

Comparison of Perceptions about the U.S. Foster Care System Between Adults Who Had and Had Not Spent Time in Foster Care

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ABSTRACT

Every U.S. state operates a foster care system with the primary mission to protect the safety and well-being of vulnerable neglected and abused children. Members of the public form perceptions about the foster care system and these perceptions can influence legislative action, policy formation, and public support for foster care. The study sample included 248 adults who completed a sixteen-question survey to explore perceptions about foster care in the areas of caseworker case management, foster parent training and support, foster youth care, and overall foster care system performance. Similarities and differences in perceptions about foster care among adults who had and had not spent time in foster care as a youth were explored. It was hypothesized that the perceptions of adults who spent time in foster care as a youth would be more negative compared to those who had not. The findings confirmed the hypothesis. Overall, perceptions about foster care were predominantly negative and adults who spent time in foster expressed more negative perceptions about foster care compare to those who had no foster care experience. Study respondents held low satisfaction with foster care provision and indicated a need for change to improve system care in all areas.

Keywords: Foster Care, Public Perceptions, Foster Care Experience

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The United States (U.S.) foster care system was created to protect vulnerable children and adolescents from abandonment, neglect, and abuse. The creation of the Children's Bureau in 1912 provided guidance and federal oversight of foster care programs and shifted child welfare functions from private orphanages to government funded and operated public institutions (Rymph, 2017). Under the oversight of the Children's Bureau, the federal government enacted legislation that required all states to create a child welfare system with the responsibility for investigative, protection, and foster care services (Hanlon et al., 2021; Rymph, 2017). By the 1960s, the modern-day federally funded foster care system had become well established (Rymph, 2017).

In the U.S., every state operates a foster care system that manages thousands of caseworkers, foster parents, and contracted service providers across a complex multidimensional bureaucratic network of internal and external agencies (e.g., criminal justice, healthcare, educational institutions, adoption agencies, and private social service organizations) (Font & Gershoff, 2020; Leber & LeCroy, 2012). The primary mission of the U.S. foster care system is to intervene in families when a child or adolescent's well-being and safety is in immanent jeopardy (Cooley & Krysik, 2022; Wilson et al., 2020). Foster care is intended to provide short-term placement coupled with programs and services to facilitate youth reunification with biological parents or permanency through placement with a relative or friend, legal guardianship, or adoption (Font & Gershoff, 2020). While foster care system policies and procedures can vary by state, all agencies must comply with federal and state requirements for system operation, child protection investigations, service provision, out-of-home care, family reunification, or other permanency planning (Child Welfare Information Gateway (CWIG), 2022).

While the public has a general awareness of the purpose of foster care, most people do not think about foster care until a story about the system is brought up in the media or through personal conversations (Leber & LeCroy, 2012; Ponciano, 2023). There are diverse perspectives about foster care among the general public, based in part on the level of experience with the child welfare and foster care system. The experiences of youth in foster care has been explored in several studies (e.g., Dunn et al., 2010; Leber & LeCroy, 2012; Taussig & Munson, 2022). A comparison of the perceptions about foster care among those with and without a lived experience of foster care can offer insights to child welfare leaders and policy makers on how the foster care system is experienced, interpreted, and acted upon (Dunne et al., 2010; Taussig & Munson, 2022). To this end, the purpose of this study was to explore similarities and differences in perceptions about foster care among adults who had and had not spent time in out-of-home care during their childhood or adolescence.

For the present study, foster care refers to any form of out-of-home care that includes placement with a relative or friend (kinship care), non-relative foster home, residential treatment facility, group home, or other out-of-home setting that is directly supervised by the local or state child welfare or foster care system. For ease of reading, the term foster youth is used to refer to any child or adolescent under 18 years of age placed in out-of-home care in the state or county foster care system.

Review of the Literature

Entrance into Foster Care

In 2022, 368,500 youth were placed in the U.S. foster care system (United States Department of Health and Humans Services (U.S. DHHS), 2024, para. 3) and approximately 400,000 youth are in foster care on any given day (Gray, 2024, p. 5). Once a youth is placed in foster care, the primary goal is family preservation and reunification through the provision of support services to improve parenting skills or address other issues that had placed a youth's safety and well-being at risk (Jones et al., 2015; Wilson et al., 2020). When reunification is not in the youth's best

interest, parental rights are terminated and the youth is placed for adoption or in permanent relative or non-relative guardianship (Taussig & Munson, 2022; Wilson et al., 2020).

Assignment of a Caseworker

In the majority of states, youth taken into foster care are assigned a caseworker who has day-to-day oversight of the case and primary responsibility for permanency plan development, supervision of youth while in out-of-home placement, completion of mandatory visitations, coordination of activities across the healthcare and court system, and other case management duties (Thompson et al., 2017). Case management is complex, time intensive, and requires close collaboration with the youth, biological family, foster caregivers, and other agency personnel involved with the case (Font & Gershoff, 2020; Thompson et al., 2017).

Foster Care Placement Settings

The three most common placements for youth taken into foster care include kinship care, non-relative foster home, or residential treatment facility/group home. By law, youth are to be placed in the least restrictive setting based on their care and safety needs. In 2021, 35% of youth were placed in kinship homes, 44% in non-relative foster homes, 9% in group homes/institutional treatment/care and 14% in other settings (Cooley & Krysik, 2022, pp. 539, 540; U.S. DHHS, 2022). Approximately 50% of youth in foster care achieve family reunification, 20% are adopted, and 10% age out of the system (Font & Gershoff, 2020; U.S. DHHS, 2019).

The preferred placement is in foster home care provided by trained and licensed adults who have passed background checks and home assessments (Cooley & Krysik, 2022; CWIG, 2022; Taussig & Munson, 2022). The second most common placement is through kinship care with a relative or friend with whom the youth has an emotional bond; placements often result in permanent legal guardianship or adoption (CWIG, 2022). The majority of kinship placements allow youth to stay connected with their biological family, neighborhood, and schools (Cooley & Krysik, 2022). Finally, congregate care typically includes group homes, residential treatment facilities, and other forms of institutional care that provide a structured environment, 24/7 supervision, or specialized treatment not available through other placements (U.S. DHHS, 2024). Youth placed with foster or kinship families express greater satisfaction with their time in foster care than those living in group homes or institutional residential placements (Dunn et al., 2010).

Foster Parenting

Foster Parent Licensing and Training

Foster parents provide frontline short-term caregiving and nurturance to youth placed in foster care (Cooley & Krysik, 2022). The foster parent role is demanding and involves dealing with the complexities of the foster care system on a routine basis while prioritizing support and care for foster youth in their homes (Jedwab et al., 2020). Current foster parent licensing requirements vary by state but typically involve months long labor-intensive training, filling out paperwork, and completion of a home assessment (Repp et al., 2018). Foster parents often report the quality and scope of training fails to take into account caring for specific populations (e.g., kinship care, care of youth from different racial or cultural groups, or care for youth with special physical, behavior, mental health, or cognitive development needs) (Cooley & Krysik, 2022; Gibbs et al., 2022). Foster parents also report poor communication from caseworkers or foster care system personnel regarding licensing processes and procedures (Cooley & Krysik, 2022; Gibbs et al., 2022). Currently, there is an insufficient pool of foster caregivers as agencies struggle to recruit and retain qualified foster parents to meet placement needs (Fitzgerald, 2024; Font & Gershoff, 2020).

