

A Critical Qualitative Inquiry Examining Policies and Procedures of the  
Child Welfare System Regarding Adolescents in Group Care

by

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A Dissertation Presented in Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Philosophy

Approved March 2021 by the  
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ARIZONA STATE UNIVERSITY

May 2021

## ABSTRACT

In the U.S., when the government considers it necessary to intervene in familial relationships for the safety and welfare of a child, the federally mandated initial response is to seek to restore familial relationships through family and community support services. In certain situations, the state determines that children must be removed from their homes of origin. This results in the minor moving in with a relative, into a non-relative foster care home or into a congregate care facility until permanency can be established. When this happens, the length of time the minor will reside in this new environment is undetermined and future situations are unknown. It is imperative for the welfare of these youth that each placement provides quality care to meet all of their developmental needs throughout their time in the custody of the state.

Adolescents in the foster system frequently experience placement instability. A connection has been established between negative developmental outcomes and a lack of stability for minors while they are in foster care. Youth who are emancipated exit the system without legal ties to anyone. Half or more do not graduate from high school or complete a GED. Many will experience unemployment, homelessness, substance addiction and/or incarceration. Because of these realities, this dissertation examines policies and procedures in the child welfare system that may contribute to the negative developmental outcomes of adolescents aging out of foster care. It seeks to answer the question, “How could improving the quality of care in group homes enable adolescents in state foster care custody to exit the system with positive developmental outcomes?”

## DEDICATION

This dissertation is dedicated to my mother, Wanda Adele Watson Frantz, who taught me the value of education, and to my father, Alfred Garwood “Chuck” Frantz, who taught me the reward of perseverance.

## ACKNOWLEDGMENTS

As most everyone says, it is impossible to acknowledge all who have contributed to this work. I want to begin by thanking the caregivers who agreed to participate in my focus groups and particularly those who organized groups. There would be no study without these caring, hardworking people that daily invest in the lives of youth who often wonder if anyone cares about them or their futures. These women and men gave of their time and their expertise to make my research possible. Forming groups of caregivers was much more difficult than I expected, probably in part because of legislation detrimental toward group homes that had been passed the same year I began recruiting. I thank these participants for being willing to hear my heart and trust me with their input.

My family has been my greatest support during these years of graduate school. My husband, Dale, has been the catalyst that kept me on track throughout the many challenges that could have derailed me from this degree. From the very first semester and every year thereafter when some life incident hit, I would ask if he thought I should quit and he repeatedly answered, “No.” My children have also continued to cheer me on. Spending time with them and their families has been my greatest respite during this decade and will continue to be so in whatever comes next. I could not be more grateful for my family’s love and encouragement.

I would also like to thank those who contributed their scholarly expertise to my research. Vera Lopez, my committee chair, directed me throughout this study from helping me choose my dissertation topic to the framing of my last chapter. Her support has helped me stay the course and finish what I started. Beth Swadener has served on my committee from the beginning. She has encouraged me through numerous writing groups

that she has led in which I have participated. Nora Gustavsson served on my dissertation committee from Fall semester, 2014, through Fall semester, 2016. Dr. Gustavsson helped me structure my study. She passed away at the end of 2016, but her scholarship lives on in this dissertation and in those who studied under her and learned from her research and writings. Judy Krysik, who serves as the Director of the Center of Child Well-Being and teaches in the School of Social Work at ASU, joined my committee in April, 2017. She replaced Dr. Gustavsson not only for my sake but also out of respect for her colleague. This last year, Melanie Weaver, my friend before and colleague during this venture, joined me in my research as a second coder. My research has been greatly enriched by her input and her formatting help has made completing this study possible. I am grateful to have had such strong scholars work with me and guide my research.

Many friends encouraged me in my work, but a few were exceptional support. I want to thank Terrilyn Miller, who served as the Director of Faith and Community Initiatives in the Arizona Governor's Office of Youth, Faith and Family, for inviting me to work with her as part of the statewide trauma informed care initiative. From February through September, 2018, I served in this office where my learning was challenged in practical ways. I owe much of my education and knowledge to this experience. I also want to thank my long-time friend and educator, Raye Anne Crittenden, whose careful proofreading and editing brought my dissertation into publishing status. Lastly, I thank my friends Lisa, Danielle, Elizabeth, Dulce, Stacie, Bianca, and Jillian for being the safe spaces where I could laugh or cry about this research or simply forget it for a while. I have been blessed with so many wonderful people in my life who made this journey possible. To all of you, I say, "Thank you."

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## CHAPTER 1

### INTRODUCTION AND BACKGROUND ON THE CHILD WELFARE SYSTEM

The stated intention of the child welfare system “is to promote the well-being, permanency, and safety of children and families by helping families care for their children successfully or, when that is not possible, helping children find permanency with kin or adoptive families” (Child Welfare Information Gateway, 2013, p. 7). In certain situations, the state determines that children must be removed from their homes of origin. This results in the minor moving in with a relative, into a non-relative foster care home or into a congregate care facility until permanency can be established. When this happens, the length of time the minor will reside in this new environment is undetermined and future situations are unknown. It is imperative for the welfare of these youth that each placement provides quality care to meet all of their developmental needs throughout the time these minors are in the custody of the state.

The longer minors are in the system, the greater the chances that they will not find legal permanency and will experience multiple placements. Attaining permanency is also less likely the older a child is upon entry into the child welfare system (Courtney M. E., 2009). Youth who are emancipated exit the system without legal ties to anyone and often with negative developmental outcomes. Half or more do not graduate from high school or complete a GED (National Governors Association, 2007; Folman, 2009; Stott, 2012). Many will experience unemployment, homelessness, substance addiction and/or incarceration (Folman, 2009; Brown & Wilderson, 2010; Stott, 2012).

A connection has been established between negative developmental outcomes and a lack of stability for minors while they are in foster care (White, Corwin, Buher, &

O'Brien, 2013; Stott & Gustavsson, 2010). The foster care system holds a hierarchy of placements in effort to maintain stability for minors before permanency is established. The preferred options place youth in private family settings. At the bottom of this hierarchy is congregate care, which is never an option for long-term placement. According to the most current report from the Children's Bureau on congregate care, 31% of youth 12 and under spend time in congregate care and approximately half of those 13 and over experience a congregate care placement (Children's Bureau, 2015). This report further notes that almost 25% spend over a year living in a group setting in both age groups.

Because of this reality, this dissertation examines policies and procedures in the child welfare system that may contribute to the negative developmental outcomes of adolescents aging out of foster care. It seeks to answer the question, "How could improving the quality of care in group homes enable adolescents in state foster care custody to exit the system with positive developmental outcomes?" The research is presented from a social justice critique. Critical qualitative inquiry serves as the methodology for the study. Data was collected through focus groups consisting of direct caregivers who live and work with adolescents in group homes in Arizona. These participants shared not only their own voices but also the voices of the youth they serve.

The first chapter is introductory and examines the current state of child welfare in the U.S. with attention to permanency issues. In the second chapter, literature is reviewed which focuses on congregate care from its history to its present day status as an unwanted reality for many youth in the foster system, particularly adolescents. Chapter three details the research design and methodology used in this dissertation to investigate family-style

group home functions and processes and the adolescents who live there from the perspectives of the direct caregivers who live and work closest to them. The fourth chapter presents the findings of the research and the story they tell. The fifth chapter concludes by integrating this story with other research to validate the findings and to substantiate recommendations for change in the system. This chapter also presents what this research contributes to the knowledge pool on adolescents in group home care as well as the study's limitations and proposals for further investigation. It closes with a summation of how this study achieves Norman Denzin's five ways to contribute to social justice. The goal of this inquiry is to determine attainable solutions for improving the developmental outcomes of adolescents aging out of the child welfare system.

### **NEGATIVE DEVELOPMENTAL OUTCOMES OF EMANCIPATED YOUTH**

“The most statistically vulnerable youth in the U.S. today are foster kids who have aged out of the system” (Valentine, Skemer, & Courtney, 2015, p. 1). The National Governors Association (NGA) Center for Best Practices stated, “Most youth who leave the foster care system do not receive adequate preparation and support for their transition to independent living. Compared to other youth, foster youth are more likely to be homeless, incarcerated, unemployed, and unskilled. They are also more likely to experience physical, developmental, behavioral, and mental health challenges...Twenty-five percent of emancipated youth experienced Post Traumatic Stress Disorder” (National Governors Association, 2007).

Many of these problems are linked to the fact that over half of these youth exit the system without a high school diploma or GED (National Governors Association, 2007). This is attributed primarily to the disruption that multiple placements bring to their

schooling. The NGA found that 65% of youth in foster care had attended seven or more schools. These relocations represented not just changing schools but also moving between foster families or group homes. The NGA report noted that the instability of multiple placements contributed to the challenges and the difficulties these young adults faced after aging out of the system.

Tyler and Melander (2010) described foster care as “a unique social circumstance rife with individual level stressors that may be important in understanding the prevalence of depression and other negative outcomes” (p. 788). They noted that foster youth were five to seven times more likely to be homeless than youth who grew up in their home of origin. The emotional toll of such instability exhibits itself in the high rate of depression, panic and anxiety disorders and social phobias. Such mental health problems are between two and four times more common among these youth than non-foster youth (Valentine, Skemer, & Courtney, 2015). Placement instability must be resolved to improve the chances of better outcomes for these young adults.

## **PERMANENCY ISSUES IN THE CHILD WELFARE SYSTEM**

The federally mandated initial response of the child welfare system in all interventions involving minors is to seek to restore familial relationships through family and community support services (National Child Abuse and Neglect Training and Publications Project, 2014; Slesnick, Dashora, Letcher, Erdem, & Serovich, 2009; Stott & Gustavsson, 2010; Trotzkey, 1974). When reunification cannot be achieved, the state begins seeking permanency through adoption. The United States Department of Health and Human Services (USDHHS) defines adoption as “the social, emotional, and legal process in which children who will not be raised by their birth parents become full and

permanent legal members of another family while maintaining genetic and psychological connections to their birth family” (Child Welfare Information Gateway, 2015b). Until adoption can be established, case managers work to find stable placements for the minors with a relative or foster family. If a kinship or foster placement is not available, youth are placed in shelters or group homes intended to be temporary placements.

All minors taken from their families enter the system traumatized, usually by the abuse or neglect requiring the separation but always from the separation itself (Heinemen & Ehrenschaft, 2006; SAMHSA, 2014). Once in the system, many suffer increased instability and additional trauma (Leloux-Opmeer, Kuiper, Swaab, & Scholte, 2016). Due to a shortage of placement options, numerous children are moved from residence to residence, many having three or more moves in one year (NSCAW, 2007). Placement disruptions are often due to system or policy-related reasons (Leathers, 2006). Carnochan, Moore, and Austin (2013) “found that 70% of placement moves resulted from system or policy mandates” (p. 238). New placements are disruptive to every aspect of a child’s development, including education and physical and mental health needs. (Stott & Gustavsson, 2010; Arizona Center for Law in the Public Interest, 2015).

The story of B.K. exemplifies the permanency issues in the system. B.K. was 5 months old in 2005 when her mother, who was dealing with substance abuse, placed her in the care of Child Protective Services (CPS) in the state of Arizona (Arizona Center for Law in the Public Interest, 2015). In 2006, she returned home only to reenter state care with her siblings in 2008. All reunited with their mother in 2009, but were removed once again in 2012. At this time, an exam showed that B.K., now six to seven years old, had been physically abused and suffered from Post-Traumatic Stress Disorder (PTSD). B.K.



was separated from her siblings and placed in a group emergency shelter. Though this status was intended to last only 30 days, B.K. lived in this shelter for over two years. While there, she did not receive the mental health services essential for treating her PTSD. Neither did she receive other medical care she needed for dental work, glasses, and orthopedic shoes to correct a limp. For her education, she was enrolled in a specialized school where she was the only girl.

In 2014, after 25 months of emergency shelter status, the state placed B.K. in a foster home with a man and his great nephew who attended school with her. Eight weeks later, she was moved to another foster home in this neighborhood. After only two weeks, these foster parents “packed up B.K.’s things and dropped her off at a CPS office” (Arizona Center for Law in the Public Interest, 2015, p. 7). CPS placed B.K. in another shelter, which disrupted her educational and social settings and cut off contact with her counselor. She was diagnosed for a therapeutic foster home but this placement was not made. Her siblings were now back at home living with their mother but CPS made no provisions for B.K. to have contact with her family.

As her mental health deteriorated, B.K., now between nine and 10 years old, made threats to hurt herself and others, for which she spent a week in a psychiatric hospital. From this hospital, CPS placed her in a non-therapeutic foster home, once more changing her school and social network. After three months of living here and waiting for a therapeutic foster home placement, B.K. suffered another mental health crisis, again threatening suicide, and was admitted to a second psychiatric hospital for a week and a half. She was discharged to a therapeutic foster home which required another school transfer. In less than a year, B.K. had lived in seven different placements and attended

three different schools. Such placement instability has proven highly disruptive to all aspects of a child's development (Carnochan, Moore, & Austin, 2013; Leathers, 2006; Stott, 2012; Williams-Mbengue, 2008).

