen’s current level of bonding to their caregiver was assessed using thirteen statements presented to the teen, with the standard set of response options for the teen to affirm or deny (NO!, no, yes, YES!). Armsden and Greenberg (1987) developed the scale. Examples include, “My caregiver(s) expect too much from me,” “I feel angry at my caregiver(s),” and, “I can count on my caregiver(s) when I need to get something off my chest.” The teen’s perception of alienation to their caregiver was assessed using six items from this scale. An example is, “I get upset a lot more than my caregiver(s) know about.” The hypothesis expects caregiver bonding to be decreased among teens in the low-income families and increased among high-income families. It is expected that alienation will be higher in low-income families and lower in high-income families

The teen’s current substance use was assessed using 14 questions, which asked about use of substances in the previous month. One question asked about a fake drug, as a means for

controlling the quality of data. The substances assessed included cigarettes, smokeless tobacco, alcohol, marijuana, prescription drugs used without a prescription, psychedelics, cocaine, sniffing glue, stimulants, party drugs, steroids, and other drugs. Teens were first asked if they had ever used the substance. They were then asked how many times in the previous year they had used. Finally, teens were asked about their use in the past 30 days. For this study, data about current substance use was analyzed. The hypothesis expects substance use to be significantly higher among teens in low-income homes than in higher-income homes.

## **5. ANALYSIS - ANTICIPATED OUTCOMES**

The family stress model has been studied in families with their biological children. Whether the FSM accurately predicts the dynamics of families with foster children is an open question. It is reasonable to expect the age and developmental level of the foster children when they join the family to be important factors. It is expected that family economic stress will be associated with lower foster teen wellbeing. Given the three categories used to divide the sample, (1) below the federal poverty guidelines, (2) insufficient income yet above the poverty guidelines, and (3) above the self-sufficiency standard, it is expected that higher levels of child wellbeing will be observed in families above the sufficiency standard.

During preparation of the analysis plan, three options were considered. Conducting T-tests for each combination of the three dependent income groups to stress and outcome variables was decided against. The reason was the large number of necessary T-tests, which risks potentially overstating the significance of the results. Additionally, T-tests would not permit controlling for variables such as age and gender.

The second route considered and declined was conducting MANOVA analyses to determine significance. The issue with conducting MANOVAs for this study was the potential variability of outcomes, and the likely inter-correlation of outcome variables, which could lead to an over-estimation of significance. For example, several outcome variables are related to school performance, including grades, teen's attachment to school, and school problems, all of which we assume will likely be correlated. While this study divides this construct of "teen's relationship to school" into distinct variables, if each variable were significant it may simply reflect the overarching construct. Again, the risk is overstating the results significance, a possibility best avoided given the many constraints on this study.

The final road considered and ultimately taken was to conduct appropriate and necessary analyses that control for salient independent variables such as age and gender. For outcome variables that are scales ANCOVAs were conducted. For dichotomous variables logistic regressions were conducted. For both tests, age and gender seemed appropriate variables for which we could easily control. Race was considered, and ultimately was determined to be too complex to control for given the study's small sample size and the multitude of divisions already made of the sample. Race is obviously a key variable to consider, and the inability of the study to adequately assess the significance of race to this question is a reflection on the limitations of this sample, not on the importance of race.

Ultimately, the goal was to simplify and focus on the essential aspects of the research question through utilization of appropriate statistical tests, while controlling for two key independent variables, age and gender.

## 6. RESULTS

The 64 families in this sample fell into three income categories: (1) below the Federal poverty guidelines, (2) insufficient income yet above the poverty guidelines, and (3) above the self-sufficiency standard [see table 6]. A family below the Federal poverty guideline had approximately \$3,119.93 to spend on each person in the family in the past year. The average size of families below the Federal poverty guideline had 6.3 people, with a combined annual income of \$19,715.02. The Federal poverty threshold for a family of six in the contiguous United States is \$32,570. Low-income families in this sample on average had lower levels of educational attainment, were far more likely to have been unemployed in the past year, and nearly 95% were receiving government assistance.

Families above the poverty guidelines yet below the self-sufficiency standard represented 54% of survey respondents, and on average had a bit less than \$12,000 per person in the last year. These families were slightly smaller, averaging 5.8 people, with an average total combined income of \$67,753. These families earn over three times as much money each year as families below the Federal poverty guideline, and the average income sits at 200% of poverty guideline. These families are still below the self-sufficiency standard, earning between 66-92% of the self-sufficiency standard. Over a quarter of these families experienced unemployment in the past year. These families were more highly educated than the low-income group, averaging an associate's degree. A large majority, 77%, received government assistance.