Interaction and Support from Caseworkers

Foster parents are challenged with finding the best ways to meet the needs of the youth in their care while navigating through a rigid bureaucratic system and coordinate care with multiple child

welfare environments (e.g., courts, medical systems, schools, etc.) (Randle et al., 2017). Navigating the foster care system and understanding agency policies and procedures can be confusing, stressful, and more difficult than anticipated (Hayes et al., 2015; Sharda, 2022). Foster parents face challenges that include: (a) inability to secure information and resources for the youth in care (Jedwab et al., 2020; Moyer & Goldberg, 2020; Sharda, 2022); (b) inaccessible caseworkers and staff when needed (Hanlon, 2021; Newquist et al., 2020); (c) little input in the permanency planning and decision-making process; (d) lack of communication with foster care staff and caseworkers (Jedwab et al., 2020; Portoghese et al., 2020); (e) inability to access mental and behavioral health treatment to meet youth needs (Hayes et al., 2015; Lanigan & Burleson, 2017; Shklarski, 2019); and difficulty coordinating care across multiple agencies (Hayes et al., 2015; Lanigan & Burleson, 2017; Shklarski, 2019). Finally, foster parents often report feeling unseen, unheard, and excluded as a member of the youth case management team (Sharda, 2022).

Foster parents report feeling there is a general lack of open communication and collaborative relationship with the youth's caseworker and case management team (Randle et al. 2017; Sharda, 2022; Shklarski, 2019). Their input is not solicited and their observations, perspectives, and ideas typically are ignored or disregarded by caseworkers and other personnel (Eufracio, 2020). Foster parents typically are excluded from the decision-making and long-term planning process for the youth in their care and feel caseworkers miss out on valuable information about the youth's specific problems and needs (Eufracio, 2020; Randle et al., 2017). Finally, agency and caseworker support promotes quality foster parenting (Hanlon, 2021; Newquist et al., 2020). However, caseworkers often provide a low level of support to help foster parents deal with emergency situations or other issues and problems when they arise (Hanlon, 2021; Newquist et al., 2020). Open communication and support from caseworker and agency personnel is critical because foster parents who receive support for their job roles and responsibilities are less likely to experience job burnout or leave foster parenting.

Foster Parent Retention

Foster parent retention plays a significant role in the quality of foster youth care (Randle et al., 2017). Unfortunately, complex and demanding role responsibilities and stress has contributed to poor retention with high turnover (Randle et al., 2017; Repp et al., 2018). The number of foster parents within the foster care system continues to decline with the average stay of 8-15 months (Hayes, 2015; Lanigan & Burleson, 2017; Sharda, 2022). Feeling ignored and undervalued coupled with the inaccessibility of people, resources, and supports leads to disillusionment, burnout, and exit from fostering (Fitzgerald, 2024; Hanlon et al., 2021; Newquist et al., 2020). This creates service gaps when licensing new parents does not keep pace with those exiting the system (Sharda, 2022). Poor retention creates a shortage of foster parent homes, increased placement disruptions, and over-crowding in existing foster homes (Randle et al. 2017; Repp et al., 2018).

Common Foster Care Issues

The majority of youth in foster care report receiving better care in their foster placement than at home, doing better academically, and being able to form positive relationship with their peers (Dunn et al., 2010). However, common foster care issues cited by foster care givers and youth in care include: (a) lack of open communication and information sharing; (b) failure to maintain family and community connections; (c) placement disruptions and discontinuity in care; (e) inaccessible educational support for youth learning needs; and (d) inadequate assistance for youth aging out of foster care.

Lack of Open Communication and Information Sharing

Youth often describe their first contact with the foster care system and caseworkers as frightening, confusing, and stressful because they were provided little to no information about why they were being removed from the home, what would happen to them, and what to expect in the near future (Jones, 2015; Wilson et al., 2020). This stress is exacerbated by the failure of case managers to solicit input from youth about their situation (Dunn et al., 2010; Wilson et al., 2020). Youth often feel their emotions, desires, opinions, and concerns are ignored leaving them feeling anxious, disconnected, and powerless (Taussig & Munson, 2022; Wilson et al., 2020). Youth reported feeling less stress when they were provided information about their situation and their input was acknowledge and taken into consideration in the permanency planning and decision-making process (Wilson et al., 2020).

Failure to Maintain Family and Community Connections

Youth have expressed feeling isolated and lonely in foster care and desire more opportunities to maintain connections with parents, siblings, friends, and their community (Jones, 2015; Taussig & Munson, 2022; Wilson et al., 2020). The policies and procedures of the foster care system often create barriers preventing youth from maintaining these important connections (Bruskas, 2008; Taussig & Munson, 2022). Youth in foster care who had frequent contact with their families of origin and community reported greater satisfaction with their time in foster care and a stronger sense of connection with others including their substitute caregivers (Dunn et al., 2010; Taussig & Munson, 2022; Wilson et al., 2020).

Placement Disruptions and Discontinuity in Care

A common issue in the foster care system is multiple youth placement changes as well as caseworker and service provider disruptions (Cooley & Krysik, 2022; Font & Gershoff, 2020). Placement disruption contribute to interrupted medical, mental health, and behavioral treatment; gaps in formal education, loss of trust, the inability to form meaningful and lasting relationship with others, reduced resiliency, and delayed psychosocial development (Gray, 2024; Wilson et al., 2020). Disruptions and discontinuity in foster care placements, case managers, health care professionals, schools, peer relationships, and communities contribute to increased level of stress, confusion, anxiety, and anger from having to develop new relationships and difficulty adapting to changing environments and loss of positive treatment outcomes (Dunn et al., 2010; Wilson et al., 2020).

Inaccessible Educational Support for Youth Learning Needs

Youth in foster care face educational barriers that negatively affect long-term academic performance outcomes. Mental and behavioral health issues and frequent placement disruptions can result in academic gaps, missed school days, lost or inaccurate educational records, and curriculum differences when transitioning from one school to another (Bruskas, 2008; Moyer & Goldberg, 2020). Unfortunately, youth in foster care often are not provided the level of educational support needed to facilitate academic success (Bruskas, 2008). Foster parents have reported difficulty getting caseworker assistance accessing services required to meet the foster youth's learning needs (Moyer & Goldberg, 2020). Youth learning and academic deficits can have long-term ramifications for employment and career opportunities in adulthood (Moyer & Goldberg, 2020; Wilson et al., 2020).

Inadequate Assistance for Youth Aging Out of Foster Care

Without achieving permanency, approximately 10% of youth age out of foster care when they turn 18 years of age (Gray, 2024; U.S. DHHS, 2019). Aging out youth typically lose access to housing, health care or other programs and services designed to support their daily living needs (Courtney & Okpych, 2017; Gray, 2024). Prior to aging out, youth receive little assistance to help them develop financial literacy and life skills that promote a successful transition to adulthood, secure

employment, find funding for higher education opportunities, obtain stable housing, or access healthcare (Font & Gershoff, 2020; Gray, 2024). Aging out youth have reported feeling alone, unprepared, and overwhelmed with how to live successfully as independent adults (Gray, 2024). Compared to young adults in the general public, youth who age out of foster care have lower levels of high school completion (Gray, 2024; Rome & Raskin, 2019) and higher levels of unstable housing or homelessness (Mallon, 2021), substance abuse, mental health problems, joblessness, involvement with the criminal justice system, and teen pregnancy (Courtney & Okpych, 2017; Gray, 2024; Rome & Raskin, 2019). Some states provide help for youth to build life skills and access resources (e.g., obtaining driver's license, finding stable employment and housing, etc.) but often this help is limited and insufficient to promote a successful transition to independent living (Courtney & Okpych, 2017; Gray, 2024; Rome & Raskin, 2019).

Systemic Discrimination in the Foster Care System

There is evidence that systemic discrimination exists within the U.S. foster care system pertaining to investigative processes, removal from parental custody, case management, and placement decisions (Cooley & Krysik, 2022; LaBrenz et al., 2022) with a disproportionate number of youth and families of color involved with the foster care system (Cooley & Krysik, 2022; CWIG, 2016; U.S. DHHS, 2022). Youth from minority families face more challenges than non-minority families in terms of greater economic struggles and less access to resources and services (Cooley & Krysik, 2022). While 75% of youth are racially matched in their foster home placements (Cooley & Krysik, 2022, p. 541; LaBrenz et al., 2022), youth have reported feeling that caseworkers, judges, and other foster care personnel do not give consideration to important factors such as culture, religion, or gender when making placement decisions (Wilson et al., 2020).