## **ADOPTION STATISTICS**

According to the most current AFCARS report, 672,594 minors were served by the foster care system in the U.S. in 2019 (Children's Bureau, 2020). The majority (52%) was male. The median age was eight years old. Close to half (46%) of these children went to non-relative foster family homes and 32% were living in foster family care with relatives. At the time of the report, four percent were in group homes and six percent were in institutions for specific needs, totaling 43,823 youth in congregate care (Children's Bureau, 2020).

At 10 years of age, B.K. had spent over half of her life in state foster care custody with multiple placements and in numerous schools. B.K.'s official permanency goal with DCS was changed to "permanent foster care, meaning that DCS has concluded that she has little, if any, chance of leaving foster care" (Arizona Center for Law in the Public Interest, 2015, pp. 5-6). The longer children remain in the system, the more difficult it becomes to find a permanent placement through adoption. Most adoptions (82%) occur within less than 18 months of the termination of parental rights (Children's Bureau, 2014). Statistics predict that B.K. will spend her pre-teen and adolescent years in the foster system. When she turns 18, she will exit to make her own way in society.

Stories like B.K.'s, along with adoption statistics, confirm that adolescents in state foster care have a minimal chance of finding legal permanency and stability through adoption. The Adoption and Foster Care Analysis and Reporting System (AFCARS)

reported that 66,035 children were adopted through the aid of a state agency for the fiscal year (FY) 2019 (Children's Bureau, 2020). Of these children, 48% were adopted by age four and 26% were adopted from ages five to eight. After age eight, minors in foster care had a 26% chance of being adopted (Children's Bureau, 2020). For ages 14 to 17 years of age, the number dropped to seven percent (Children's Bureau, 2020). A Casey Foundation study noted, “The odds of achieving permanency decrease by 12% for every additional year of a youth’s age at the time of their first placement” (White, Corwin, Buher, & O'Brien, 2013, p. 6).

Adoption is not a guarantee for permanency. Children’s Bureau stated that no national studies of adoption disruption or dissolution have been conducted (Child Welfare Information Gateway, 2012a).<sup>1</sup> This report also noted that most of the research on this subject was done in the 1980s and 1990s. In 1990, Berry and Barth reported a 24% rate of disruption and dissolution for adopted youth when they reached ages 12 to 17 (Berry & Barth, 1990). Their 1988 study had shown a 10% rate for children over three years old (Barth & Berry, 1988). The 2012 National Adoptive Families Study noted current dissolution rates ranging from 10% to 25%. They stated that 58% of adoptive parents in one study felt they were not given adequate information on their adopted child’s past and were not provided enough support resources to make good decisions concerning the child’s well-being (Hartinger-Saunders, Trouteaud, & Johnson, 2015). A lack of these supports increased the likelihood of dissolution.

Various sources have put the likelihood of adoption for youth 14 to 17 between seven and 10% (Children's Bureau, 2020; White, Corwin, Buher, & O'Brien, 2013;

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<sup>1</sup> Disruption ends the adoption process before it is legally completed. Dissolution happens after the adoption is legally completed.

Sepulveda & Williams, 2019). Child Trends' authors Kristin Sepulveda and Sarah Williams (2019) noted that those who entered care during these teen years most commonly entered due to neglect (42%) or behavior issues (38%). They also reported, "Older youth have vastly different experiences than other age groups once they enter foster care" (Sepulveda & Williams, 2019). Only 15% of children under 14 have a four or more placements, compared to 40% of those 14 and over. This placement instability increase correlates with the fact that 30% of older youth spend two or more years in care compared to 15% of younger youth.

Many experience the instability of multiple placements, often including extended time in group homes (Hyde & Kammerer, 2009; Farmer, Mustillo, Burns, & Holden, 2008; Brown & Seita, 2009; Folman, 2009). Placement instability has been associated with negative developmental outcomes, including lack of education, early parenthood, homelessness and incarceration (Annie E. Casey Foundation, 2019). The majority will exit care without a high school degree or GED or job training, and with few social connections, all of which lead to unemployment and homelessness (Atukpawu, Mertinko, Graham, & Denniston, 2012; Calheiros, Patricio, & Graca, 2013; Stott & Gustavsson, 2010; Tyler & Melander, 2010). They will exit the system without legal connection to anyone and without the skills they need to successfully navigate society as an independent adult.

## **PROBLEMS IN THE CHILD WELFARE SYSTEM**

The problems concerning the child welfare system in the U.S. are presented in detail in federal class action lawsuits filed by Children's Rights, Inc., a non-profit organization that evolved from the New York Civil Liberties Union and the American

Civil Liberties Union (Children's Rights, Inc., 2021b). Children's Rights, Inc. seeks to hold state governments legally accountable for the welfare of foster children in state custody. They have filed class action lawsuits in 19 states, with multiple suits in some. The issues alleged in these lawsuits are often the same from state to state. They include but are not limited to the following: overburdened case managers, multiple placements for youth, shortage of placement options, children residing in institutional settings, children placed too far from families, split sibling groups, lack of health services, and failure to meet standards specified by federal and state laws (Children's Rights, Inc., 2021b). To gain a clearer understanding of these problems, their federal class action lawsuit filed against the state of Arizona will be reviewed in more detail.

In 2014, the foster child population in Arizona was 16, 246 and it reached 17,738 in 2015 (Annie Casey Foundation, 2018). Because of worsening conditions for these youth, the Arizona Center for Law in the Public Interest, along with Children's Rights, Inc., filed a federal class action lawsuit detailing the severity of the situation on February 3, 2015 (Arizona Center for Law in the Public Interest, 2015). The lawsuit found the state in violation of the U.S. Constitution as well as the federal Medicaid Act concerning its provisions for foster youth. The basic contention of the lawsuit claimed that the policies and practices of the state's child welfare system exposed the youth in its care "to harm and unreasonable risk of harm, in violation of their federal constitutional and statutory rights" (Arizona Center for Law in the Public Interest, 2015, p. 5). This fact is in total contradiction to the purpose of the child welfare system, whose intention is to improve the safety and welfare of the children taken in its custody (Child Welfare Information Gateway, 2013).

The decade prior to the filing of the lawsuit saw a series of losses for youth and families in Arizona's child welfare system. The Family Builders program served children referred to child protective services who were not at high risk for neglect or abuse. This program was abolished in 2004, but the state continued to fund services through 2008 to help families keep their children in their homes (Arizona Center for Law in the Public Interest, 2015; Reinhart, 2012). A reform plan for CPS, initiated in 2004, set new standards to lower case managers' workloads. "The new standards called for a maximum caseload of 10 investigations, 19 in-home cases, and 16 children in out-of-home care" (Child Welfare Information Gateway, 2010, p. 13). The state also authorized over 375 new caseworker positions from 2003 to 2008. During these years, improvements were reported throughout the system. At this time there were just over 10,000 Arizona youth in state foster care custody.

In January, 2009, the Arizona State Senate and newly-elected Governor Jan Brewer passed Senate Bill 1001, cutting Department of Economic Security (DES) funds by \$83 million.<sup>2</sup> This led to 620 layoffs in the DES, including 159 employees in CPS (Padilla, 2014; State of Arizona Senate, 2009). From 2009 through 2012, funds for CPS fell from \$43 million to \$22 million. To function within this budget, many family and community services were no longer contracted and CPS employment positions were left unfunded. During these years, child maltreatment reports increased. As the situation worsened, case managers quit their jobs, leaving those remaining to cover more cases. In March, 2012, after losing almost half of their staff, the Avondale CPS office reported that one investigator was handling 180 cases and another had 120 cases (Reinhart, 2012).

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<sup>2</sup> Brewer served as governor of Arizona from January, 2009 to January, 2015.

Although these numbers were extreme, case managers throughout the system were overburdened and leaving their positions not because they did not like their work, but because they were overwhelmed with their workload and its heavy responsibility as well as a lack of support in their agency. By September, 2014, the foster care population in Arizona had risen to well over 16,000 and was on its way to over 17,000 (Annie Casey Foundation, 2018).

In November, 2013, the state reported that between 2009 and 2013, over 6,000 reports of child abuse had not been investigated (Karlman, 2013). The preceding legislative history of budget cuts that reduced staff and terminated services was never presented by the administration as contributing to the problem. Instead, Governor Brewer initiated a Child Advocate Response Examination (CARE) team and five upper-level CPS workers were put on administrative leave (AZPM staff, 2013). By mid-April of 2014, these five administrators along with the DES Deputy Director for Programs were terminated. In response to their firing, these administrators filed a lawsuit against the state, which they lost (Pitzl, 2015). Ultimately, CPS was abolished in January, 2014, and a new Department of Child Safety (DCS) was established apart from DES. DCS inherited the problems from the past administration. These problems were also passed on to a new governor in January, 2015. On February 3, 2015, the director of DCS and the director of the Department of Health Services (DHS) were named defendants in the class action lawsuit served by Children's Rights, Inc., and the Arizona Center for Law in the Public Interest (Arizona Center for Law in the Public Interest, 2015).

Such are the political pressures under which child welfare agencies, administrators and employees work on a daily basis. Budget cuts take programs offering

family support and prevention services away from communities. Fewer community resources contribute to an increase in maltreatment reports. More maltreatment reports add more cases to the workload of already overburdened case managers. Reduction in staff further stresses the already strained system. All the while, children continue to be removed from their homes.

## **REASONS MINORS ENTER STATE CUSTODY AND OUT-OF-HOME PLACEMENTS**

Defining child maltreatment proves difficult. After stating, “No single, universally accepted definition of child maltreatment exists,” the U.S. Department of Justice (USDOJ) Office of Community Oriented Policy Services (COPS) concisely describes three types of child abuse:

Physical abuse, which may range in severity from minor bruising to death.

Sexual abuse, involving varying degrees of coercion and violence. Neglect, ranging from the failure to provide food, clothing, or shelter to the failure to provide medical care, supervision, or schooling. Exposing a child to dangerous conditions or hazards, including crime, may also be considered neglect (Dedel, Child abuse and neglect in the home, 2010a, p. 3).

The *Child Maltreatment 2018* report stated that 3,533,597 children received a response from child welfare professionals in the U.S. during the corresponding year (Childrens Bureau, 2018). This is a “unique count,” meaning that a child is only counted one time even if there are multiple reports. Of this number, 677,529 were victims of abuse or neglect. The majority of these children (84.5%) suffered from a single maltreatment, reported as 60.8% from neglect, 10.7% from physical abuse and 7% from



sexual abuse. The other 15.5% suffered from a combination of maltreatments, the most common being neglect and physical abuse. The national estimate for child deaths due to neglect and abuse in this report was 1,770, an 11.3% increase over the past four years (Childrens Bureau, 2018).

Studies show a connection between low-income neighborhoods and higher rates of reported child maltreatment (Gustavsson & MacEachron, 2010; Lee T. , 2016). The majority of the families currently referred to child welfare come from low-income or poverty economic levels (Anyon, 2011; Gustavsson & MacEachron, 2010; Lahlah, Lens, Bogaerts, & van der Knaap, 2013; Lanier, Maguire-Jack, Walsh, Drake, & Hubel, 2014; Pelton, 2015). Research affirms that the “disadvantages of poverty are cumulative” and issues related to poverty bring the involvement of child welfare to poor families (Gustavsson & MacEachron, 2010, p. 279). Cases of neglect often stem from job loss or reduced income, parental substance abuse, and medical issues (Pelton, 2015). Poverty is not only a “pathway to placement” (Gustavsson & MacEachron, 2010, p. 279) but economic factors can also prevent family reunification (Huntington, 2014; Lee T. , 2016).

Because low-economic neighborhoods are populated by more families of color, this has led to a disproportionate number of black and Hispanic children in the child welfare system (Anyon, 2011; Putnam-Hornstein, Needell, King, & Johnson-Motoyama, 2013). Immigration detainment and parental incarceration also contribute to this disproportionality. Incarceration affects ethnic disproportionality because Hispanic males are incarcerated at higher rates than white males and black males at higher rates than both. Children of teen or single mothers, a greater percentage of which are women of

color, are also at higher risk for living in poverty (Putnam-Hornstein, Needell, King, & Johnson-Motoyama, 2013).

Not all state custody happens through direct intervention. The state gains custody of a minor upon the death of a child's parents when no legal guardian has been predetermined. The state can also gain custody of a youth at the parents' requests when they feel incapable of dealing with the child's behavior. This is often a socio-economic issues where parents cannot afford the therapy that their children need for their mental and behavioral health. Often, this is older youth with difficulties due to drug abuse or mental illness (Slesnick, Dashora, Letcher, Erdem, & Serovich, 2009).