Families living above the sufficiency standard on average reported having approximately \$33,500 per person in the past year. The average family was smaller, 3.9 people, with an average total income of \$130,650. The average earnings for these families is 1.8 times the highest self-

<b>Socio-Economic Status</b>	<b>Below Federal Poverty Guidelines (FPG)</b>	<b>Insufficient &amp; above FPG</b>	<b>Above Self-Sufficiency Standard</b>
Frequency (# of families)	n = 19 30% of sample	n = 35 55% of sample	n = 10 15% of sample
Annual Per Capita Income	\$3,119.94 median = \$2,739 (\$1,801.89)	\$11,621.54 median = \$10,000 (\$4,445.89)	\$33,500 median = \$31,250 (\$7,472.17)
Average family size	6.32 (1.89)	5.83 (2.13)	3.90 (1.20)
Average total family income	\$19,718.02	\$67,753.58	\$130,650
Education (median)	3 - GED	4 - Associates	5 - Bachelors
Relative Caregiver percentage of total and licensure status	52.7% n = 10 5.3% licensed 94.7% unlicensed	51.5% n = 18 8.6% licensed 91.4% unlicensed	50% n = 5 0% licensed 100% unlicensed

*Table 6: Socio-economic results across income groups. Note: Standard deviation in parentheses.*

sufficiency standard for families of this size in Seattle, which is \$72,130.67 for families with a teenager and a preschool age child. Only a small proportion (10%) of these families experienced unemployment in the past year, which suggests their economic situation is more stable. These families were the most highly educated, with median caregivers having a bachelor's degree. Half of this group still reported receiving government support, which may be in the form of their foster care reimbursement.

Of note, the number of relatives to non-relative caregivers was curiously consistent across the three income groups. Half of the caregivers in each group were relatives of the children in their care. This was unexpected. Relative caregivers do not receive a financial reimbursement for their care, and consequently we expected to see many more relative caregivers in the low-income group than the middle- or high-income groups.

Caregiver Stressors	Below Federal Poverty Guidelines (FPG)	Insufficient & above FPG	Above Self-Sufficiency Standard
Unemployed in last 12 months	42.1% n = 8	25.7% n = 9	10% n = 1
Family receives government assistance	94.7% n = 18	77.1% n = 27	50% n = 5
Warmth/low conflict $\alpha = .63$	5.91 (0.59)	5.57 (0.78)	5.93 (0.59)
Moos conflict scale $\alpha = .77$	0.25 (0.30)	0.41 (0.38)	0.25 (0.33)

*Table 7: Caregiver stressor results across income groups. Note: Standard deviation in parentheses.*

## 6.1 CAREGIVER STRESSORS

The stressors caregivers experienced were substantial, and followed a predictable pattern [see table 7]. More than 2 out of 5 families below the Federal poverty guidelines experienced unemployment in the last year, in contrast to one in 10 families above the self-sufficiency standard. Nearly all families living below the Federal poverty guidelines were receiving some kind of government support, in contrast to families above the self-sufficiency standard where approximately half received support, and half did not. Families with more wealth experienced less economic stress in the form of unemployment, and were less likely to be receiving government support. No statistically significant differences were observed in caregiver's perceptions of warmth in their relationship with the adolescents in their care, or in family conflict.

## 6.2 CHILD STRESSORS & WELLBEING

While differences were observed, particularly in sexual initiation and substance use, when controlled for age these differences were not significant. The teen's perception of alienation from their caregiver trended toward significance ( $p < .10$ ). Age of the teen found to be a significant covariate (.01). For one other teen behavioral variable, sexual initiation, age was also a

<b>Teen Stressors</b>	<b>Below Federal Poverty Guidelines (FPG)</b>	<b>Insufficient &amp; above FPG</b>	<b>Above Self-Sufficiency Standard</b>
Multiple placements % with 3+	57.9%	45.7%	50%
Multiple school changes % with 3+	89.5%	88.7%	80%
Moos Family Conflict Teen Report $\alpha = .64$	0.38 (0.39)	0.27 (0.34)	0.35 (0.24)
Forced sex	27.8%	24.2%	11.1%

*Table 7: Teen indicators of well-being stressor results across income groups. Note: Standard deviation in parentheses.*