Finally, despite foster care reform-based improvements in investigative, protective, and permanency outcomes, significant deficiencies remain in system functioning, case management, and program and service provision (Allis et al., 2024; Font & Gershoff, 2020; Geiger et al., 2015; New York City Administration for Children's Services, 2024; Taussig & Munson, 2022; U.S. DHHS, 2022). This is due in part because foster care operations and case management tasks have become de-professionalized, routinized, and diffuse across the network of care with no single individual or agency having overall authority to make operational or case management decisions (Ellett & Leighninger, 2006; Font & Gershoff, 2020). The present study will highlight issues important to the public, especially those who had spent time in foster care as a youth.

Methods

Data Collection

A quantitative descriptive survey method design was used to obtain information about perceptions of foster care among those adults who had and had not spent time in foster care as a child or adolescent. Data was collected using a convenience sampling method. Flyers inviting participation in the study and providing a link to the online survey was placed in areas that permit posting of public notices by community members. The option for a hard copy of the survey was provided; however, all participants completed the survey online. The study sample consisted of 248 individuals who completed the survey during a period from October 24-31, 2024.

The Foster Care Perceptions Survey (FCPS) was created specifically for the study. The survey began with a brief description of the study and how responses would be collected, used, and stored. Prior to starting the survey, participants were required to read and give consent to the use of their responses: responses would remain anonymous, linked only to a unique ID number. Those who declined consent were thanked for their time and taken out of the survey entry portal. Those who consented to participate were taken to the survey. Survey respondents were given the

opportunity to opt out of the study at any point during, at the end of the survey, and through contact with the principal investigator once the survey portal was closed.

Data Analysis

Data were analyzed using descriptive measures and One-Way Analysis of Variance (ANOVA) parametric tests. Based on Maxwell and Delaney (1990), ANOVAs were used over the standard t-test because ANOVAs are more robust to non-normal distributions, unequal variances, and unequal group sizes. Using the mean rating for single item questions and composite mean ratings for multi-item subscale questions on the FCPS, a series of One-Way ANOVAs were conducted to assess differences in perceptions about the foster care system based on whether or not the respondent had spent time in foster care as child or adolescent.

Cohen's f standardized effect size statistic was used to determine the magnitude or strength of the differences among group means. Cohen's f assesses the degree of difference between group means in relation to the variability within groups. Cohen's f helps quantify the extent to which a particular factor or variable has an effect across different groups. That is, Cohen's f is an estimate of the proportion of variance in the sample explained or accounted for by the categorical independent variable regardless of sample size. The larger the effect size, the stronger the relationship. Interpretation of the Cohen's f statistic was based on Cohen's (1988) guidelines where $f < .11$ = negligible, $0.11 \leq f < 0.26$ = small effect size; $0.26 \leq f < 0.40$ = medium effect size, and $f \geq 0.40$ = large effect size. An effect size less than .10 is considered negligible even when a statistical significance is found. For example, if a Cohen's f value of 0.30 is found, it suggests a moderate effect size and the variance between the groups is substantial when compared to the variance within the groups. These guidelines are not absolute and should be contextualized within the specific domain of study. One-Way ANOVA p-value and Cohen's f together provide a comprehensive picture of the differences between the two foster care groups and the practical significance of these differences.

Instrumentation

The FCPS was developed to collect information pertaining to perceptions about foster care in the U.S. Both single item and multi-item subscales were included in the analysis. According to Cook and Campbell (1979), a group of items is better at measuring a construct than a single item by mitigating the idiosyncratic irrelevancies and effects of an individual item, thus increasing the validity and reliability of the construct measured (Cook & Campbell, 1979). The 18 question FCPS takes approximately five to seven minutes to complete and includes 55 items across nine single-item questions, one two-item question, and eight multi-item subscales that covered three main areas: (a) demographic information; (b) caseworker and foster care system support for foster parents and youth; and (c) foster care system performance.

Section I: Demographic Information

- Q1. Age
- Q2. Gender
- Q3. Foster care placement

Section II: Caseworker and Foster Care System Support for Foster Parents and Youth: Eight Questions

- Q4. Nine-item Foster Parent Preparation (FPP) subscale to measure perceptions about how well the foster care system prepares people to be foster parents.
- Q5. Thirteen-item Caseworker Foster Parent Support (CFPS) subscale to measure perceptions about how well foster care system caseworkers support foster parents.

Q6. Single-item question to measure perceptions about caseworker follow-up with foster parents who completed training.

Q7. Four-item Foster Parent Access to Resources (FPAR) subscale to measure perceptions about how well the foster care system provides foster parents with timely access to resources to meet the needs of the foster youth in their care.

Q8. Single-item question to measure perceptions about agency personnel interaction with foster parents.

Q9. Three-item Caseworker Foster Parent Support 2 (CFPS2) subscale to measure perceptions about how well foster care system caseworkers support foster parents.

Q10. Five-item Foster Care System Foster Child Support (FCSS) subscale to measure perceptions about how well the foster care system provides foster youth with timely access to what they need.

Q11. Two-item question to measure perceptions about caseworker responsiveness to foster youth need for help.

Section III: Foster Care System Performance: Seven questions

Q12. Three-item Caseworker Task Completion (CWTC) subscale to measure perceptions about how well foster care caseworkers complete foster youth case management tasks.

Q13. Single-item question to measure perceptions about discrimination in the foster care system.

Q14. Four-item Foster Care System Performance (FCSP) subscale to measure perceptions about how well the foster care system meets the needs of foster youth in care.

Q15. Single-item to measure perceptions about recommending others to become foster parents.

Q16. Four-item Foster Care System Performance 2 (FCSP2) subscale to measure perceptions about foster care system performance.

Q17. Single-item question to measure perceptions about the need for change to the foster care system.

Q18. Single-item question to measure perceptions about overall satisfaction with the foster care system.

Item and Subscale Rating

1. FCPS items Q4, Q9, Q11, and Q18 were rated on a scale from 1 “Not at all Well” 2 “Slightly Well” 3 “Moderately Well” 4 “Very Well” and 5 “Extremely Well.”

2. FCPS items Q5 to Q8, Q10, Q12, and Q14 were rated on a scale from 1 “Not at All” 2 “Rarely, about 10% of the Time” 3 “Sometimes, about 30% of the time” 4 “Usually about, 60 % of the time” and 5 “Always, about 90% of the time.”

3. FCPS items Q13, Q15 to Q17 were rated on a scale from 1 “Strongly Disagree” 2 “Disagree” 3 “Neither Agree or Disagree” 4 “Agree” and 5 “Strongly Agree.”

FCPS Survey Development and Reliability

The FCPS was created specifically to address issues investigated in this study. The content validity of the FCPS was assessed using face validity based on a review of the literature and comparison with items developed from the following validated instruments: (a) DCYF Caregiver Survey Report, 2023 (Allis et al., 2024); (b) Foster Care Youth Experience Survey, 2023 (New York City Administration for Children’s Services, 2023); (c) Foster Parent Customer Service Survey: Lessons Learned (Oregon Department of Human Services, 2018); (d) Foster Parent Satisfaction Survey, 2014 (Geiger et al., 2015); and (e) Foster Parent Satisfaction Survey Results (Heartland for Children, 2017).