Homeless youth are also the responsibility of the state. Many homeless young people have left abusive situations in their homes and have no intentions of reuniting with their families or guardians (Brown & Seita, 2009; Dedel, Juvenile runaways, 2010b; Slesnick, Dashora, Letcher, Erdem, & Serovich, 2009; Tyler & Melander, 2010). Some street youth have been released from the juvenile justice system or shelter care and have nowhere to go (Freundlich, 2003; Sherman & Balck, 2015). Others run from shelters and foster care due to abuse there or a lack of connection with their caregivers (Brown & Seita, 2009; Freundlich, 2003). Youth who run away often need behavioral health services to recover from traumatic experiences in their childhood. They will continue to run without help and meaningful adult connections (Dedel, Juvenile runaways, 2010b; Institute for Juvenile Research, 2010; Slesnick, Dashora, Letcher, Erdem, & Serovich, 2009; Zelechowski, et al., 2013).

## **LEGAL AND STRUCTURAL ISSUES IN CHILD WELFARE CASES**

“Every day, four to eight children in the United States die from abuse or neglect at the hands of their parents or caretakers” (Commission to Eliminate Child Abuse and Neglect Fatalities, 2016, p. 12). When this happens, news coverage soars and efforts intensify to determine measures to increase protection for the vulnerable youth in society. Often, these tragedies lead to new laws and measures that tighten controls and lead to an increase of youth entering the foster system. These decisions are reactive and not well planned or researched. Many result in unintended consequences that can leave youth faring worse instead of better.

In 2013, the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) was established to “identify a national strategy to end child maltreatment fatalities” in the U.S. (Commission to Eliminate Child Abuse and Neglect Fatalities, 2016, p. 12). The commission stated that their goal was to change the primary focus from reactive to preventative. They used a public health approach in their recommendations for not merely improving the existing system but creating a new framework based on three core components. They opened with a call for strong leadership and accountability in all systems connected to child welfare. Secondly, they noted the need for improved research with more accurate data from which to make decisions. Lastly, they requested earlier intervention for families and communities through a cross-system approach to sustain prevention efforts for child maltreatment.

One primary problem not addressed in this report is the fact that U.S. law is often at odds with what families need for support. In her text, “Failure to Flourish: How Law Undermines Family Relationships,” Clare Huntington (2014) agrees that families often

lack the economic, medical, and social resources to provide for their children as they should. However, she notes that what is most needed for children to flourish is “strong, stable, positive relationships” (p. xv), but that the law does little to nourish such relationships. Huntington argues that laws governing family relationships must be re-oriented toward helping families and healing relationships rather than only seeking to resolve conflict. Huntington concludes that not only the child welfare system but family law itself needs to be reassessed and revised to serve the best interests of children and their families.

Tina Lee supports Huntington’s view of family law. In her book, *Catching a Case: Inequality and Race in New York City’s Child Welfare System* (2016), Lee points out that the majority of child welfare cases are deemed as neglect. The majority of neglect cases are not related to child maltreatment but to a lack of resources related to poverty. She also noted that the system itself often brought on more poverty to parents who lost income and even jobs trying to meet the mandates put upon them by the courts. Because more families of color fall into the poverty realm, Lee claimed that the system promoted racial stereotypes and biases to the extent that stratified reproduction was reinforced and parents’ rights were violated.<sup>3</sup>

These needs have not gone unnoticed over the past decade. In March, 2015, Casey Family Programs published a research and practice brief titled, “Prioritizing Early Childhood to Safely Reduce the Need for Foster Care: A National Scan of Interventions.” They opened with national statistics showing neglect and parental substance abuse to be

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<sup>3</sup> Stratified reproduction is a widely used social scientific concept created by Shellee Colen that describes imbalances in the ability of people of different races, ethnicities, nationalities, classes, and genders to reproduce and nurture their children. Researchers use the concept to describe the "power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered" (Ginsburg & Rapp, 1995, p. 3).

the primary reasons children were placed into foster care between birth and age five. They noted that “the stress and trauma related to poverty, parental mental health disorders or domestic violence, as well as their co-occurrence and cumulative impact” (Zulliger, et al., 2015, p. 4) made it difficult for child services to respond adequately to these situations. In conclusion, they expressed the need to “[a]djust policies, funding and the service array to match the severity and complexity of issues,” “[a]dvocate for and fund services that address families’ needs created by their socio-economic environment,” and “[i]nvest in evaluation” (Zulliger, et al., 2015, p. 21). Whether or not society steps up to address these issues and the other structural problems that contribute to the number of children in state care, child welfare agencies and case managers must continue to seek placements for children removed from their homes.

## **THE JOB DESCRIPTION OF CASE MANAGERS**

Case managers play a critical role in the lives of foster youth – possibly the most critical legal role. When a report is filed, the case manager is the first child welfare professional to visit the home to assess if state intervention is necessary. When children are removed from their families, their case managers are responsible for finding the most appropriate placement for these minors. In court, judges depend on case manager’s reports to make the legal decisions concerning the children in their care. Youth in out-of-home care often look to their case managers to fulfill the role of parents in their lives.

In the federal lawsuit against the State of Arizona, the document named the heads of DCS and DHS (Department of Human Services) as the defendants but the majority of the accusations made against the state related to the duties assigned to case managers. According to DCS, the general description of the job of a case manager is “to provide

safety, permanency and well-being for children” (AZ DCS, 2006). This all-encompassing assignment is broken down into two primary tasks. The first is to investigate reports of alleged abuse and neglect and assess the child’s safety. The second is to coordinate any services necessary for the child’s well-being. This is to be accomplished through a safety plan developed for each child that establishes the greatest assurance of long-term permanency and stability for the child’s life.

Assuring safety is the most essential task of child welfare agencies. Sometimes this can be done through working with the child’s family and providing services. It is the job of the case manager to help the parents find the resources they need to fulfill their role of establishing well-being for their children. When safety cannot be established within the child’s home, it is the case manager’s job to implement a safety plan for out-of-home placement. This includes not only finding the appropriate living situation for each individual child or sibling group, but also coordinating all the services necessary to see that this plan provides for the child’s well-being.

There are three classes of child protective service specialists in Arizona. Duties range from entry level family assistance responsibilities to upper level supervisory and investigative tasks (AZ DCS, 2006). Each level requires a Bachelor’s or Master’s Degree in a related field and experience in case management methodologies. Salaries begin at \$33,312 for level I, \$35,730 for level II and \$38,855 for level III. Expectations go far beyond their written job descriptions. A veteran case worker stated, “A DCS case manager’s job is complex, stressful and sometimes a little frightening” (AZ DCS, 2006).

“As the corporate parent of children in care, the State has a special responsibility for their wellbeing...Children’s social workers embody this corporate parenting role on a day to day basis” (Hollin and Larkin 2011, p. 2203). Lonne, Parton, Thomson, & Harries (2009) reported that child welfare workers in their study “felt responsible” ( p. 91) for the children and youth they served and “uncomfortable” (p. 91) when a youth’s parents or caregivers requested support beyond what the social workers considered their role. They found that “role ambiguity, confusion and conflict associated with an unclear social mandate, high expectations and unclear responsibilities and insufficient direction from the organization regarding competing priorities” (p. 67) contributed to high turnover rates. Hollin and Larkin (2011) explored “assumptions underlying [the] uncertainties” (p. 2198) concerning of the roles of child welfare workers. They found that case managers felt the system held them overly responsible for the task of parenting too many youth.

Tao, Ward, DiLorenzo, & Kelly (2013) conducted focus groups with 52 child welfare case workers from five county child welfare agencies, rural and urban, across the western U.S. The participants claimed that for older youth who had no permanent placements, they were their “life support [and played the role of] everything from mom to mortician” ( p. 225).<sup>4</sup> Case workers said that they assumed the parental role for these youth due to their job assignments and to being the most consistent adult in their lives. However, many workers resisted this role, noting that it was “overwhelming and burdensome” (p. 225). All felt that the system was over-reliant on them individually, giving them caseloads beyond their capacity.

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<sup>4</sup> There are state programs to aid youth with independent living skills but case workers claim they are deficient for the task (Tao et al., 2013).

In her article, “Mama S and Papa M,” Sarah Gerstenzang (2010) explained that through the Adoption and Safe Families Act (ASFA) of 1997, the federal government made it “the legal and moral obligation of the caseworker, as a government agent, to make sure that the child leaves care connected to a responsible adult” (p.56) through a federally sanctioned permanent placement. She noted that when permanency was not found, case managers themselves often fulfilled a temporary parental role. Case managers criticized the lack of support from their agencies and the courts (Tao et al., 2013). A common complaint focused on an “increasing and ‘unreasonable’ amount of paperwork” and the fact that those higher up in the system were “out of touch with the realities of frontline work” (Tao et al., p. 227). The workers stated that communications with their superiors were usually critical rather than constructive and that in the courts, they often had no support when advocating for their clients.

As previously noted, when a case manager is given a child or sibling group whose parent is incarcerated or detained, the workload increases. Parents who are incarcerated are often far from their children, decreasing the possibility of visitation (Bernstein, 2005). If visitation is possible, case managers must figure out prison visitation guidelines and schedules and work within them. Parents in immigration detention centers face the same issues. Case managers must contact detention centers searching for parents while working through Immigration and Customs Enforcement’s policies and the detention center’s procedures on scheduling and conducting a visit if the distance is not prohibitive.

In her text, *All Alone in the World: Children of the Incarcerated*, Nell Bernstein (2005) wrote, “Prison visits matter” (p. 76). This statement is also relevant to children of immigrants in detention centers. Bernstein further stated:



Children and parents will tell you again and again how important it is that they see each other, and research backs them up. Consistent, ongoing contact reduces the strain of separation, lowers recidivism, and is the single most important factor in determining whether a family will reunify after a prison term. (p.76)

With family reunification being the top priority for child welfare, visitation must be a top priority for children and their incarcerated or detained parents to achieve reunification. Bernstein noted that this problem is exasperated because the criminal justice system has no system to consider the children of incarcerated parents. The need for collaboration between both systems is imperative if family reunification is to succeed in these situations.

According to Tao, et al. (2013), “the tone of focus groups with caseworkers could be described as bleak and frustrated, which speaks to the intensive role they play serving [the youth] on their caseload and the responsibility they feel for their well-being” (p. 228). While the caseworkers made valuable suggestions for improving their situations, the authors maintained that wider legal and structural issues contributed to these problems which cannot be solved by social workers. They also pointed out the need to include long-term positive relationships with trusted adults other than child welfare workers in the youth’s “culture of permanency” (p. 231). Overall, Tao, et al. concluded that frontline workers in child welfare agencies must be highly valued and well-resourced to prevent burnout and high turnover rates which further escalate the problems of

adolescent youth in the system, including lowering their chances of finding a permanent placement.<sup>5</sup>

## **CURRENT TYPES OF CARE**

In 2006, the Center for Child Welfare Research published a placement study that listed nine categories for placement options that are still relevant today:

(1) home: living at home with biological or adoptive family, relative or family friend, (2) foster home: regular foster care, regular foster care with specialized rates; (3) therapeutic foster care [TFC], (4) group home, (5) RTC [residential treatment center], (6) psychiatric setting: psychiatric residential treatment, inpatient medical hospital, inpatient drug/alcohol rehabilitation program, inpatient private psychiatric hospital, intensive treatment unit, state mental hospital; (7) juvenile justice facility: youth correctional center, county detention center, jail, (8) emergency foster home or group home, (9) Other: independent living, school dormitory, job corps, wilderness camp (Baker & Curtis, 2006, p. 44).

When a case manager determines that reunification does not serve the best interest of a child, there are a number of options for foster care while adoption is being sought. The goal of child welfare agencies is to have as few placements as possible and provide a continuum of care for these youth “with the most appropriate and least restrictive interventions” (Child Welfare Information Gateway, 2015c). Foster care is a general term referring to temporary out-of-home care for children waiting for permanent placements (Child Welfare Information Gateway, 2015a). This care can be with relatives or non-

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<sup>5</sup> Research has confirmed that a child with one consistent case manager has a 75% chance of reunification or adoption. Chances drop to 17.5% with two and fall to 2.2% with four (Shaver, 2015).

relatives and in private residences or group facilities. For older youth, foster care includes supervised independent living.

Kinship care is the preferred placement in the system (Children's Bureau, 2016). In September, 2019, 32% of all minors in out-of-home foster care in the U.S. were with relatives (Children's Bureau, 2020). It is considered more stable because these youth retain family connections, both physically and emotionally, and most often remain in their cultural environments. There are various types of kinship care. Informal kinship care does not involve a state agency, parents retain their rights and state financial aid is limited. For voluntary kinship care, the state is involved but does not take legal custody. With formal kinship care, the state takes legal custody of the child and the court places the minor with the relative. This relative is approved as a foster parent and can make decisions for the child in collaboration with the state. The state agency is responsible for the child's medical needs and schooling and parent visitations if visitation is approved (Children's Bureau, 2016).