<b>Teen Well-being Indicators</b>	<b>Below Federal Poverty Guidelines (FPG)</b>	<b>Insufficient &amp; above FPG</b>	<b>Above Self-Sufficiency Standard</b>
Bonding to school $\alpha = .18$ with n of 72; $\alpha = .71$ with n = 58  1=No!, 4=Yes!	2.74 (0.62)	3.05 (0.50)	2.96 (0.61)
School problems  Ever kept out of school because of behavior	31.6%	23.5%	50%
Grades  1 = Very poor, 5 = Very good	3.47 (1.07)	4.00 (0.95)	3.60 (1.17)
Problem solving skills $\alpha = 0.85$ ; n =70  1=No! 4=Yes!	2.77 (0.58)	2.88 (0.48)	2.73 (0.40)
Bonding to caregiver $\alpha = 0.74$  1 = almost never true, 3 = sometimes true, 5 = almost always or always true	3.76 (0.76)	3.96 (0.68)	3.84 (0.75)
Alienation from caregiver* $\alpha = 0.76$  1 = almost never true, 3 = sometimes true, 5 = almost	2.65 (0.85)	2.07 (0.73)	1.93 (0.89)

always or always true			
Trust of caregiver $\alpha = 0.79$  1 = almost never true, 3 = sometimes true, 5 = almost always or always true	3.71 (0.66) $\alpha = 0.79$	3.70 (0.68) $\alpha = 0.83$	3.58 (0.42) $\alpha = -0.49$
Communication with caregiver $\alpha = 0.73$  1 = almost never true, 3 = sometimes true, 5 = almost always or always true	3.54 (0.68)	3.48 (0.72)	3.22 (0.31)
Sexual Initiation (percentage)  % reporting ever having sex	42.1%	17.6%	20.0%
Current 30 day substance use and binge drinking	16.8% n = 3	0% n = 0	10% n = 1

*Table 9: Teen indicators of well-being across income groups. Note: Means are presented for scales with standard deviations in parentheses.*

\*In post hoc comparisons, the difference between the low- and high-income groups was significant at  $p = .10$

significant covariate (.01). Overall no significant differences across income groups in were observed in teen's bond to their caregivers and to school, which serve as indicators of wellbeing.

## 7. DISCUSSION

This study raises a serious concern needing further research: in Washington State's child welfare system, many children are removed from families experiencing dire poverty (Marcenko, Newby, Lee, Courtney, & Brennan, 2009) and some are being placed in families living below the federal poverty guidelines and below self-sufficiency standard. Poverty is a pervasive and contextually defining issue in child welfare. Steps to address it are far from clear. A representative survey of parents involved in the child welfare system found that children were more likely to be removed from families in extreme poverty than more economically stable families (Marcenko, Newby, Lee, Courtney, & Brennan, 2009). Nearly 30% of the foster families adolescents joined in this

sample are living below the federal poverty guidelines. The vast majority of families, 84%, reported living below the self-sufficiency standard. Evidence suggests economic pressure can lead to family stress that is associated with emotional and behavioral problems in children as a result of poorer quality parenting (Conger et al., 2010). Poverty in biological, relative, and foster families is a significant obstacle to achieving policy goals of child safety, permanency, and well-being.

In this sample of 64 foster caregiver and adolescent dyads, while no statistically significant differences were observed, foster youth living in poverty reported higher levels of alienation with their caregivers than youth living in families with sufficient income ( $p < .10$ ). This finding is particularly concerning because of previous work with focus groups by Storer and colleagues (2012) indicating a general lack of connection between teens and caregivers. The hypothesis expected that as income increases measures of wellbeing would improve, which the data from wellbeing measures did not entirely support. These results arise from a sample of families with a dramatic disparity in the resources, and contrast evidence from studies with biological families that have found associations between family economic stress and child wellbeing (Conger et al., 2002; Conger et al., 2010; Mistry, Benner, Tan, & Kim, 2009; Parke et al., 2004; Solantaus, Leinonen, & Punamaki, 2004).

These results should be interpreted with caution. The small sample size limits the power to detect significant differences that may exist. While it appears the measures of teen's bonds to their caregiver and school were not resource dependent, a larger sample with greater power and fewer limitations will provide clearer evidence in response to this query. The objective of this exploratory work is to raise questions, not conclusively answer them.