Development of survey items were guided by the conceptual dimensions outlined for the study and refined to reduce redundant and ambiguous meaning items. The first draft of the FCPS contained 157 items across 42 questions. The first draft was reviewed for content and format by three Ph.D. level researchers with experience in survey construction and issues pertaining to the

foster care system in the U.S. Based on recommendations from evaluators, the FCPS was revised with irrelevant, redundant, and vague items removed and existing survey items rewritten to improve clarity. Following revision of the survey, a pilot study was conducted with thirty volunteer participants. Using the pilot study data, an iterative process of item analysis and scale reliability was conducted resulting in the final version of the FCPS.

Using the raw data from the 248 completed FCPS surveys, a reliability analysis was conducted on the eight FCPS subscales using Cronbach's (1951) internal consistency reliability coefficient alpha values. Cronbach alpha reliability coefficients provide a good measure of internal consistency when several items are used to derive a scale score (Cronbach, 1951). Cronbach alpha values range between 0 and 1 with higher values indicating greater reliability. FCPS subscales were evaluated based on the following guidelines: (a) $0.9 \leq \alpha$ = excellent; (b) $0.8 \leq \alpha < 0.9$ = good; (c) $0.7 \leq \alpha < 0.8$ = acceptable; (d) $0.6 \leq \alpha < 0.7$ = questionable; (e) $0.5 \leq \alpha < 0.6$ = poor; and (f) $\alpha < 0.5$ = Unacceptable. The Cronbach α values for level of internal consistency for the FCPS and eight subscales are presented in Table 1. With the exception of the Caseworker Foster Parent Support 2 (CFPS2) subscale, the internal consistency values met Nunnally and Bernstein's (1994) recommended minimum alpha level of 0.70 for scale reliability and ranged from good to excellent. The CFPS2 subscale fell in the questionable range.

Table 1. Cronbach Alpha (α) Values for the Foster Care Perception Survey and Subscales

Scale	Item #	α
Foster Care Perception Survey (FCPS)		.97
Foster Parent Preparation (FPP) subscale	Q4-1 to Q4-9	.87
Caseworker Foster Parent Support (CFPS) subscale	Q5-1 to Q5-13	.95
Foster Parent Access to Resources (FPAR) subscale	Q7-1 to Q7-4	.84
Caseworker Foster Parent Support 2 (CFPS2) subscale	Q9-1 to Q9-3	.62
Foster Care System Foster Child Support (FCSS) subscale	Q10-1 to Q10-5	.89
Caseworker Task Completion (CWTC) subscale	Q12-1 to Q12-3	.94
Foster Care System Performance (FCSP) subscale	Q14-1 to Q14-4	.82
Foster Care System Performance 2 (FCSP2) subscale	Q16-1 to Q16-4	.84

Limitations

There are limitations and weaknesses inherent in any study. First, members of the public volunteered to complete the survey accessible online through a link provided. Posting the survey online may have excluded participation in the study by those who do not use computer or smartphone technology. Second, a weakness of self-report surveys is that they can promote superficial responses that are not representative of actual perceptions. Third, the independent variable was based on whether respondents indicated having spent time in foster care. Involvement with the foster care system without being in custody may represent a latent variable not investigated. Fourth, foster care system operations and performance can vary by state; therefore, the findings from one geographical location may not necessarily transfer to another. Finally, adult perceptions of their past foster care experience can change over time with reflection and only represent a point in time assessment of the foster care system. Future studies would benefit from obtaining a stratified sample that resembles the national population and thus allow

the generalization of the results with greater confidence. Even so, the results of the study provide a snapshot of perceptions about foster care that can offer valuable insights.

Results

The purpose of the study was to compare the perceptions about the U.S. foster care system among those adults who had and had not spent time in foster care as a child or adolescent. The sixteen dependent variables (eight single item mean ratings and eight multi-item composite mean ratings) were analyzed by the two-group spent time in foster care (herein Foster Care) independent grouping variable.

FCPS Individual Item Findings

Eight individual Foster Care Perceptions Survey (FCPS) items were used to assess perceptions about foster care caseworkers, discrimination in the foster care system, recommending others to be foster parents, need for agency change, and satisfaction with foster care system performance. Means, standard deviations and One-Way ANOVAs for the individual items by the Foster Care independent grouping variable are presented in Table 2.

Table 2. Means, Standard Deviations, and One-Way ANOVAs for FCPS Individual Item Mean Ratings by Foster Care Groups (N = 248)

Item		Foster Child				F	Cohen's f
		Item	Yes	No	Total		
		Rating	N = 36	N = 212	N = 248		
Q6	Caseworker foster parent follow-up after training ^d	Mean	2.36	3.38	3.23	70.23*	.228 ^a
		SD	.59	.69	.77		
Q8	Staff/caseworker interaction with foster parents ^d	Mean	1.60	2.40	2.32	38.89*	.398 ^b
		SD	.59	.73	.76		
Q11.	Caseworker help to foster child ^f	Mean	1.56	2.55	2.40	44.46*	.425 ^c
		SD	.61	.86	.90		
Q11.	Caseworker response to foster child problems ^f	Mean	1.47	2.37	2.24	59.39*	.242 ^a
		SD	.51	.66	.72		
Q13	No discrimination in foster care system ^f	Mean	1.50	2.33	2.21	20.90*	.299 ^b
		SD	.70	1.02	1.02		
Q15	Recommends others to become foster parents ^f	Mean	4.08	3.11	3.25	32.09*	.360 ^b
		SD	.77	.98	1.01		
Q17	Change needed in the foster care system ^f	Mean	3.72	2.71	2.85	24.43*	.314 ^b
		SD	.97	1.16	1.19		

Comparison of Perceptions about the U.S. Foster Care System

Q18	Satisfaction with the foster care system ^f	Mean	1.86	2.95	2.79	42.59*	.416 ^c
		SD	.76	.95	1.00		

* $p < .001$. ^a small effect size. ^b medium effect size. ^c large effect size

^d Rated from 1 "Not at All" to 5 "Always, about 90% of the time"

^e Rated from 1 "Not at All Well" to 5 "Extremely Well"

^f Rated from 1 "Strongly Disagree" to 5 "Strongly Agree"

With the exception of perceived discrimination, the higher the mean rating, the more positive the perception. For perceived discrimination (Q13) in the foster care system, the lower the mean rating, the greater the level of perceived discrimination. For change needed in the foster care system (Q17), the higher the mean rating, the greater perceived need for change. Significant Foster Care group differences were found for all FCPS individual items. Significant Foster Care group differences with small effect sizes were noted for caseworker response to foster child problems (Q11.2) and caseworker foster parent follow-up after training (Q6) with 24.2% (Q11.2) and 22.8% (Q6), respectively, of the variance in the mean ratings explained by the Foster Care grouping variable. Significant Foster Care group differences with medium effect sizes were noted for staff/caseworker interaction with foster parents (Q8), recommending others to become foster parents (Q15), change needed in the foster care system (17), and believing discrimination exists in the foster care system. The variance in the mean ratings explained by the Foster Care grouping variable ranged from 29.9% (Q13) to 39.8% (Q8). Finally, significant Foster Care group differences with large effect sizes were noted for caseworker help to foster youth (Q11.1) and satisfaction with foster care system performance (Q18) with 42.5% (Q11.1) and 41.6% (Q18), respectively, of the variance in the mean ratings explained by the Foster Care grouping variable.