When a parent grants temporary guardianship to a relative, the relative can make decisions for the child and financial help is more available (Children's Bureau, 2016). In 2008, the federal government passed the Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351). Among other provisions, amended Title IV-E of the Social Security Act to allow states and tribes to subsidize kinship guardianships (Social Security Administration, 2018; Child Trends, 2018). Formal guardianship is a permanency option. Legal custody is transferred from the state to the relative by the court, but the parent's rights are not terminated. Most states have provisions under Title IV-E to continue to subsidize these guardianships (Children's Bureau, 2016).

When a child does not have a relative available or qualified to care for them, the casa manager seeks a placement in a non-relative foster home. For a person, relative or non-relative, to become a foster parent, they must become licensed or certified as per the regulations of their state. This process begins with a family assessment also called a home study. This assessment involves detailed questions on family members, along with background checks and references, to help the agency determine the suitability of a family to host a foster child (National Foster Parent Association, 2020). A home safety check is also required. The family has the opportunity to fix any problems that do not meeting the agency's standards. If the home study and safety check are approved, the foster parents begin pre-service training, which usually consists of 10 to 30 hours in most states. When training is successfully completed, the licensing worker files the paperwork for licensing and may write a letter suggesting which children would be best suited for this family (National Foster Parent Association, 2020). When all is finished, the agency begins the search for a match between this family and a child in need of a foster home.

Congregate care facilities are intended to serve as short-term placements for youth “whose specific needs are best addressed in a structured environment” (Child Welfare Information Gateway, 2015d). Shelters serve as temporary placements for youth waiting for a kinship or family foster home. Research has distinguished nine different categories of children (under age 21) in need of residential group care facilities. They are:

- 1) Dependent and neglected;
- 2) Delinquent;
- 3) Emotionally disturbed;
- 4) Mentally ill;
- 5) In need of services due to pregnancy;
- 6) In need of services due to use of an illegal substance;
- 7) In need of supervision (sometimes referred to as “status

offenders”); 8) In need of temporary shelter or emergency care; 9) In need of detention (Young, 1989, p. 12).

## **CURRENT ROLE OF CONGREGATE CARE IN PLACEMENTS**

In 1997, the Adoption and Safe Families Act (ASFA) set out the requirement that children in foster care be placed in the least restrictive, most family-like environment possible to meet their health and safety needs. In Arizona, the state holds DCS legally accountable for complying with these federal requirements (Arizona Senate Research Staff, 2014). The order of placements considered from least to most restrictive are:

with a parent, with a grandparent, in kinship care with another member of the child’s family including a person who has a significant relationship with the child, in family foster care, in therapeutic foster care, in a group foster home and in a residential treatment facility” (Arizona Senate Research Staff, 2014, p. 1).<sup>6</sup>

Licensed foster parents receive subsidies from the state. This includes some kinship care.

A licensed family foster home may care for up to five foster children. Children with extraordinary physical, mental or emotional needs may be placed in therapeutic foster homes which can support one or two children at a time. Therapeutic foster homes for youth with critical behavioral health needs in Arizona are referred to as Home Care Training to Home Care Client (HCTC) homes (AZ Division of Behavioral Health Services, 2010). These providers must meet specified requirements and pass specialized training through the state to be licensed to care for children with critical behavioral health needs who, without this aid, would be placed in a more restrictive setting. Respite foster

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<sup>6</sup> As of February 5, 2014, the Arizona Department of Health Services (ADHS) Department of Behavioral Health Services (DBHS) had renamed therapeutic group homes (TGH) behavioral health residential facilities (BHRF) and residential treatment centers (RTC) behavioral health inpatient facilities (BHIF) (ADHS/DBHS, 2014).

homes exist to provide short-term relief for foster parents. The state provides 144 hours of respite per year per foster home (AZ PS-MAPP Team, 2014).

Certain types of congregate care facilities are considered acceptable and necessary for short-term placements. Emergency shelters accept children 24 hours a day. They may house up to 15 youth at a time and are intended to be short transitional placements while foster care is obtained. A group foster home can care for five to ten foster children. Residential treatment centers house between 20 to 90 youth who need specialized care for emotional, behavioral or substance-abuse problems. These secured facilities are responsible for continuous supervision and often have on-site schooling. Staying within the regulations to keep a placement short-term can cause multiple placements. Children who have not found permanency can leave one short-term facility only to be placed in another (Arizona Center for Law in the Public Interest, 2015).

When options are unavailable, placements in congregate care facilities which were intended to be short-term often turn into long-term, as demonstrated in B.K.'s situation. The Arizona lawsuit was concerned not only with the number of placements children in state custody experience but also the inappropriate placements they were assigned due to a lack of available options. The 2009 budget cuts in Arizona reduced subsidy rates for foster parents by 20% (Arizona Senate Research Staff, 2014). Reduction in support affects a family's ability to foster a child. More foster homes might be available, providing more appropriate placement options, if adequate financial help was provided for average income families willing to provide foster care.

Though congregate care ceased to be a long-term foster care option over 100 years ago, it is still a reality in the lives of many youth in out-of-home care. Every

plaintiff in the Arizona lawsuit had one or multiple placements in group facilities. B.K. experienced problems during her 25 months in the emergency shelter but this was her most permanent placement. The length of stay may have occurred because other placement options were not available or because of case manager overload. Whatever the reason, B.K. was left in a congregate care facility that was not resourced to be her home for over two years. Her final case plan goal of long-term foster care exposes the reality that there are situations in the child welfare system for which federal and state governments have no legal permanent solutions.

### **UNDERSTANDING PERMANENCY AND PLACEMENT POLICIES**

For almost 50 years, policy makers have sought to increase the number of adolescents achieving permanency through multiple child welfare laws and revisions. In her text, “Trends and Issues in the U.S. Child Welfare System,” Jill Berrick (2011) tracks the development of these laws. In 1974, the Child Abuse Prevention and Treatment Act (CAPTA) was signed into law as “the first significant effort of the federal government to improve the response to physical abuse, neglect, and sexual abuse” of minors (National Child Abuse and Neglect Training and Publications Project, 2014). This legislation initiated federal funding to develop systems and management procedures for reporting child maltreatment. Six years later, the Adoption Assistance and Child Welfare Act (AACWA) established processes for involuntary separation and created state-funded support services for parents to help them retain or regain custody in a timely manner. The Family Preservation and Family Support legislation in 1993 provided additional funding toward services for birth families.

Twenty years after CAPTA, in 1994, lawmaking shifted the focus from family support to adoption services in hopes of obtaining greater permanency and stability for dependent children and decreasing reentry rates. The Multi-Ethnic Placement Act of 1994 responded to the disproportionality of children of color in the system. It simplified the procedures for transracial adoptive placements and was further strengthened two years later by the Interethnic Adoption legislation of 1996 (Berrick, 2011). In 1997, ASFA set newly defined standards for all child welfare systems in the U.S and expedited adoption procedures by shortening the amount of time parents were given to regain custody of their children from 15 months to 12 months. Two major components of this plan included further simplification of transracial adoptions and the prohibition of long-term foster care and emancipation as permanency options (White, Corwin, Buher, & O'Brien, 2013).

In response to this legislation, USDHHS created the Child Welfare Outcomes reports. All states are required to submit these reports annually concerning their performance in regard to the objectives denoted by the designated categories. The seven national outcomes are:

- 1) reduce recurrence of child abuse and/or neglect;
- 2) reduce the incidence of child abuse and/or neglect in foster care;
- 3) increase permanency for children in foster care,
- 4) reduce time in foster care to reunification without increasing reentry,
- 5) reduce time in foster care to adoption;
- 6) increase placement stability;
- and 7) reduce placements of young children in group homes or institutions

(Children's Bureau, 2012, p. 1).

To continue receiving federal funding for their child welfare programs, state governments are held accountable for improving in these areas.



In 1996, the year before passing ASFA, Congress mandated a longitudinal study on child abuse and neglect. To accomplish this task, the Administration for Children and Families (ACF) created the National Survey of Child and Adolescent Well-Being (NSCAW). After 3 years of planning, the study ran from 1999 to 2007 in five waves with data collected from over 6,200 children, caregivers, caseworkers and teachers. Regarding permanency, NSCAW (2007) found placement instability to be common for children in out-of-home care situations. Those placed with grandmothers or single aunts were more likely to live below the poverty level and to receive fewer of the government services provided for them than other foster youth. The average change of placements for minors in out-of-home care was just over 3 times in 3 years, with the ranges being lowest for younger children and highest for adolescents.

In 2008, NSCAW II was initiated to evaluate change over the prior decade. Baseline data collection on the new cohort was completed in August 2009. The second wave ran from October 2009 through January 2011. This report found that parents of more than half the children in out-of-home care had their rights terminated, ending the possibility of reunification with their families for these minors. Placement stability, however, had improved for this group. The mean number was 1.4 for placements per child and 249 days without permanency – well under the 12-month goal. Older youth, however, still experienced more placement changes, longer periods without permanency and more time in residential group facilities (Casanueve, 2012).

Agencies have also sought ways to reduce the length of a child's stay in foster care while waiting to determine a permanent placement. The foster-adoptive program became a common method in the 1970's (Child Welfare Information Gateway, 2012b).

With this plan, families initially accepted children in a pre-adoptive agreement while the state determined if the parental rights should be restored or terminated. This arrangement improved the stability for the child and the family was able to adopt more quickly when parental rights were terminated. However, the unsettled nature of the pre-adoptive situation was extremely stressful for all involved and if rights were restored to the parents, separation for the child and the pre-adoptive family was traumatic and painful. This method became known as “legal risk” or “at-risk” adoption (Child Welfare Information Gateway, 2012b, pp. 2-3).

The concept of concurrent planning was developed in the 1980s, which considered “all reasonable options for permanency at the earliest possible point following a child’s entry into foster care and concurrently pursue[d] those options that [would] best serve the child’s needs” (Child Welfare Information Gateway, 2012b, p. 1). ASFA made concurrent planning a legal requirement in 1997. Two years later, the Chafee Foster Care Independence Act expanded the focus to teens with the goal of helping older youth establish emotional support outside of a permanent family context. In 2008, the Fostering Connections to Success and Increasing Adoptions Act (FCA) further increased the use of concurrent planning by requiring states to notify a child’s adult relatives during the youth’s first 30 days in out-of-home placement. While the specific statutes vary from state to state, the general terms of concurrent planning require case managers to work two permanency plans simultaneously for every child they oversee.

When ASFA eliminated long-term foster care and emancipation from permanency planning, some provision had to be made for cases where permanency could not be found. A new category was created and given the label of Another Planned

Permanent Living Arrangement (APPLA), noted in ASFA as the “least preferred permanency option” (Mallon, 2005, p. 36). This classification has been described as follows:

APPLA is temporary in nature because it does not achieve legal permanency, lasts only through dependency, and is reviewed biannually through the CRB [Children’s Review Board] and the court. APPLA is not intended to be a catch-all plan when a youth has complicated needs or is difficult to place or stabilize, rather it is a well thought-out substitute care arrangement which has a semblance of permanency while the youth remains in the legal custody of the Department. “Planned” means the arrangement is intended, designed, considered or deliberate. “Permanent” means enduring, lasting, or stable. The term “living arrangement” includes not only the physical placement of the child or young adult. It also considers quality of care, stability, supervision, and nurturing a youth will receive. (Oregon DHS, 2007, p. 1)

Experts argue that the name change has not improved the situation of adolescents who remain in long-term foster care (Kelly, 2013). For many teens facing barriers to legal permanency, APPLA became a “default goal” (White et al., 2013, p. 8).

## **PERMANENCY AND STABILITY PROBLEMS FOR ADOLESCENTS**

Permanency denotes the concept of stability of care in the child welfare system. ASFA specifies child safety as the “fundamental goal of the child protection system” (Berrick, 2011, p. 25) and seeks to guarantee this through permanency policies. However, instability remains a pervasive problem in foster care (National Child Abuse and Neglect Training and Publications Project, 2014). Berrick (2011) uses the state of California as an

example to demonstrate this fact. During a one-year period, 29% of children residing in out-of-home care lived in 1 place, 35% had 2 residences, 18.4% had resided in 3 homes, and 8.8% had 4 placements.

Permanency has been constructed by U.S. federal laws to infer “children’s permanent, life-long connections with a secure, adult caregiver” (Berrick, 2011, p. 25). Adoption has proven to be a successful means of permanency for many younger children in need of out-of-home placement. From 1996 to 2006, the state of Illinois implemented federal permanency goals with great success. The Illinois Post-Permanency Survey (IPPS) was conducted in 2006 and found a remarkable 98% stability rate among permanency placements made 2 years earlier, 94% for five years prior, and 92% for 10 year placements. Despite all this good report, however, the research findings noted that among the high risk group of children age 14 and older, there was not the same improvement (Children and Family Research Center, 2007).

Hoping to increase the chances of adoption for adolescents, Casey Family Programs sponsored an intervention in 2010 for 726 youth in foster care, the majority of which had APPLA as their case goal (White et al., 2013). Their median age was 17 and 56% stated their primary race as African/American. These youth were in the care of 296 case managers. The case managers averaged 36 years in age. Over 80% were female and 63.5% identified as African/American. All had graduate or undergraduate degrees, though less than half had degrees in social work. Their field experience averaged eight years and four months.