While alienation from a caregiver may be developmentally anticipated for teens, adolescence is a vulnerable period of growth in which people need the care, stability, and support of a caregiver. The FSM predicts the withdrawal of caregivers and uninvolved parenting will lead to child behavior issues. It would be expected for a teen to potentially feel alienated from a caregiver experiencing stress of supporting a family in a difficult economic situation. Should future studies with greater statistical power find an association, policy and practice should adapt. This is particularly salient given the substantial evidence of dramatic inequities in long-term health outcomes, educational achievement, and financial stability of children in foster care (Ahrens, Richardson, Lozano, Fan & DuBois, 2008; Carpenter, Clyman, Davidson, & Steiner, 2001; Courtney, Dworsky, Lee, & Raap, 2010; Courtney et al., 2005; Courtney, Terao, & Bost, 2004; Keller, Salazar, & Courtney, 2010; Kushel, Yen, Gee, & Courtney, 2007; McMillen et al., 2005; Merikangas et al., 2010; Narendorf & McMillen, 2010; Pecora et al., 2005; Pecora, White, Jackson, & Wiggins, 2009; Pecora et al., 2003; Pilowsky & Wu, 2006; Vaughn, Ollie, McMillen, Scott, & Munson, 2007; Zlotnick, Tam, & Soman, 2012).

While our measures of wellbeing in this small sample were not able to detect significant differences, a hypothetical case example illustrates the limitations of living in a home below the federal poverty guidelines. A 14-year-old living in a home with five people on an income of \$18,000 per year will have limited opportunity to participate in athletics because her caregivers cannot afford to purchase basketball shoes, skis, or swim goggles. When a six-person family only has \$250.00 per month to meet all of the needs of each child, including food, shelter, a pair of basketball shoes will not make the list and skis are unimaginable. While that 14-year-old student's caregivers must cope with making ends meet, they may be more limited in supporting her achievement in school and preparation for college than a family with sufficient resources. A

caregiver stressed by their family's lack of resources would at times struggle to provide adequate support to their child, and it is reasonable for this stress to lead to alienation between the caregiver and the youth. Consistent with the Social Development Model, fewer resources impact the child's opportunity structure, their ability to learn new skills, and their expected reward structure. This could reasonably reduce the quality of the child and caregiver's bond, and lead to more alienation. When contrasted with families living above the self-sufficiency standard, families with the resources to invest in providing children with diverse opportunities would be expected to have dramatically different experiences.

### **7.1 POLICY RECOMMENDATIONS**

The key policy implication is the desperate need to increase resources available to (1) biological families, (2) relative caregivers, and (3) foster caregivers. Put simply, society gets what the State pays for, and current resources are inadequate to achieve the State's mandated policy goals. The family stress model suggests that more resource supports will decrease stress and increase family stability. (1) Increasing financial support to biological families by even small increments of \$97-\$164 annually has been demonstrated to reduce screened-in maltreatment cases by 10% (Cancian et al., 2010). Larger increases may decrease maltreatment rates further.

(2) Relative caregivers in Washington State are not currently given any reimbursement unless they become licensed. Because licensure is a pre-requisite to receiving financial support, relatives are limited in their capacity to invest in the wellbeing of the foster child. Relative caregivers should receive the same level of support as foster caregivers, and while some form of licensing process may be appropriate, it should not be overly burdensome such that it serves as a disincentive to relatives. Short-term policy and practice changes could be ensuring relatives have the information and agency support to become licensed. One in three children in out-of-home

placements on the first day of 2015 were in stable relative placements (Partners for Our Children, 2015). One avenue for accessing resources is utilizing federal reimbursements under the Relative Guardianship Assistance Program (R-GAP), which would be a cost-effective and sensible solution to financially support relatives with children in their permanent care (Barkan, personal communication, April 24<sup>th</sup>, 2015).

(3) There is both increased need for foster caregivers and a decline in the number of licensed providers (Marcenko, Brennan, & Lyons, 2009). The increasing cost of living and child care, along with stagnant reimbursement rates force maternal caregivers to enter the workforce, effectively barring potential foster parents from serving children in need of placements (Marcenko, Brennan, & Lyons, 2009). Increasing reimbursement rates to licensed caregivers will likely address the significant shortage of caregivers by incentivizing new providers to earn their licenses and current foster parents to persevere and stay engaged in the system.

Given the scarcity of resources for social services in the current public fiscal environment, one near-term policy shift may be a variable rate of reimbursement for low-income families fostering children. While this option is less appealing, this study found half of high-income families living well above the self-sufficiency standard were still receiving government support, likely in the form of their reimbursement. This money may well be better spent shoring up foster families experiencing dire poverty. The main drawback to this approach is obvious. Well-resourced families may stop being foster care providers without the financial reimbursement. The benefits of this approach are that new resources may not be needed in the short-term and foster families in poverty would have more resources to invest in caring for children.