Summary of Findings for FCPS Individual Items

1. Mean ratings ranged from negative to slightly positive for caseworker and foster care system performance.
2. The most positive ratings pertained to recommending others to be foster parents (Q15), caseworker follow-up with foster parents who completed training (Q6), and satisfaction with the foster care system (Q18). Recommending others to be foster parents was rated significantly higher for adults who had been in foster care as a youth compared to those who had not. While these ratings were the most positive, they were still rated in the low range. Ratings consistently were more negative for adults who had been in foster care compared to those who had not, especially in terms of caseworker follow-up with foster parents and satisfaction with the foster care system.
3. The least positive perceptions pertained to staff/caseworker interaction with foster parents (Q8), caseworker response to foster child problems (Q11.2), and perceptions of discrimination in the foster care system (Q13). Foster care staff/caseworker interactions with foster parents were perceived as poor or non-existent. Ratings indicated that caseworkers completed required tasks sometimes (about 30% of the time) and were performed slightly well. Caseworkers were rated as poor at responding to foster parent or youth requests for help and discrimination was perceived to exist in the U.S. foster care system. Ratings in these areas were consistently more negative for adults who spent time in foster care compared to adults who had not.
3. Respondents from both foster care groups perceived a need for change to improve the foster care system. However, a significantly higher need for change was noted for adults who had spent time in foster care as a youth compared to those who had not.

FCPS Subscale Findings

Eight FCPS subscales were used to assess perceptions about foster care pertaining to foster care caseworkers and the foster care system. The higher the subscale composite mean rating, the more positive the perception.

Foster Parent Preparation (FPP) Subscale

The FCPS Q4 Foster Parent Preparation (FPP) subscale includes nine statements that asked respondents to rate, on a scale from 1 “Not at All Well” to 5 “Extremely Well,” how well the foster care system prepares people to become foster parents. Subscale items include perceptions about recruitment, training, supervision, and support for foster parents. The FPP subscale composite mean rating and individual item means and standard deviations are presented in Table 3.

Table 3. Means and Standard Deviations for FCPS Q4 Foster Parent Preparation (FPP) Subscale Composite Mean Rating and Item Ratings (N = 248)

Item	Foster Parent Preparation	Mean	S
4.1	Foster parent recruiting	2.45	.71
4.2	Initial foster parent training	2.50	1.0
4.3	Ongoing foster parent training	2.96	1.0
4.4	Foster parent retention	2.42	.99
4.5	Supervision of foster parents with a child in care	3.22	.87
4.6	Guidance on how to navigate the foster care system	2.14	.84
4.7	Training/services to care for a foster child with special care needs	2.67	.59
4.8	Caseworker follow-up/support call to foster parent after initial placement of child in the home	1.76	.88
4.9	Provides adequate information/records about care, treatment, safety, and educational issues and needs of the child at time of placement in the home	2.03	.73
Total FPP Subscale		2.86	.61

Scale rated from 1 “Not at All Well” to 5 “Extremely Well”

Presented in Table 4 are the means, standard deviations, and One-Way ANOVA for the FPP subscale composite mean rating by the Foster Care independent grouping variable. A significant Foster Care group difference was noted with a large effect size with 53.6% of the variance in the FPP subscale composite mean rating explained by the Foster Care grouping variable.

Table 4. Means, Standard Deviations, and One-Way ANOVA for the FCPS Q4 Foster Parent Preparation (FPP) Subscale Composite Mean Rating by Foster Care Groups (N = 248)

FPP	Foster Child			F	Cohen's <i>f</i>
	Yes	No	Total		
Mean	1.7	2.5	2.86	70.72*	.536 ^a
SD	.41	.56	.61		

* $p < .001$. ^a large effect size

Summary of Results for Foster Parent Preparation (FPP) Subscale

1. The foster care system and caseworkers failed to perform or performed slightly well in most areas in terms of recruiting, training, and retaining foster parents. The foster care system performed moderately well at providing ongoing training (Q4.3) or supervision for foster parents with a youth in care (Q4.5). These two areas were rated the most positive.

2. Caseworkers were rated rarely to perform follow-up support calls to foster parents after youth were placed in the home (Q4.8) and only slightly well at providing adequate information to foster parents (Q4.9).

3. The foster care system and caseworkers were rated to perform slightly to moderately well for the majority of items in FPP subscale. Mean ratings indicated an overall perception that deficiencies exist within the foster care system in the recruitment, preparation, support, and retention of foster parents. Adults who spent time in foster care as a youth gave significantly more negative ratings in these areas (not at all to slightly well performance) compared to those who had not spent time in care (slightly to moderately well performance).

Caseworker Foster Parent Support (CFPS) Subscale

The FCPS Q5 Caseworker Foster Parent Support (CFPS) subscale includes thirteen statements that asked respondents to rate, on a scale from 1 "Not at All" to 5 "Always, about 90% of the time," how often foster care caseworkers support foster parents. CFPS subscale items include perceptions about caseworker availability and interaction with foster parents, listening and responding promptly to foster parent concerns and problems, provision of programs and services, treating the foster parent role as important, developing a partnership with foster parents in case planning, and keeping the foster parent informed of important meetings and hearings. The CFPS subscale composite mean rating and individual item means and standard deviations are presented in Table 5.

Table 5. Means and Standard Deviations for the FCPS Q5 Caseworker Foster Parent Support (CFPS) Subscale Items (N = 248)

Item	Caseworker Foster Parent Support	Mean	SD
5.1	Maintains frequent contact with foster parents with a child in care	3.00	1.04
5.2	Case manager interaction with the foster parent	2.33	1.04

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5.3	Listens to and treats as important foster parent input on issues and case planning	2.68	.95
5.4	Includes as part of the team in care planning where appropriate	2.71	.99
5.5	Provides appropriate resources/services for the child's care needs	2.38	.79
5.6	Informs foster parent about agency policies and procedures related to foster parent role and responsibilities	3.32	.70
5.7	Treats the role of foster parent as important	2.76	.92
5.8	Notifies foster parents and children (where appropriate) of court and other hearings/meetings for the foster child	3.79	.59
5.9	Promptly responds to issues/problems	2.51	.74
5.10	Availability of staff/caseworkers	2.59	.97
5.11	Listening/understanding issues and problems	2.73	.94
5.12	Maintaining open communication channels with foster parents	2.50	.99
5.13	Provides a timely response to questions or concerns	2.24	.77
Total CFPS Subscale		2.73	.72

Scale rated from 1 "Not at All" to 5 "Always, about 90% of the time"

Presented in Table 6 are the means, standard deviations, and One-Way ANOVA for the CFPS subscale composite mean rating by the Foster Care independent grouping variable. A significant Foster Care group difference was noted. Adults who spent time in foster care gave significantly lower ratings compared to adults who had not. A large effect size was noted with 54.4% of the variance in the CFPS subscale composite mean rating explained by the Foster Care grouping variable.

Table 6. Means, Standard Deviations, and One-Way Anova for the FCPS Q5 Caseworker Foster Parent Support (CFPS) Subscale Composite Mean Rating by Foster Care Groups (N = 248)

CFPS	Foster Child			F	Cohen's F
	Yes	No	Total		
Mean	1.8	2.8	2.73	73.99*	.544 ^a
SD	.44	.66	.72		

* $p < .001$. ^a large effect size

Summary of Results for Caseworker Foster Parent Support (CFPS) Subscale

1. The lowest CFPS subscale items pertained to caseworkers rarely (about 10% of the time) responding in a timely manner to foster parent questions and concerns (Q5.13) or maintaining contact or interacting with foster parents (Q5.2).
2. Foster care agency staff and caseworkers were rated as rarely (about 10% of the time) to sometimes (about 30% of the time) being available (Q5.10) or responding to issues or problems (Q5.9).
3. Caseworkers rarely (about 10% of the time) to sometimes (about 30% of the time) listened to or treated foster parent input as important (Q5.3 & Q5.7) and rarely included the foster parent in the decision-making/case planning process (Q5.4) or provided the level of resources and services to meet foster youth care needs (Q5.5).
4. Caseworkers were rated to sometimes notify foster parents and youth about court and other hearings and meetings (Q5.8) or help parents understand agency policies and procedures related to their foster parenting roles and responsibilities (Q5.6). The most positive rating were in these two areas.
5. Caseworkers were rated from rarely to sometimes engaging in foster parent support related activities.
6. Between the two foster care groups, adults who spent time in foster care as a youth indicated significantly more negative perceptions about foster care caseworker support for foster parents.