The purpose of the intervention was to help these youth attain legal permanency by creating “*permanency roundtables* (PRTs)” (White et al., 2013, p. 3). PRTs consisted

of child welfare professionals and experts who met regularly for one year with the adolescent's case manager seeking new solutions to the barriers interfering with the youth's permanency goals. The White et al. (2013) study assumed three primary hypotheses:

1. Legal permanency would be more likely for: a. Youth with more protective factors (e.g., having a positive, lifelong connection with at least one adult); fewer risk factors (e.g., substance abuse), fewer limiting characteristics (e.g., developmental disabilities), fewer perceived barriers to permanency (e.g., lack of viable permanency resources); and less placement instability. b. Youth whose case managers have more positive attitudes towards permanency, score higher on the OCC scales, and have greater adherence to the PRT model (fidelity). 2. For youth who do not achieve permanency, PRTs would be associated with progress towards permanency as indicated by an increase in the permanency status ratings, a reduction in the restrictiveness of living situations, and an increase in the number of positive adult connections. (p. 9)

The first hypothesis proved to be partially supported. As expected, those with emotional or behavioral issues found permanency harder to achieve. Not surprisingly, adolescents who had "at least one positive, lifelong connection to an adult" (White et al., 2013, p. 3) were more likely to achieve permanency than those without any such connections. However, the assumption that youth who did not gain permanency would increase their positive adult connections by being in this intervention were not supported. Other aspects did improve for these youth if they were still in care 12 months after

participating in a PRT. Follow-up on this group found them living in less restrictive environments with an increased permanency status.

Not supported by the study was the assumption that a case manager's attitudes toward permanency would influence the youth's chances of achieving a permanent placement. This assumption had been based on research conducted by Rosemary Avery in 1998. She studied 77 youth in out-of-home placement in New York. Avery (1999) claimed, "Case worker and agency dedication to the belief in the adoptability of every child will be central to the success of the [adoption] effort" (p. 668). The Casey study, however, did not support this conclusion.

Over the year of the intervention, legal permanency became a reality for only eight and a half percent of these youth. Though some of the hypotheses proved true, the overall goal was not achieved. This led the researchers to the conclusion that "PRTs were not particularly effective for this population" (White et al., 2013, p. 5). The researchers' recommendations called for greater collaboration between all involved in the process of helping these youth find legal permanency. In their 18 recommendations, most of the work related to the job of the case managers.

Emancipation, banned as a permanency goal, continues to be a reality for many adolescents in state foster care custody. In 2019, AFCARS reported 20,445 youth emancipated on their 18<sup>th</sup> birthday without legal permanency (Children's Bureau, 2020). Because youth were transitioning out of state custody with negative developmental outcomes, the John H. Caffee Foster Care Independence Program (CFCIP) was established in 1999 through the Foster Care Independence Act (Williams-Mbengue, 2008). This program provided state aid for young adults who needed help with

independent living skills to transition more successfully from foster care into adulthood. The federal law required case managers to work with these minors prior to their emancipation to develop a transition plan. This plan covered the adolescent's options for secure housing, employment, education, transportation, health insurance and other support services, as well as positive adult connections (NICWA, 1999). In Arizona, this aid is contingent on the minor having a job or being in school, maintaining a safe living situation, staying connected to a supportive adult and continuing regular contact with their case manager (DCS, 2015). Emancipated youth who do not meet these criteria do not receive this aid. Ironically, these youth without connections are the most vulnerable and most in need of these provisions and support.

## **SUMMARY**

Between 20,000 and 30,000 adolescents in state foster care custody exit the system every year without legal permanency (White, Corwin, Buher, & O'Brien, 2013). Studies have linked permanency and stability to positive developmental outcomes (Leathers, 2006; Stott & Gustavsson, 2010). Multiple placements are common for these older youth. Farmer, Mustillo, Burns, and Holden (2008) suggest that the high placement instability for older youth "raises concerns about the abilities of systems to create stable situations for some subgroups of youth" (p. 12). Though congregate care was banned as a permanency solution in 1909, and again in 1997, adolescents are still exiting the system from the group homes without legal permanency and with negative developmental outcomes.

Gaps exist in the research concerning congregate care and particularly in the perspectives of the direct care staff who work closest to them. This dissertation seeks to

help fill these gaps. The following chapter will review literature on congregate care. The majority of the studies focus on the problems, which are many (Barth, 2002; Freundlich & Avery, 2005; Hyde & Kammerer, 2009). A few studies, however, have shown that well-managed, quality group homes can provide what adolescents need to exit the system with positive developmental outcomes and successfully transition into society as responsible adults (Lee & Thompson, 2008; Stott & Gustavsson, 2010; Trotzkey, 1974).



## CHAPTER 2

### LITERATURE REVIEW: CONGREGATE CARE - PAST AND PRESENT

The mantra, “a family for every child” (Ford, Boo, & Kroll, 2005), expresses the permanency goal of child welfare agencies, reflecting the assumption that a private home situation is always in the best interest of every child. However, the legacy of child welfare and protective services in the U.S. began in 1873, not with a problem in an institution but with the rescue of a severely abused child from the home of the adults who had adopted her from an institution (American Humane Association, 2014).<sup>7</sup> The report of a young girl described as a prisoner in her house was brought by one of her neighbors to a case worker in a private agency. That case worker, Etta Angell Wheeler, spoke with more neighbors and heard stories of whippings and crying and of this child being locked in a dark house and left alone day after day. When Wheeler finally gained entry into the home for a short conversation with the mother, she was able to observe the child, who appeared to be five or six, standing on a stool washing “a frying pan about as heavy as herself” (American Humane Association, 2014, p. 1). A leather stranded whip lay next to her on a table, the marks of which covered her undernourished arms and legs. It was a cold winter’s day in New York and all the child was wearing was a thin dress and a single undergarment. Wheeler was most saddened by the look of misery and oppression on the young girl’s face. She left determined to rescue this child from her abusive situation.

Wheeler spent three months searching for a way to free this young girl from her adoptive parents. It finally happened when she contacted Henry Bergh, an activist and

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<sup>7</sup> Institution was the term used in the 19<sup>th</sup> century for congregate care facilities. It had replaced the word asylum after that term gained a negative connotation in society. For the same reason, congregate care has more recently replaced the term institution. In this chapter, terms will be used in context as they are used by the authors of the studies reviewed.

humanitarian, for advice and support. Within 48 hours, Bergh implemented a plan and the young girl was rescued. Her name was Mary Ellen. Rather than five or six, as she appeared, Mary Ellen was nine years old. The court found that she had been adopted at age two and had been abused by her adoptive mother for seven years. The day before the rescue, her mother had cut the girl's face with scissors. Based on this injury and Mary Ellen's general appearance along with testimony from neighbors, the mother was convicted of child maltreatment and incarcerated for one year. When the court could find no place for Mary Ellen other than a group home for older girls, Wheeler requested custody. Mary Ellen grew up with the members of the Wheeler family, eventually marrying and having a family of her own with children who lived free from the harsh childhood that she had experienced (American Humane Association, 2014).

Though the case was not prosecuted under animal protection laws, it was instigated by Bergh, who had founded the Society for the Prevention of Cruelty to Animals (SPCA) nine years prior to Mary Ellen's case (Jalongo, 2006). Following the trial, Wheeler approached Bergh to thank him. She also asked "if there could not now be a Society for the Prevention of Cruelty to Children, which should do for abused children what was being so well done for animals?" (American Humane Association, 2014, p. 2). Bergh helped establish the New York Society for the Prevention of Cruelty to Children in 1874, initiating organized relief for abused and neglected minors. Today, the Administration for Children and Families (ACF) oversees child welfare and protective services under the United States Department of Health and Human Services (USDHHS).

## **BACKGROUND ON CONGREGATE CARE IN THE U.S.**

In the 19<sup>th</sup> century, institutions played a major role in child welfare, providing care for orphaned and needy youth (Trotzkey, 1974). By the end of the century, “boarding-out” or “placing-out” in private homes had become a popular option for minors who had lost their parents, been deserted by their parents, or had been removed from their families.<sup>8</sup> In 1909, the federal government held the first White House Conference on the Care of Dependent Children. This conference mandated family reunification as the first permanency goal for children referred to child protection services. A hierarchy of out-of-home placement options was established to be used only when reunification was not possible.

Adoption was the first choice because it was considered the most secure permanency solution. Second to adoption was legal guardianship, followed by foster care. Out-of-home options were considered most stable when the child was placed with a willing and able relative (Gerstenzang, 2010; Petersen, Joseph, & Feit, 2014; Williams-Mbengue, 2008). Congregate care was banned as a long-term placement option with the exception of children with special needs (Casanueve, 2012; Children's Bureau, 2012). Over 100 years later, however, living in a group home continues to be the reality of many children in the foster care system at some point during their time in state custody. This is particularly true for adolescents (Courtney, et al., 2007; Children's Bureau, 2015). A national study found that 60% of youths who were first placed in family foster care were moved from there into a group home and then into a third placement (Petersen et al., 2014).

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<sup>8</sup> These terms denoted finding home placements, i.e., foster homes, for youth in institutions, i.e., congregate care (Trotzkey, 1974).

Elias Trotzkey (1974) served as the Executive Director of the Marks Nathan Jewish Orphan Home in Chicago during the early twentieth century as sentiment and law turned against congregate care facilities. In 1929, his executive board requested that he prepare a report evaluating the condition of children boarded in institutions with those who were placed out. Trotzkey felt it was necessary to gain a historical perspective on child welfare before dealing with the dilemma of institutional care vs. home placement. He began by noting that societies have dealt with the issue of dependent children since the beginning of time. Humanitarian regulations on the treatment of needy and orphaned children were documented in the Mosaic Law.<sup>9</sup> The earliest group care facilities for dependent minors were established through religious institutions. Trotzkey placed the origin of modern child welfare, both congregate and home placements, in France during the 1630s by St. Vincent de Paul and the Sisters of Charity.

The mass placing-out effort from England that first brought this practice to the United States was exploitive and abusive. In 1619, the mayor of London sent 100 children in need of homes to Virginia. These children were part of the English “child-placing for profit” system which indentured these youth to a life of child slavery in factories and other services. Rationale in this movement was supported by public sentiment that expected dependent children to be appreciative of whatever they were given. The morality of the day also maintained a severe religious notion of generational punishment for the “sins of the father” (Trotzkey, 1974, pp. 44-45). While these facts are unpleasant and even disturbing, this background helps us appreciate the efforts of those

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<sup>9</sup> Specific examples can be found in the Hebrew Pentateuch or Christian Old Testament, particularly Deuteronomy 14:28, 29; 24:21; 26:12-13. Trotzkey notes that the author to whom the recording of these laws is attributed grew up in out-of-home placement (Trotzkey, 1974, pp. 43-44).

who have worked over the centuries to bring dependent childcare into the realm of child protection from maltreatment.

The first institutional care in the U.S. originated in New Orleans. In 1729, the Ursuline Convent established a children's shelter for youth orphaned during territorial battles. Through the remainder of the 18<sup>th</sup> century, non-governmental group homes were established to provide basic provisions and education for dependent minors. At this time, however, public sentiment was still unconcerned with the plight of these youth. Minors who were not fortunate enough to find care in private institutions were placed in public poorhouses, where they lived unsegregated from the adult occupants. These conditions continued unchallenged throughout the 1700s. After the turn of the century, however, public attention was brought to this situation and society began to demand an end to this inhumane treatment of these youth. During the last half of the 19<sup>th</sup> century, laws were passed against housing children with the adults in poorhouses and government became actively involved in the welfare of dependent children.

Though society's stand against minors being placed in poorhouses was commendable, other forms of government intervention in the lives of children at this time in history were not so admirable. Trotzkey points out that the good intentions of retrieving children from poorhouses developed into a general concept of "child-rescuing rather than child conservation" (Trotzkey, 1974, p. 47). While the latter was tied to family preservation, the former showed no regard for the human rights of children or their parents. This concept may be best illustrated in the establishment of boarding schools for Native American children beginning in 1860 and continuing through the first few decades of the 20<sup>th</sup> century (Adams, 1995). The goal of non-reservation boarding

schools was total assimilation of Native American youth into the American culture, achieved by kidnapping children from the reservation and “eradicate[ing] all vestiges of Indian culture” (American Indian Relief Council, 2015). During these decades, Native American families resisted giving their children to the U.S. government. Finally, in 1893, these parents were given the legal right to refuse the transfer of their children to off-reservation schools. This move was bolstered by a growing public sentiment that the government was not to interfere with family life in accord with the 14<sup>th</sup> amendment to the U.S. Constitution.