An urgent policy change is tying the foster care reimbursement rate to the consumer price index (CPI). There is legal precedence for this in Washington State, because the minimum wage

increases incrementally as consumer goods become more expensive. The foster care reimbursement rate has been stagnant for seven years. Foster parents in the mid 1990's had substantially more purchasing power, allowing them to better meet the needs of children in their care [see figure 3, pg. 11]. The rate should be substantially increased and then tied to the CPI. Ensuring relative and foster caregivers have the resources they need to sufficiently provide for their families is theoretically expected to reduce family stress stemming from economic instability while improving caregiver relationships and child wellbeing.

## **7.2 PRACTICE RECOMMENDATIONS**

Two practice implications for child welfare social workers arise from this study. The first stems from the trend toward significance in teen's alienation toward their caregivers. The typical practice response to a situation where caregivers are poorly bonded to a teen in their care is to refer or require services of the parent, such as parenting classes. Yet, this may worsen the issue if the fundamental problem is that caregivers have limited time to be with their teen. Social workers should assess and work to ameliorate root sources of stress that may be hindering child-caregiver bonding. An in-home resource designed to facilitate bonding, such as *Connecting*, may in the future be a valuable option to consider when caregiver's time is precious.

The final practice implication concerns social workers ethical obligations to society. The National Association of Social Workers Code of Ethics details social worker's "should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should...advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice." Finally, "social workers should act to expand choice and opportunity for all people, with special regard for

vulnerable, disadvantaged, oppressed, and exploited people and groups.” (NASW Code of Ethics). The resources allocated for child welfare are a direct result of the legislative process, a process that social workers are ethically obligated to affect. The importance of the National Association of Social Workers, the American Academy of Social Work and Social Welfare, and other social work organizations as vehicles for policy advocacy cannot be understated. Social workers must also engage in creative community organizing as a means to found new organizations, associations, and unions to affect meaningful social and policy change. This work must be done hand-in-hand with children and families in community, adhering to the adage “nothing about us without us.”

The policy and practice implications above complement the American Academy of Social Work and Social Welfare’s 12 Grand Challenges (2015) for the social work field. The following two challenges are particularly relevant to this study’s recommendations: 2. Ensure all youth get a good and healthy start through prevention of behavioral problems in youth; and 4. Stop family violence by fostering safe families. The Family Stress Model demonstrates that providing children with a good and healthy start and preventing family violence are empirically associated. Because poverty is a contextually defining issue in child welfare, increasing resources in biological, relative, and foster families is essential for ensuring children have a good and healthy start. While the policy and practice recommendations above are far from panaceas, they are well-informed steps toward meeting fundamental challenges in our child welfare system.

## **8. LIMITATIONS**

This study has notable limitations, including the biases of the researchers. The underlying assumption is that income has a significant effect on family functioning and the lives of parents and children, which as Conger et al. (2010) point out is consistent with the social causation

perspective. Controlling for confirmation bias is a perennial challenge. Alternately, the interactionist perspective posits that people's individual characteristics shape both their socioeconomic achievements and the relative quality of their family relationships (Conger et al., 2010). While either line of reasoning is a possible explanation of how SES links to family life, this study assumes SES creates a context leading to poor family functioning.

One key limitation is the lack of data about the financial situation of the youth's biological families. Drawing upon a representative sample of parents involved in the child welfare system is key to the study (Marcenko, Newby, Lee, Courtney, & Brennan, 2009). Having data about the foster children's biological families is necessary for better understanding how the FSM may operate in families fostering children and adolescents.

Additional limitations include that the sample is both small and not representative because selection criteria purposely resulted in a pre-indicated sample. Foster teens with social, behavioral, substance use, criminal justice, or mental health problems were excluded. While this leads to a lower risk sample of foster youth, it is also not a representative sample. The initial purpose of collecting the *Connecting* data was to test the effectiveness of an adapted prevention program, not to answer the research question of this secondary analysis. This constrains generalizability of these results.

To conclusively answer the research query requires a prospective longitudinal dataset. Because this analysis was conducted on cross-sectional data, the results are insufficient to fully understand how the FSM may or may not apply in the child welfare context. Conger and colleagues (2010) recognize the need for longitudinal work to better understand how the FSM operates over time.

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