Foster Parent Access to Agency Resource (FPAR) Subscale

The FCPS Q7 Foster Parent Access to Agency Resources (FPAR) subscale includes four statements that asked respondents to rate, on a scale from 1 “Not at All” to 5 “Always, about 90% of the time” how often the foster care system provides foster parents with timely access to resources to meet the specific care needs of the foster youth in their home. Subscale items included perceptions about access to educational support, medical/dental and mental/behavioral health treatment, and assistance for youth aging out of the foster care. Presented in Table 7 are the FPAR subscale composite mean rating and individual item means and standard deviations.

Table 7. Means and Standard Deviations for the FCPS Q7 Foster Parent Access to Agency Resources (FPAR) Subscale Items (N = 248)

Item	Foster Parent Access to Agency Resources	Mean	S D
7.1	Educational support	2.71	.98
7.2	Medical/dental health treatment	3.15	.96
7.3	Mental health/behavioral problems treatment	2.45	.89
7.4	Support for the youth aging out of foster care	1.47	.58
	Total FPAR Subscale	2.45	.75

Scale rated from 1 “Not at All” to 5 “Always (about 90% of the time)”

Presented in Table 8 are the means, standard deviations, and One-Way ANOVA for the FPAR subscale composite mean rating by the Foster Care independent grouping variable. A significant Foster Care group difference was noted with a large effect size of 55.4% of the variance in the FPAR subscale composite mean rating explained by the Foster Care grouping variable.

Table 8. Means, Standard Deviations and One-Way ANOVAs for the FCPS Q7 Foster Parent Access to Agency Resources (FPAR) Subscale Composite Mean Rating by Foster Care Groups (N = 248)

FPAR	Foster Child			F	Cohen's
	Yes	No	Total		
Mean	1.5	2.59	2.45	75.42*	.554 ^a
SD	.39	.69	.75		

* $p < .001$. ^a large effect size

Summary of Results for Foster Parent Access to Agency Resource (FPAR) Subscale

1. The foster care system was rated to perform the poorest (not at all to rarely, about 10% of the time) in terms of assisting youth aging out of foster care (Q7.4).
2. The most positive rating was in terms of the foster care system sometimes (about 30% of the time) providing access to needed medical/dental health treatment for foster youth (Q7.2).
3. The foster care system rarely to sometimes provides education support (Q7.1) and mental/behavioral health treatment (Q7.3).
4. Between the two foster care groups, adults who spent time in foster care as a youth expressed significantly more negative perceptions (rated at not at all to rarely) about the foster care system compared to those who had not (rated at rarely to sometimes).
5. There was a significant group difference between adults for the two foster care groups. Adults who spent time in foster care perceived the foster care system sometimes provided medical/dental treatment and rarely or not at all provided educational, mental/behavioral health treatment for youth in care as well as assistance for youth aging out of foster care. Adults who had not spent time in foster care rated the foster care system slightly more positive in the rarely to sometimes range in these areas.

Caseworker Foster Parent Support 2 (CFPS2) Subscale

The FCPS Q9 Caseworker Foster Parent Support 2 (CFPS2) subscale includes three statements that asked respondents to rate on a scale from 1 "Not at All Well" to 5 "Extremely Well," how well foster care caseworkers support foster parents in meeting the care needs of the youth placed in their home. CFPS2 subscale items included perceptions about caseworker timely response to requests for help from foster parents, encouraging a working partnership with the foster parent in case management, and supporting foster parents during the youth reunification process with biological parents. The CFPS2 subscale composite mean rating and individual item means and standard deviations are presented in Table 9.

Table 9. Means and Standard Deviations for the FCPS Q9 Caseworker Foster Parent Support 2 (CFPS2) Subscale Items (N = 248)

Item	Caseworker Foster Parent Support 2	Mean	SD
9.1	Timely response for help when requested by the foster parent	2.31	.81
9.2	Encourages a working partnership with agency case managers	2.06	.80
9.3	Facilitate/support biological parent(s) reunification with their child(ren) in foster care	3.03	.94
Total CFPS2 Subscale		2.46	.71

Scale rated from 1 “Not at All Well” to 5 “Extremely Well”

Presented in Table 10 are the means, standard deviations and One-Way ANOVA for the CFPS2 subscale composite mean rating by the Foster Care independent grouping variable. A significant Foster Care group difference was noted with a large effect size of 48.0% of the variance in the CFPS2 subscale composite mean rating explained by the Foster Care grouping variable.

Table 10. Means, Standard Deviations, and One-Way ANOVA for the FCPS Q9 Caseworker Foster Parent Support 2 (CFPS2) Subscale Composite Mean Score by Foster Care Groups (N = 248)

CFPS2	Foster Child			F	Cohen's F
	Yes	No	Total		
Mean	1.7	2.5	2.46	56.67*	.480 ^a
SD	.42	.67	.71		

* $p < .001$. ^a large effect size

Summary of Results for Caseworker Foster Parent Support 2 (CFPS2) Subscale

1. Caseworkers were rated to slightly well in responding to foster parent requests for help (Q9.1) or encouraging a collaborative partnership with foster parents (Q9.2).
2. Caseworkers were rated to perform moderately well at supporting foster parents during the youth family reunification process (Q9.3).
3. Between the two foster care groups, adults who had spent time in foster care as a youth rated caseworkers significantly more negative (not at all well to slightly well) at supporting foster parents relative to timely response to requests for help, encouraging a working partnership, and supporting foster parents during the family reunification process. Adults who had not spent time in foster care rated caseworkers as performing moderately well in these areas.

Foster Care System Foster Child Support (FCSS) Subscale

The FCPS Q10 Foster Child Foster Care System Support (FCSS) subscale includes five statements that asked respondents to rate on a scale from 1 “Not at All” to 5 “Always, about 90% of the time” how often the foster care system provides foster youth with timely access to what they need. FCSS subscale items included perceptions about foster youth access to information, programs/services, employment and educational assistance, and support for aging out of the

foster care system. The FCSS subscale composite mean rating and individual item means and standard deviations are presented in Table 11.

Table 11. Means and Standard Deviations for the for the FCPS Q10 Foster Care System Support (FCSS) Subscale Items (N = 248)

Item	Foster Care System Support	Mean	SD
10.1	Information/Resources	2.79	.96
10.2	Programs/services	2.44	.91
10.3	Employment assistance	2.03	.93
10.4	Educational assistance	2.54	1.00
10.5	Assistance for those youth aging out of foster care	1.47	.58
	Total FCSS Subscale	2.25	.77

Scale rated from 1 “Not at All” to 5 “Always (about 90% of the time)”

Presented in Table 12 are the means, standard deviations, and One-Way ANOVA for the FCSS subscale composite mean rating by the Foster Care independent grouping variable. A significant Foster Care group difference was noted with a large effect size of 58.1% of the variance in the FCSS subscale composite mean rating explained by the Foster Care grouping variable.

Table 12. Means, Standard Deviations, and One-Way ANOVA for FCPS Q9 Foster Care System Support (FCSS) Subscale Composite Mean Rating by Foster Care Groups (N = 248)

FCSS	Foster Child			F	Cohen's F
	Yes	No	Total		
Mean	1.31	2.41	2.25	82.99*	.581 ^a
SD	.30	.71	.77		

* $p < .001$. ^a large effect size

Summary of Results for Foster Care System Foster Child Support (FCSS) Subscale

1. The foster care system was rated in the range from not at all or rarely (about 10 % of the time) for providing assistance to youth aging out of foster care (Q10.5).

2. The foster care system was rated as rarely providing employment assistance (Q10.3) and rarely to sometimes (about 30% of the time) providing educational assistance (Q10.4), access to programs and services (Q10.2), or access to information and resources (Q10.1).