In 1909, the federal government called the first White House Conference on the Care of Dependent Children. This conference demonstrated federal government recognition that it held “some responsibility for the welfare of children” (National Child Abuse and Neglect Training and Publications Project, 2014, p. 1). The Great Depression, which began in 1929, brought the closure of many private care facilities due to their dependence on public donations, which declined drastically during this era. This led to growth in federal involvement that was permanently established when aid to dependent children was included in the Social Security Act in 1935 (National Child Abuse and Neglect Training and Publications Project, 2014). In 1962, as media began to focus more attention on child abuse and neglect, C. Henry Kempe gave this problem a name when he published “The Battered-Child Syndrome” in the *Journal of the American Medical Association* (National Child Abuse and Neglect Training and Publications Project, 2014, p. 4). His article propelled child abuse into the realm of a national issue.

In 1966, the Children’s Bureau, established during the 1909 White House conference, began research on the causes of child abuse with the goal of creating

prevention initiatives on a national level. Mandatory reporting laws were enacted in every state by 1967. However, in 1973, government hearings noted that while these laws increased reporting, states lacked the resources and ability to respond adequately to the needs presented in the reports they were receiving. In fact, three-quarters of all child deaths documented as related to abuse or neglect had been reported to state authorities prior to these children losing their lives. The hearings ultimately led to the creation of the Child Abuse Prevention and Treatment Act (CAPTA) of 1974 (National Child Abuse and Neglect Training and Publications Project, 2014).

It was also at this time that national recognition of structural problems contributing to child abuse began to surface. Bill Lunsford, director of the Child Welfare League of America (CWLA), argued against CAPTA. He claimed that the legislation fell short of addressing the most serious underlying causes of child maltreatment: “parenting practices, corporal punishment, income disparities, and the types of challenges that confront low-income families” (National Child Abuse and Neglect Training and Publications Project, 2014, pp. 8-9). The challenges due to income disparities continue today and contribute to the growing number of children in child protective services due to neglect (Children's Bureau, 2020). While Lunsford and other critics did not change the immediate legislation, they began the discussion concerning child welfare and socio-economic factors which continues to be debated today.

Despite all that it did not address, CAPTA marked the federal government’s intention to “improve the response to physical abuse, neglect, and sexual abuse” of children (National Child Abuse and Neglect Training and Publications Project, 2014,

p. 9). The first National Conference on Child Abuse and Neglect was held in 1976, which focused on “the role of government in child protection, methods for improving society’s ability to protect children, and parenting and prevention of child abuse and neglect” (National Child Abuse and Neglect Training and Publications Project, 2014, p. 16). Since then, Children’s Bureau has held 19 national conferences. The themes of each reflect the growth and focus of child protection and welfare at that time but the most basic needs – funding, collaboration and evidence-based practices – have stayed the same.

Reunification remains the first permanency goal, followed by adoption. Foster homes are the first placement options and congregate care continues as last.

### **TROTZKEY’S CRITICAL INQUIRY OF CONGREGATE CARE**

In this historical context, Trotzkey’s (1974) attempt to perform an evidence-based analysis between institutions and home placements in the 1920s can be better appreciated. The 1909 White House conference had little data available on the outcomes of any placements. Trotzkey viewed the conclusion that placing-out was always preferred to institutions as a reflection of sentiment and value judgment rather than evidence-based assessments. In 1915, the National Conference of Charities and Correction sought to use critical surveys and analysis to develop some minimum standards for all types of dependent child care. President Wilson called a second White House conference in 1919, where the “Minimum Standards for Child Welfare” were adopted. Trotzkey (1974) began his research in 1929 using data not available to the conferences to attain an assessment and “weigh the relative merits of the two types of care on the basis of their respective positive effects on child-life in all its essential aspects and needs” (p. 55).



Using methods accessible at his time, Trotzkey sought to evaluate institutional and home care in three areas of development: physical, mental, and emotional. He compared 2,523 children in institutional care to 1,214 in home placements, then both to 9,512 youth of the same age groups in the New York public school system. He measured physical development by comparing weight and height from entry to the present. His study showed little variation between all three groups. Measuring mental development through education demanded a more involved procedure because children entering out-of-home placements began at a greater deficit in intelligence ratings and schooling than those in the general community. When comparing institutional and home care educational outcomes, he noted that home care may be superior in individual cases, but well-managed institutions were more consistent overall.

Trotzkey's (1974) analysis of emotional development was limited by the fact that he found "scientific criteria and data are as yet lacking" (p. 67) for such research. He contended that children in out-of-home placements had been removed from bad environments and came with emotional difficulties caused by these homes. Trotzkey did, however, demonstrate that institutions could be better equipped than home placements to deal with the individual therapeutic needs of these children. Due to the absence of empirical research in all three areas, he argued against the assertion that home placement was superior to congregate care, stating that this was an assumption lacking scientific validity. From his study, Trotzkey concluded that what mattered most was not the type of place where the child lived but the person(s) caring for the child and the quality of care.

Some may suspect that Trotzkey was biased in defense of well-managed congregate care because he was the executive director of such a facility. However,

contemporary researchers support his conclusions and agree that congregate care improved under his supervision. In 1999, John McCall (1999) confirmed Trotzkey's claim that the superiority of home placements over congregate care was not an evidence-supported fact. McCall examined 25 studies, 14 conducted before 1951 and 11 from 1951 to 1990. In his critique of these studies, regarding their methods and analyses, McCall found the research generally lacking in scope and design and deficient in evidence to support their conclusions. McCall (1999) referred to Trotzkey's research as being "one important exception" (p. 128) and "the exception" (p. 145) of this era because his study was large-scale (over 13,000 children) and used standardized clinical measures. He stated that this was the only research of such magnitude and methodology from the 20<sup>th</sup> century.

Reena Friedman (1994) noted Trotzkey as "a widely respected child expert" (p. 90) from the early 20<sup>th</sup> century. She also considered him a reformer who helped move orphan care from the mass institution experience of the 19<sup>th</sup> century to a "caring homelike environment" (p. 92) by the 1930s. According to Friedman, Trotzkey accomplished this by shifting the focus of the superintendents from "the institution's physical conditions to the quality of its personnel" (p. 90). Under Trotzkey, the staff not only held college degrees and were well-trained in care for the children in the homes where they worked, but they were also people that the children could love and respect. Current research continues to recognize the need for amiable and well-trained direct care staff in group facilities (Lee & Thompson, 2008; Freundlich, 2003; Soenen, D'Oosterlinck, & Broekaert, 2013).

Natalie Burda (2006) also confirmed Trotzkey's positive take on the experience of the children who resided at Marks Nathan. Burda compared two orphanages in

Chicago, both of which served Jewish children. German Jewish immigrants operated one home in a reformed manner and the other, Marks Nathan where Trotzkey worked, upheld orthodox traditions. Her assessment revealed that despite their theological differences, both homes focused on two common goals. Children from each home attended public school to receive the best education possible. Every child was also trained in a skill or vocation. Burda concluded that both homes graduated youth with the education and training they needed to live independent and successful lives.

Those who grew up under his care also affirmed Trotzkey's assessments. In July of 1992, a group of alumni from Marks Nathan gathered for what they called a family reunion. Ron Grossman (1992) of the Chicago Tribune attended the event and interviewed the residents concerning their experiences in the orphanage. Elmer Gertz stated, "Trotsky [*sic*] and all his staff were very good at spotting a child's potential. We weren't anonymous or just a number to them" (Grossman, 1992, p. 5:2). He shared his story of being introduced to the great American poet Carl Sandburg by a staff member who noticed Gertz's love of poetry. After leaving Marks Nathan, Gertz earned his law degree. He has received public recognition for serving the underserved.

James Lawson spent his childhood in Marks Nathan. He ran away the night before his bar mitzvah after being told that he was not Jewish but had been brought to the home when the Jewish couple who had adopted him was killed in a car accident. After leaving, Lawson cut off all contact with his friends from the orphanage. Years later, a poster about the reunion stirred his desire to reconnect with those who had been like family to him. Lawson stated, "I realized it was time to come home...because looking back on it, those years at Marks Nathan were the happiest ones in my life" (Grossman, 1992, p. 5:2).

Marks Nathan closed in 1947, due to the change in thinking and social policies against institutions. Sally Rice Drew, a resident in the orphanage at that time, was placed in a foster home. She told Grossman that she believed that no matter how good foster parents were, they could not provide the “sense of belonging” that she had felt at the orphanage. In her opinion, “I think that homes like Marks Nathan should be brought back today” (Grossman, 1992, p. 5:2). Another resident, Maxine Spiegel Fineberg, agreed with Drew. After growing up in Marks Nathan, Fineberg stayed in the neighborhood and became a public school teacher and political activist. As she recalled past students, she stated, “I saw how many of the kids in my classroom came from homes where they were being abused and neglected, and thought how much better off we were for growing up in an orphanage” (Grossman, 1992, p. 5:2). Testimonies like these support Trotzkey’s conclusion that group life in a well-managed congregate care facility has its own advantages for some minors.

### **CURRENT ATTITUDES TOWARD CONGREGATE CARE**

Trotzkey’s (1974) research serves as the largest evidence-based study of the twentieth century. His assessment that congregate care could be a positive experience for children in state custody, however, did not change federal policies (Wolins, 1974). Government continued to support in-home placements as the only long-term placement option for children in need of out-of-home care. This stance is partially based on past and current research which confirms numerous problems in group facilities, such as physical and sexual abuse committed by staff and residents, relationship disruptions due to high staff turnover rates, poor medical and mental health care, multiple placement issues, and poor outcomes (Barth, 2002; Hyde & Kammerer, 2009; Freundlich, 2003; Krebs &

Pitcoff, 2006; Lonne et al., 2009; Robst, Armstrong, & Dollard, 2011; Soenen et al., 2013). These problems also exist among youth from in-home foster care but may be reported at higher rates in congregate care because they are more readily visible in group facilities than they are in private homes, which is considered a positive aspect of group care according to some foster youth (Anglin, 2011; Tyler & Melander, 2010). Child welfare has not provided sufficient resources for congregate care facilities (Anglin, 2011; Hyde & Kammerer, 2009). Research has been limited, the results have been inconsistent, and none have matched the scope of Trotzkey's study (McCall, 1999).

Scholars note the need for more and better investigation concerning congregate care in comparison to home placements. Richard Barth (2002) noted the continued lack of studies comparing group care with home placements and pointed out the "general perception among social scientists that residential care is not effective" (p. 7). Whittaker and Maluccio (2002) noted a lack of empirical research, which yields a lack of consensus on best practices. Cameron and Freymond (2006) stated, "Particular systems of child and family welfare are social configurations rooted in specific visions for children, families, community, and society" (p. 3) rather than empirical evidence. Lonne et al., (2009) argued that the current system focused on social control rather than social welfare.

Most research on congregate care has produced negative conclusions that contribute to the general negative perception as noted by Barth. In the early 21st century, when Barth (2002) compared group care and foster homes, he declared group care inferior and concluded his study with the statement, "Group care should only be considered for those children who have the most serious forms of mental illness and self-destructive behavior" (p. 26). These are the approved congregate care placement options

that exist in the system today. Madelyn Freundlich (2003) interviewed former foster youth who had resided in state approved congregate care facilities in New York City from age 12 or older, as well as judges, child welfare workers, social workers, lawyers, and youth advocates involved with these minors. She investigated six areas – placements, services, safety, permanency, youth involvement, and transitioning out of care – and found all to be lacking and inadequate.

Among the limited contemporary studies with positive findings on congregate care, Robst, Armstrong, and Dollard (2011) compared outcomes based on administrative data between youth in treatment foster care and youth in various treatment group care settings. Their study found improved outcomes for both groups. Lee and Thompson (2008) unexpectedly produced research in favor of group home care. In planning their investigation, these authors questioned if the differences between random models of care in group facilities were influencing the results of multidimensional treatment foster care (MTFC) studies. For this reason they chose to compare youth in therapeutic foster care (TFC) to youth from one group home system, Boys Town, because Boys Town consistently used one care model in all of their group homes. To the researchers' surprise, they stated, "None of the findings supported the hypothesis that TFC youth would be more likely to experience positive outcomes" (Lee & Thompson, 2008, p. 752). Instead, they found that the youth from Boys Town were "more likely to be favorably discharged, more likely to return home, and less likely to experience subsequent placement in the first 6 months after discharge" (p. 746). Though they noted that these outcomes could not be widely applied to all congregate facilities, they did conclude that the group homes with

care models like Boys Town could promote positive outcomes for the residents and thus, youth could exit group homes with positive developmental outcomes.

In the mid-twentieth century, Martin Wolins (1974) argued that group care had its rightful place in the child welfare system. Wolins acknowledged the negative documentation of inhumane treatment in some group care situations. He felt, however, that the view was one-sided and fed by America's general distrust of institutions. James Whittaker and Anthony Maluccio (2002) built upon Wolins' perspectives. They noted that throughout the 1900s, research and funding focused on every foster service except congregate care. They claimed that unstable funding and lack of quality management in these group facilities along with an absence of standardized outcomes assessments resulted in the struggles they faced to meet the requirements of their contracts. Their conclusions agree with Timothy Fitzharris' assessment of the Adoption Assistance and Child Welfare Act (P.L. 96-272) of 1980. While evaluating this law throughout the decade in which it was passed, he determined that the goal of this act was to fix the foster care system with permanency and reunification legislation. Fitzharris (1989) concluded that the "overselling" of placement theory led to many unsupported conclusions and concerns about group care (See Appendix A).

In 2002, James Anglin interviewed youth in foster care who shared their positive experiences in group homes and compared them with their negative experiences in foster homes (Anglin, 2002). Inspired by this research, Anglin (2011) designed another study to research "whether group homes could be a positive service for young people" (p. 216). This study revealed seven positive characteristics of group homes as described by the teens: 1) more comfortable in staff-youth relationships (felt like intruders in foster

homes); 2) preferred agency home over family home (staff in agency homes were not emotionally tied to furnishings; they provided more safety being more prepared to handle challenging behavior as youth work out their problems); 3) liked having a larger number of people in group household (more relationships to find connections with); 4) time element (staff rotating shifts gave them a break from specific caregivers; foster parents don't change); 5) style of care (less intimate, more youth-centered experience was more helpful for many); 6) intensity of care/treatment (therapies and treatments received in group homes were not as common or consistent in foster homes); 7) supervision of carers ("co-vision" of co-workers in group home to help each other function appropriately). Overall, these youth preferred their time in group homes to their time in foster home care.

Based on this input, Anglin (2011) planned his second study. He worked with ten group care residences over a 14-month period in British Columbia and used grounded theory methodology. His primary goal was to find congruence in serving the best interest of the child. He noted that the struggle to serve the child's best interest competed with cost containment, worker preferences, and controlling behavioral issues. He found three dominant psychosocial processes to be important. The first was efforts to create a homelike environment. Second was how staff responded to pain and pain-based behavior created by childhood trauma. He expressed a need for trauma-sensitive training for the staff, noting that punitive or controlling reactions often inflicted secondary pain experiences, causing more problems for everyone. Lastly, he found that developing a sense of normality was important and a defining factor in serving the child's best interest. Anglin (2011) concluded that "a well-functioning group home can offer residents a sense



of normality, thus providing a bridging experience in terms of the residents' readiness to engage successfully in more normative environments" (p. 220) (See Appendix B).

Anglin (2011) argued that regarding residential care as only a last resort produced negative consequences in itself. It began with the misguided concept that living in a family setting is in every child's best interest and group care is never a good option. This mindset, he claimed, denied sensitivity to a youth's attachment issues. Anglin contended that a care system should be sensitive to the expressed needs of every youth and regard their input in their placement planning. His framework was implemented at Cornell University in the Residential Child Care Project and in three Australian states to assess the strengths and weaknesses of group homes and evaluate their level of function. Anglin (2011) summed up his findings, stating, "Group homes need to be appreciated for their strengths as extrafamilial developmental and therapeutic environments, and ought not to be denigrated for not being made up of 'natural' or 'real' families" (p. 228).

### **VOICES OF FOSTER YOUTH ON CONGRATE CARE**

"I don't remember when my soul died, but I must have been very young" (Folman, 2009, p. 141). Thus, Rosalind Folman (2009) opens her chapter "It is How Children Live that Matters, Not Where Children Live" in *Growing Up in the Care of Strangers*. This book, edited by Waln Brown and John Seita (2009), is a compilation of 11 life stories from individuals who grew up in the foster system. All of the authors have graduate degrees and now work in the child welfare system. Though these authors are exceptional among youth who experienced foster care, they serve the purpose of this study. The editors of the text, who have included their own stories, set out to provide a resource for child welfare professionals containing insights and feedback from youth who

experienced multiple types of out-of-home placements throughout their childhoods and are currently working to help improve the childhoods of those currently growing up in the foster system.

After collecting the stories, Brown and Seita (2009) found that certain developmental principles were repeatedly embedded in the authors' reflections. Most consistent was the confirmation that multiple placements produced negative effects on youth in foster care. They note that all 11 stories in their text validate the claim that when children are abruptly separated from their families and passed from one stranger to the next, a child eventually comes to believe that "the reason you do not 'belong' is because you are worthless and unloveable" (Brown & Seita, 2009, p. 159). They claimed that the authors' experiences demonstrated that "[b]elonging is essential for healthy human development just as surely as instability promotes dysfunction" (Brown & Seita, 2009, p. 159). Even among those who performed successfully as adults, "the childhood trauma of feeling unattached, unwanted and unimportant remains" (Brown & Seita, 2009, p. 159).

Folman (2009) made this issue of multiple placements the central point of her chapter. As a young child, she was neglected by her parents and left to fend for herself. Later, she was passed from one relative to another, none of whom wanted her. Folman claimed that the emotional neglect and rejection from her parents and kinship caregivers "robbed me of my childhood, of any sense of joy and excitement in life" (p. 141). She stated, "I merely existed, a confused little girl who disconnected emotionally as my subconscious mind attempted to preserve my sanity" (p. 141).

During Folman's childhood, orphanages were still a placement option for foster youth. She spent three years, from age seven to ten, in an orphanage before she began being placed with relatives. In comparing the two types of care, Folman (2009) stated, ...I believe my placement experience challenges the popular notion of what is in "the best interest of the child." Indeed, my experience disputed the belief that institutions are bad for children and that they need to be in a "family like" environment. My time at "the Home" was the best years of my childhood. Had I remained there until high school graduation, my adult life may very well have taken a more normal path, as it did for most of my peers who stayed until they aged out. (p. 142)

Folman (2009) described "the Home" as "a big institution with little love, affection or emotional support, a place where no child was special to anyone" (p. 147). Because she had none of this growing up, she did not miss it here. The other children were treated the same as she was, so no one experienced the emotional pain that comes from living in a foster home where birth children receive the love and attention that foster youth know they will never have from their parents. For example, she recalled the celebration of birthdays. In the Home "on the last day of the month, everyone who had a birthday that month stood at the dinner table, while the other children and staff sang 'Happy Birthday.' Then we each received a dollar" (p. 147). Admitting that this could appear small and impersonal, she contrasted it to her experience in kinship care.

When I lived with my relatives, I excitedly announced that it was my birthday. One time I even mustered the guts to ask why I did not receive a birthday card or presents like other family members did. The reply summed up the cold, hard

truth: “You’re the child no one wants, so what’s there to celebrate?” I never asked again, nor did I announce my birthday after that (pp. 147-8).

Other authors in Brown and Seita’s book shared similar experiences in foster home care. Danita Echols (2009) related being relocated from one foster care situation to another in between being reunited with her mother. She noted that her stay at a shelter was good because she and her three siblings were all together and the quality of care allowed her to “be a kid again” (p. 58) without feeling responsible for her younger siblings. Eventually, she was sent back to her grandmother. She stated, “Living with my grandmother returned me to the dramatic and traumatic existence I had known years before when we lived in her basement. She could be just as violent with us as my mother was” (p. 61). Eventually, Echols was moved to two different group homes where she lived until she graduated high school. As graduation approached, she gave invitations to her relatives. They said they were proud of her and would be there, but no one came.

It was just another anti-climactic moment in my life, another let-down, one more denial of those significant events enjoyed by “normal” kids, ... I stood there in the middle of the auditorium, conspicuously alone, wearing my prettiest dress and forcing my widest smile, while adoring families kissed, hugged and congratulated my classmates. On the most significant day of my young life, I wanted to die, to fade away, so ashamed was I that no one cherished me. (Echols, 2009, pp. 62-3)

Echol’s kinship care experience echoes Folman’s. Folman’s conclusion agrees with Trotzkey’s assessment that what is important is the type of care, not the place. Based on her experience and that of hundreds of other foster youth she has interviewed as a

child psychologist focused on the psychological development of foster children, Folman (2009) stated,

Because of the misguided emphasis on “where” children live, as opposed to “how” they live, policymakers and politicians largely eliminated these institutions in favor of foster care. They mistakenly believed that foster care would provide children the next best thing to the nuclear family. The stories in this book and in the general literature demonstrate that for the majority of foster children, this approach failed decades ago. Conversely, my story and the stories of hundreds of others who grew up in institutions portray a much more positive picture of life in an orphanage and the outcomes of children who lived there (p. 156-7).

Folman related information from a survey of over 200 children taken after they had aged out of the orphanage where she had lived. None of the former residents from the orphanage had been arrested or incarcerated. Everyone had graduated from high school. Most had earned undergraduate degrees and many had continued into graduate and professional programs. She then shared information from another survey of 1,000 youth who had also grown up in orphanages. These youth ranked above the national norms in education, income and employment, and general satisfaction with life. Only three percent of these young people had been on public assistance and less than one percent had been incarcerated.

Folman (2009) stated, “These findings are in sharp contrast to the abysmal statistics of children in foster care” (p. 157). To exemplify that contrast, she referred to a study of 268 youth recently emancipated from state foster care. This research found 70% of these young adults living below the poverty level, 49% experiencing homelessness and

48% living off of government subsidies. The average participant in this study had been unemployed almost half (48%) of the time since exiting the system. The fact that 59% aged out of care without completing their high school education would contribute greatly to these figures. Regarding personal issues, “33% had significant mental health problems; 27% were imprisoned on average 8 months; 33% were substance abusers; and 48% became pregnant or their partner did” (p. 157). The study showed that in an average of 3.6 years out of foster care, the cost to the public for the problems among these 268 former foster youth had exceeded \$63 million in public assistance, prisons and jails, and lost wages.

At this point, Folman (2009) asserted that “providing a family setting ‘at any cost’ has proven detrimental to the lives of children in state care and has done so at an enormous cost to tax payers” (p. 157). She shared that many of the participants in the studies that had lived in group care felt that their placement in an orphanage had been their life saving experience. When asked, 92% of the respondents in the 1,000 youth surveyed stated that their placement preference was an orphanage while only 2% chose living in foster care. Among those who experienced kinship care, only 16% preferred living with relatives while 75% chose the orphanage. Folman’s closing statement reiterates the fact that politicians and policymakers “need to listen to the consumer, and we consumers of foster care, past and present, cry out: It is *how* children live that matters not *where* children live!” (Folman, 2009, p. 158).

Contrary to Folman’s experience in her orphanage during the mid- 20<sup>th</sup> century, foster youth consumers interviewed by Justeen Hyde and Nina Kammerer (2009) did not give such positive reports of their time in congregate care in the 21<sup>st</sup> century. These

authors conducted 20 in-depth interviews concerning placement moves and congregate care facilities with 16- to 19-year-old teens in state foster care. They sought their perspectives on the current state of out-of-home care, both “community-based care, commonly called foster home or foster family care, and congregate care, which includes institutional, shelter, residential and a variety of group home placements” (Hyde & Kammerer, 2009, p. 266). The groups’ assessment of each type was dismal with congregate care as the worse.

The majority of the youth in Hyde and Kammerer’s (2009) study had spent “some or all of their teenage years in congregate care settings” (p. 265). Thus, these youth spent much or all of their adolescence in a living situation structured to be temporary. Such settings do not incorporate the programs needed to enable positive developmental outcomes. Some youth felt that they ended up in congregate settings because foster families did not know how to handle them. A 19-year-old female stated, “From what I hear, teenagers are a lot harder to work with,” which she attributed to the fact that younger children “don’t have a strong grasp of what they might be going through” and are easier for foster families to “keep happy” (Hyde & Kammerer, 2009, p. 270).

However, Hyde and Kammerer’s (2009) interviewees also agreed that their caregivers in group homes did not know how to handle them either. Two males referred to congregate care as “like jail” and “worse than jail” (p. 270). Interviewees also noted that it was better to be in a treatment group home where there were trained clinicians rather than in a general group home with untrained staff. The teens related their perceptions of these settings as being unsafe and chaotic to the fact that caregivers in group facilities were untrained. Another part of the problem was that youth often entered group care with

behavioral issues that they had brought with them. Policies also required that youth in residential treatment centers where they had been dealing with substance abuse and mental health issues be sent to a less restrictive group facility before being allowed to return home or back into foster home care. A 17-year-old male stated, “[Child welfare] does not put a lot of support behind [group homes] because if there was – there’s a lot of stuff that wouldn’t go on in group homes like abuse. That’s happening in ... foster families. But in residential and group homes, it happens a lot” (Hyde & Kammerer, 2009, p. 270).

Another problematic area was the inconsistencies the adolescents perceived in their care. There was a sense of being lied to by the system. They felt rules were not clearly stated or consistently upheld. This made it hard to keep the rules and stay out of trouble which kept them in group care longer. Most disturbing, particularly to status offenders, was being given a date for returning home and then having it moved repeatedly. As an 18-year-old female explained her predicament, “a few days turned into a week. A week turned into 3 months. 3 months turned into 7 months and in turn, until you are 18” (Hyde & Kammerer, 2009, p. 271).