3. Between the two foster care groups, adults who spent time in care as a youth rated foster care system in the not at all or rarely range in providing foster youth with access to information/services, educational and employment assistance, and support for youth aging out of the foster care system. Adults who had not spent time in foster care as a youth rated the foster care system slightly more positive in the rarely to sometimes range in these areas.

Caseworker Task Completion (CWTC) subscale

The FCPS Q12 Caseworker Task Completion (CWTC) subscale includes three statements that asked respondents to rate on a scale from 1 “Not at All” to 5 “Always, about 90% of the time” how often foster care system caseworkers complete foster youth case management tasks. CWTC subscale items included perceptions about caseworker completion of scheduled home visits, scheduled phone visits, and timely response to phone calls, texts, and emails from the foster youth or foster parent. CWTC subscale composite mean rating and individual item means and standard deviations are presented in Table 13.

Table 13. Means and Standard Deviations for the FCPS Q12 Caseworker Task Completion (CWTC) Subscale Items (N = 248)

Item	Caseworker Task Completion	Mean	S
12.1	Completes required scheduled home visits	2.25	.72
12.2	Completes required scheduled phone visits	2.61	.72
12.3	Timely answers/returns phone calls, texts, and emails	2.98	.67
	Total CWTC Subscale	2.62	.66

Scale rated from 1 “Not at All” to 5 “Always (about 90% of the time)”

Presented in Table 14 are the means, standard deviations, and One-Way ANOVA for the CWTC subscale composite mean rating by the Foster Care independent grouping variable. A significant Foster Care group difference was noted; however, the Cohen’s *f* indicates a negligible effect size with only 5.3% of the variance in the CWTC subscale composite mean rating explained by the Foster Care grouping variable.

Table 14. Means, Standard Deviations, and One-Way ANOVA for the FCPS Q12 Caseworker Task Completion (CWTC) Subscale Composite Mean Rating by Foster Care Groups (N = 248)

CWTC	Foster Child			F	Cohen’s F
	Yes	No	Total		
Mean	2.5	2.63	2.62	0.69	.053 ^a
SD	.50	.68	.66		

^a negligible effect size

Summary of Results for Caseworker Task Completion (CWTC) subscale

1. The lowest rating for caseworker task completion pertained to rarely (about 10% of the time) conducting mandatory scheduled home visits (Q12.1) and rarely to sometimes (about 30% of the time) completing scheduled phone visits (Q12.2).
2. The highest rated item was for caseworkers sometimes returning to phone calls, texts, and emails from foster parents or youth (Q12.3).
3. Between the foster care groups, adults who spent time in care as a youth gave slightly more negative ratings than adults who had not spent time in care. Ratings for both foster care groups were in the rarely to sometimes range for caseworkers completing tasks.

Foster Care System Performance (FCSP) Subscale

The FCPS Q14 Foster Care System Performance (FCSP) subscale includes four statements that asked respondents to rate on a scale from 1 “Not at All” to 5 “Always, about 90% of the time” how often the foster care system meets the needs of youth in foster care. Subscale items included perceptions about providing foster parents and youth with 24/7 access to help as well as meeting the safety, well-being, and placement needs of youth in foster care. The FCSP subscale composite mean rating and individual item means and standard deviations are presented in Table 15.

Table 15 Means and Standard Deviations for the FCPS Q14 Foster Care System Performance (FCSP) Subscale Items (N = 248)

Item	Foster Care System Performance	Mean	S D
14.1	Safety needs	3.21	1.0
14.2	Well-being needs	2.99	1.0
14.3	Placement needs	2.36	1.0
14.	Provides foster parent or child 24/7 access to help when needed	3.43	.95
	Total FCSP Subscale	3.00	.86

Scale rated from 1 “Not at All” to 5 “Always (about 90% of the time)”

Presented in Table 16 are the means, standard deviations, and ANOVA for the FCSP subscale composite mean rating by the Foster Care independent grouping variable. A significant Foster Care group difference was noted with a medium effect size of 31.5% of the variance in the FCSS subscale composite mean rating explained by the Foster Care grouping variable.

Table 16. Means, Standard Deviations, and One-Way ANOVA for the FCPS Q14 Foster Care System Performance (FCSP) Subscale Composite Mean Rating by Foster Care Groups (N = 248)

	Foster Child			F	Cohen's F
	Yes	No	Total		
FCSP	N = 36	N = 212	N = 248		
Mean	1.97	3.17	3.00	77.49*	.315 ^a
SD	.51	.79	.86		

* p < .001. ^a medium effect size

Summary of Results for Foster Care System Performance (FCSP) Subscale

1. The lowest rated item was in the rarely (about 10% of the time) range for meeting the placement needs of youth in foster care (Q14.1).

2. The highest rated item was in the sometimes (about 30% of the time) range for providing 24/7 access to help when needed (Q14.4) and meeting the safety needs of youth in care (Q14.1).
3. The foster care system's ability to meet needs of foster youth is significantly more negative (never to rarely range) for adults who had spent time in foster care compared to those who had not (sometimes range).
4. Between the foster care groups, adults who spent time in care as a youth rated foster care system performance significantly lower in the not at all to rarely range compared to the sometimes range for adults who had not been in foster care.

The Foster Care System Performance 2 (FCSP2) Subscale

The FCPS Q17 Foster Care System Performance 2 (FCSP2) subscale includes four statements that asked respondents to rate on a scale from 1 "Strongly Disagree" to 5 "Strongly Agree" the extent they agreed with statements about the overall performance of the foster care system pertaining to training of caseworkers, resource availability for caseworkers, and the ability of the foster care system to meet foster parent and youth needs. The FCSP2 subscale composite mean rating and individual item means and standard deviations are presented in Table 17.

Table 17. Means and Standard Deviations for the FCPS Q16 Foster Care System Performance 2 (FCSP2) Subscale Items (N = 248)

Item	Foster Care System Performance 2	Mean	S D
16.1	Foster care staff/caseworkers have the training they need to complete case management tasks	3.39	.90
16.2	Foster care staff/caseworkers have the resources they need to complete case management tasks	2.63	.94
16.3	Overall, the foster care system meets the needs of foster parents	2.88	1.05
16.4	Overall, the foster care system meets the needs of foster children	2.90	.98
	Total FCSP2 Subscale	2.95	.85

Scale rated from 1 "Strongly Disagree" to 5 "Strongly Agree"

Presented in Table 18 are the means, standard deviations, and ANOVA for the FCSP2 subscale composite mean rating by the Foster Care independent grouping variable. A significant Foster Care group difference was noted with a large effect of 53.1% of the variance in the subscale composite mean rating explained by the Foster Care grouping variable.

Table 18. Means, Standard Deviations, and One-Way ANOVA for the FCPS Q16 Foster Care System Performance 2 (FCSP2) Subscale Composite Mean Score by Foster Care Groups (N = 248)

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FCSP2	Foster Care Group			F	Cohen's F
	Yes <i>N</i> = 36	No <i>N</i> = 212	Total <i>N</i> = 248		
Mean	1.99	3.11	2.95	69.35*	.531 ^a
SD	.57	.78	.85		

* $p < .001$. ^a large effect size

Summary of Results for The Foster Care System Performance 2 (FCSP2) Subscale

1. The lowest rated item in the rarely (about 10% of the time) to sometimes (about 30% of the time) range pertained to providing caseworkers with access to resources when needed for case management tasks (Q16.2).
2. The highest rated item in the sometimes range pertained to providing sufficient training to equip caseworkers to complete case management tasks (Q16.1).
3. The ability of the foster care system to meet the needs of foster parents (Q16.3) and youth (Q16.4) was rated in the rarely to sometimes range.
4. On the whole, the foster care system was rated in the sometimes range for caseworker training and support as well as meeting the needs of foster parents and youth.
5. Between the foster care groups, the foster care system provision of training for caseworkers and ability to meet the needs of foster parents and youth was rated significantly lower in the rarely range compared to a rating in the sometimes range for the non-foster care group.

Discussion of Findings

In line with what has been reported by the Pew Commission (2004) and the Dave Thomas Foundation for Adoption (DTFA) (2022), participants in the present study indicated predominantly negative perceptions of the U.S. foster care system. These perceptions were more negative among adults who spent time in foster care as a youth compared to those who had not. The generally negative views may reflect the perceived inability of caseworkers and the foster care system to achieve performance requirements and outcomes for youth in care. Large differences between the two foster care group perceptions about the U.S. foster care system in U.S. were found where those who had spent time in foster care expressed significantly more negative perceptions in the following areas:

- Deficiencies in foster care system preparation, supervision, support, and retention of foster parents (FCPS Q4).
- Failure of the foster care system to provide foster parents with access to resources to meet the medical, mental health, and learning needs of youth (FCPS Q7). Those who spent time in foster care expressed perceptions of significant failures of the foster care system to provide youth aging out of foster care with material resources and support to transition out of the system to live independently as young adults (FCPS Q7, Q10).
- Significant deficiencies in caseworker ability to support foster parent pertaining to open communication, availability, ongoing interaction, information sharing, respect for the foster parent role, and inclusion of the foster parent voice in case management activities (FCPS Q7 & Q9).
- Non-existent or limited ability of caseworkers to provide a timely response to requests for help from foster parents and youth (FCPS Q11.1).

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- Foster care system was perceived as deficient in providing access to educational resources for youth student learning times, timely and accurate information about the youth (FCPS Q9).
- Significant deficiencies in the ability of the foster care system to provide training and resource support for caseworkers that hampers the ability to complete case management tasks and meet the needs of foster parents and youth (FCPS Q16).
- Systemic discrimination within the foster care system (FCPS Q13).
- Significantly lower satisfaction of foster care system performance (FCPS Q18) and greater need for system change (FCPS Q17). Some of the largest foster care group differences were noted in these areas.

Finally, the significantly more negative perceptions may reflect the lived experience of those who spent time in foster care where their needs in these areas went unmet. Even so, those who spent time in foster care expressed a greater propensity to recommend others to become foster parents (FCPS Q15). This may be indicative of a belief that while the foster care system is deficient in key areas of care, it provides a vital service in protecting a vulnerable youth population and foster parents play a key role in this service.

Implications for Professional Practice

Based on the insights gained from the survey, several implications for professional practice are offered. While these implications seem self-evident, there is a need to give increased attention to these areas that are identified as important by study participants and may be reflective of perceptions among the general public.

- Place greater emphasis on providing youth with age-appropriate information about their situation at the time of removal from the home as a means to reduce youth anxiety, fear, confusion, and uncertainty during this stressful process. Information exchange and opportunities for youth to give voice to their concerns can occur during mandatory visitations and keeping the lines of communication open between the youth and caseworker.
- Provide youth opportunities, at age appropriate and developmental levels, to participate in permanency planning, placement, and care decisions to promote caseworker understanding of youth needs and give youth voice and a sense of control over their lives.
- Improve placement matching and stability to help reduce foster youth disconnected feelings resulting from disruptions in relationships with family, friends, and the community.
- Maintain regular contact with foster parents and youth through virtual visits, emails, text messaging, or other communication channels. Regular contact and sharing information about the youth's trauma and other pertinent facts gives foster parents a better understanding of the specialized training, supports, therapies, and other needs of the youth. Greater inclusion of the foster parent in the planning and decision-making process can provide opportunities to acquire important information about the youth's well-being and care issues that need to be addressed.
- Give greater attention to caseworker training and guidance on the application of policies, procedures, and practices in completing case management tasks. This would facilitate improved supervision and support of foster parents and youth, especially in terms of navigating the foster care system and accessing programs and services to meet youth care needs.
- Promote caseworker and case management team member acknowledgement of foster parent input, ideas, opinions, and abilities. Respecting the foster parent role and providing a greater level of inclusion in the planning and decision-making process can decrease foster parent stress, burnout, and exit from foster parenting.

Comparison of Perceptions about the U.S. Foster Care System

- The foster care system has an ongoing problem with a scarcity of resource and barriers to material support for youth aging out of foster care. To promote successful transition to independent living, connect youth with federal, state, and community resources prior to and following exit from the system.

Conclusion

The decision-making process and change efforts by legislators, child welfare leaders, and other policy makers is supported by empirical data coupled with the perceptions of key stakeholders. The perceptions about foster care among the general public, both from direct and indirect exposure to the foster care system provides valuable insights not available from other sources. Exploring the similarities and differences among those who had and had not spent time in foster care as a youth provides insight into the level of alignment in perceptions about foster care between these two critical stakeholder groups. The public's knowledge of the foster care system is limited and negative perceptions can affect support for foster care provision, caseworker and foster parent hiring and retention, funding support, and public trust and involvement in foster care system activities. Through improved transparency and ongoing conversations about the foster care system, leaders can offer the public a realistic vantage point of the foster care system and the experience of caseworkers, foster parents, and youth in care.

The public supports the mission of foster care because it is in the best interest of society to protect vulnerable youth. There also is concern that while improvement efforts are ongoing, widespread deficiencies remain in the operation and provision of care. The predominantly negative perceptions about the foster care system among study participants, especially those who spent time in foster care reflect findings reported in prior research (e.g., DTFA, 2022; Dunn et al., 2010; Johnson et al., 1995; Pew Commission, 2004; Taussig & Munson, 2022). Perceptions of a need for change reported in this study are in line with findings from previous research (DTFA, 2022; Fitzgerald, 2024; Leber & LeCroy, 2012; Pew Commission, 2004; Ponciano, 2023).

The public still believes that the foster care system provides a vital service to society. A preponderance of evidence across decades of research on the foster care system using quantitative, qualitative, and mixed-methods studies, demonstrate that foster care improves the lives of youth placed in out-of-home care. While deficiencies exist in the foster care system, the majority of youth are placed in stable, safe, and nurturing environments where they experience some level of stability and normalcy until permanency is obtained through adoption, family reunification, or kinship guardianship (Dunn et al., 2010; Johnson et al., 1995; Ponciano, 2023). However, an important conclusion in the majority of these studies is that the experience of youth in foster care often is very difficult and there are significant deficiencies in the provision of care that need to be addressed and resolved (Taussig & Munson, 2022; Wilson et al., 2020). While foster care system improvements have been achieved in oversight, accountability, and performance outcomes, negative perceptions of foster care provision in the U.S. indicates there still is work to be done (Cooley & Krysik, 2022).

Suggestions for Future Research

A child or youth's perspectives change over time, therefore, a prospective developmental study of these changes from childhood to adulthood is an important area for further investigation. Perceptions of satisfaction or dissatisfaction are influenced by multiple foster care related factors that include, placement characteristics and stability, time spent in foster care, type and severity of abuse, reason for removal from the home, quality of interactions with caseworkers, and relationships with foster parents or other substitute caregivers. Age, gender, race, ethnicity, cultural identity, and other demographic and socio-economic factors can influence the formation of perceptions about foster care. These factors can be explored in greater depth through

longitudinal studies involving stratified samples based on specific population groups. Research provides valuable information and insights that inform the work of foster care advocates, legislators, leaders, and frontline workers at the ground level. The findings of the present study provide a starting point for more in-depth research that clarify the relevant issues related to the provision of foster care in the U.S. While change and improvements are needed, it is important to highlight the vital role the child welfare system takes in protecting vulnerable abandoned, neglected, and abused youth.

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Ethical Review

The study was approved by a university Institutional Review Board in 2024.

Conflict of Interest Declaration

The author has no conflict or competing interest financial or non-financial to this manuscript.

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