All of these problems took a heavy emotional toll on the adolescents in the study. Hyde (2009) recalled being “struck during the first few interviews by the matter-of-fact tone participants maintained throughout the conversation...the absence of emotion and engagement in many adolescents’ voices” (p. 271). She related this to “the feeling many reported of having little or no control over their lives” (p. 271). Their multiple placement moves and time in congregate care settings also diminished their social network and their social skills. A 17-year-old male related how popular he was at his first and second high



schools. Then a long break between his second and third high schools made him feel socially disconnected when he entered his third high school. He stated, “As I moved, I just didn’t feel like making any more friends. Here I am just out of [my fourth high school] and I have two or three friends because I didn’t even care” (p. 271). Hyde and Kammerer (2009) attributed the feeling of not caring, which was common among the youth in the study, to “the complex and cumulative transitions in their lives and the feeling, common to many, that nobody cares about them” (p. 271).

While these youth painted a very different picture of their time in congregate care than Folman and other former foster youth in Brown and Sieta’s text, those in both studies shared the same complaint of the consistent disruption of their lives due to multiple placement moves. All agreed that the most basic need was minimizing placements. In assessing the results of their research, Hyde and Kammerer (2009) stated, “The only recommendation we can draw from these studies is to reduce placement moves” (p. 271). The youth in their study had experienced between two to 19 placement moves since being in state custody. The authors noted the need for policy changes to minimize placement changes and for measures to minimize instability despite placement changes. They also insisted that getting input from the youth living in out-of-home placements was a key part of correcting the problems.

Brown and Seita (2009) concurred with Hyde and Kammerer’s (2009) conclusion on decreasing placement moves to improve stability for minors in foster care. They also affirmed that multiple placements increased problems with trust and attachment for these youth which contributed to the high rate of mental health issues that foster youth experience. Every story in their text supported their conclusion that “the foster care

system ... provides neither safety nor stability” (Brown & Seita, 2009, p. 165) though these are the two of the system’s primary objectives which determine the third, child well-being (Salazar A. , et al., 2018). Brown and Sieta closed with a call to “recalculate what truly is ‘in the best interests of the child’ and develop model programs, policies and procedures that enhance the placement experiences and adult outcomes of young people who grow up in the care of strangers” (2009, p. 167).

### **THE CASE FOR RELATIONAL PERMANENCY**

In their article, “Balancing permanency and stability for youth in foster care,” Tonia Stott and Nora Gustavsson (2010) identified dimensions to permanency and stability beyond the legal relationship between a youth and a caregiver, which is the focus of government policies. The foster care youth in their study referred to relational permanency as including ties with siblings and extended family as well as friends and romantic relationships. These youth described physical permanency as stability in their “mezzo and macro systems” (Stott & Gustavsson, 2010, p. 619). These systems included their immediate neighborhoods made up of their schools, religious organizations, and community groups. They also expanded into their cultural realms where they understood the norms and expectations that helped them live their daily lives. Stott and Gustavsson stated that “disconnectedness can hinder youths’ abilities to form trusting relationships [and] their ability to develop the emotional and social competencies necessary to be successful in the abrupt transition to young adulthood from foster care” (p. 619).

Stott and Gustavsson (2010) concluded that the child welfare system limits a youth’s chances for stability with its short-sighted focus on legal permanency. In other words, government policies create unintended consequences and defeat the state’s own

goal of producing permanency and stability for youth in state custody. The authors contended that quality congregate care facilities have the possibility of allowing minors to experience a permanent placement in a community, which can then lead to relationships that these youth establish for themselves as they create their own stability. They claimed that agencies should include minors in out-of-home care in the process of their permanency planning. Child welfare professionals should also work with their youth to promote the establishment of permanent relationships with adults such as mentors, teachers, friends' parents and community group leaders. According to Stott and Gustavsson (2010), such relationships are "of paramount importance" (p. 623) in the welfare and positive development of these youth.

Kevin Campbell and Jill Borgeson (2016) also emphasize the need to focus on relationships. Campbell (2010) developed the Family Finding model with the goal of increasing a child's legal and emotional permanency (Vandimere & Malm, 2015). Emotional permanency is defined as "establishing a life-long connection with an adult who will unconditionally support and maintain healthy contact with the child, beyond the age of 18" (Vandimere & Malm, 2015, p. 4). Campbell and Borgeson presented a brief history of how child protections practices developed into a government focused care system. They called for change, moving back to family and tribe focus. Their family evaluations have found that 94% of youth in care in North America have family connections that could provide safe care for youth who need out-of-home placements. They stated, "relationship is the single most important factor in the capacity for healing and resilience and must be at the center of all human services casework" (Campbell & Borgeson, 2016, p. 3)

In their article, “Defining and achieving permanency among older youth in foster care,” Amy Salazar, et al., (2008) researched achieving permanency goals as defined by the adolescents themselves. Noting that legal permanency is much less likely to become a reality for older youth, the authors stated that “when providing their own definitions of permanency, participant responses in the current study were overwhelmingly reflective of relational permanency rather than legal permanency” (p. 13). Out of the 97 participants, ages 14-20 and all still in foster care, only one had a key permanency goal of a legal, physical placement. The other 96 focused their permanency goals on building meaningful relationships that will follow them past their time in foster care. They noted research that affirmed that having relationships with a supportive, caring adults is the most important factor common to resiliency in these youth. Those who attained this goal before exiting the system lessened their chances of experiencing mental health challenges when they aged out, which in turn increased their possibility of achieving positive developmental outcomes.

Toni Heinemen and Diane Ehrensaft support these conclusions. In their text, *Building a Home Within: Meeting the Emotional Needs of Children and Youth in Foster Care*, they stated, “The single most important factor in the lives of children and youth in foster care is a stable and lasting relationship with a caring adult” (2006, p. 11). Through her work with foster children, Heinemen found that the child welfare system did not serve this population as it promised. Sometimes it even brought more suffering to children than they experienced in their families of origin. This suffering often came through the repeated loss of relationships, an inherent trait of the foster care system due to multiple placements. These losses reinforced what foster children had learned to

expect from people: “Don’t count on others. They don’t stick around” (Heinemen & Ehrensaft, 2006, p. 7).

Christopher Bonovitz, a therapist with Heinemen, shared the story of his work with a young boy who had been removed from his home and his mother who suffered from bipolar disorder (Heinemen & Ehrensaft, 2006). Pedro’s mother became too traumatized to care for him after his father died in a car accident. From ages 3 to 5, Pedro lived with a foster parent who he remembered as being very harsh. He reunited with his mother until age 8, when he was removed again for neglect and placed in another foster home. Bonovitz began therapy with Pedro when he was 11 and still living with his second foster mother who, according to Bonovitz, had her own issues with untreated trauma. Tough love was her standard of operation and over time, her relationship with Pedro became volatile. Eventually she threw him out of her home. At this point, Pedro entered a group facility.

Bonovitz stated that, to his surprise, it was during the five months in this group environment that Pedro began to express and work through his feelings of anger and rejection. Pedro’s behavior changed for the worse when he was told he would once again be reuniting with his mother. After leaving the group home, he eventually stopped showing up for his meetings with Bonovitz. The story implicates that Pedro had a sense of security and stability in the group home that he had not found in other placements, including reunification. Sending him back to live with his mother did not appear to be in his best interest. According to Stott and Gustavsson, Salazar, et al, and Heinemen and Ehrensaft, quality group homes have the potential for improving the stability of adolescents in state foster care custody.

## **THE ROLE OF INDIVIDUAL CASE PLANNING**

In assessing how to improve the experiences and developmental outcomes of adolescents in state foster care custody, Bass, Shields, and Behmen (2004) stated the first prerogative to be “individualized permanency plans that address a youth’s unique needs” (p. 13). The authors pointed out that most policies and programs focus on young children. Older youth have needs that are different from young children but just as important to their development. They noted the difficulty of finding legal permanent placements and foster homes for older youth. This is partly due to a shortage of foster homes willing to accept teenagers. Another issue is the fact that youth who enter as older teens often do not want to be adopted or live in a foster home (Courtney M. E., 2009; Simmel, 2012). In their opinion, they have a family and do not want another one.

Youth who enter foster care as teens usually have stronger ties to their families of origin (Simmel, 2012). Mark Courtney (Courtney M. E., 2009; Courtney, et al., 2007; Courtney, Hook, & Lee, 2010) pointed out that the vast majority of young people who are emancipated from care entered the system in their teens, most commonly at fifteen or older. Continuing adolescents’ relationships with siblings and other relatives can be important to them in sustaining a sense of stability. Many adolescents in state foster care found more connection and sense of belonging through group care than in-home foster care (Anglin, 2011; Brown & Seita, 2009; Folman, 2009; Grossman, 1992). Individualized planning is a necessity to secure permanency and stability in a way that truly provides care that is in each child’s best interest.

The majority of children who enter foster care leave through reunification with their families but reentry rates are high. Approximately 25% will reenter foster care and

many will do so within one year (Child Welfare Information Gateway, 2011). For reunification to be successful, three essential components to care were found to be critical. Case planning characterized by “individualized needs assessments and clear, mutually established goals” must be consistent and ongoing (Child Welfare Information Gateway, 2011, p. 1). Families must be engaged early and throughout the process. Delivery of physical and behavioral health services, particularly home-based, must be available for as long as needed (Child Welfare Information Gateway, 2011).

For adolescents, even if these essential components for reunification do not result in returning home as minors, the skills will be useful in reconnecting with their family members after exiting care. The majority of emancipated youth eventually reunite with their families (Courtney, 2009). In the Midwest Study, consisting of 590 former foster youth who were 21 and 22 years of age, Courtney, et al. (2007), reported that almost every young adult had reconnected with his or her family of origin. One third or less lived with family but 94% stated that they were close to at least one family member. Being guided through the reunification process before exiting the system could help adolescents gain insights and skills for reconnecting in more healthy ways after aging out. To give youth these skills before they exit, the transition process must become a meaningful part of an adolescent’s individual case planning.

## **SUMMARY**

Congregate care has a history of mixed reviews. Many studies expose the problems that exist in these facilities but others reveal benefits. Society’s view has remained negative and much legislation has been passed seeking to eliminate congregate care, but the need for group homes in the foster care system continues today. This is

partly due to the shortage of foster homes. Another contributing factor is the fact that teens often have difficulties adjusting in foster homes and run away or are placed in group care that is not resourced for long-term care. Studies have confirmed that negative developmental outcomes for adolescents exiting foster care correlate with high rates of placement instability. This dissertation seeks to find ways to increase permanency and stability for older youth to improve their developmental outcomes by probing the experiences and insights of those who work with them in group homes. The following chapter describes the methodology and research design of this study.



## CHAPTER 3

### METHODOLOGY AND RESEARCH DESIGN:

#### SEEKING JUSTICE THROUGH CRITICAL QUALITATIVE INQUIRY

The intent of this study is to investigate how group homes could be improved to enable adolescents in state foster care custody to exit the system empowered with positive developmental outcomes so they can live successful lives in their communities. This chapter details the theory and methods used for this inquiry. The study was undertaken through a critical qualitative inquiry approach with a constructivist ontology and phenomenological epistemology. Data was collected in focus groups consisting of adult caregivers from foster care group homes in the state of Arizona. Thematic analysis was used to analyze the data.

#### **RESEARCHER POSITION**

In the 1960s, I attended church with youth from an orphanage in my home town. My mother took us to visit the orphanage on different occasions. A young man who lived there was my sister's boyfriend. I did not think of my friends in the orphanage as being any different from us other than they lived in one big place all together and we lived in smaller houses with our families. Their home was a lovely place to visit and at times sounded like more fun than mine. Granted, I was not an adult with any knowledge or insight into the struggles of this home or of being a child in the foster care system, but my friends there seemed as happy and well-adjusted in life as we were.

In 2007, I became involved in a group home for domestic minor sex trafficking (DMST) survivors. Having mentored females who had been sexually abused for 30 years, my mentoring expanded to include DMST survivors in the early 21<sup>st</sup> century. I met with

staff at this group home to discuss and advise them on programs and operations. Another volunteer and I worked with the clinical psychologist to create a mentoring program. I also helped another volunteer with an art expression program for the residents. A DMST victim that I had mentored since she was 12 years old moved into this group home when she was 16. She lived here for a year and a half before being moved into a foster home for a few months. When she aged out on her 18th birthday, she moved into my home.

After the first year of operation, the board hired a new CEO for the group home who knew non-profit work but was not informed in sexual abuse or foster care. Instead of problems being resolved, they grew. DCS was often on site investigating complaints. At this time, I stayed involved as a volunteer and a mentor. Eventually, the CEO offered me three different jobs at the home under the condition that I quit mentoring the girl I had mentored for 5 years. I was disillusioned by the fact that the CEO was so ill-informed concerning the purpose of mentoring. I continued to mentor my young friend, but dropped everything else I was doing there.

The contrast between this group home and my memories of the orphanage where my childhood friends lived was almost incomprehensible to me. These caregivers were not trained for their jobs. Some were no more mature emotionally than the girls in their care. Those that were good at their jobs worked under conditions that often prohibited them from doing all the good they could have done. Had I not had my childhood experience with congregate care, I would have accepted the idea that group homes were terrible and should not exist. Because of my earlier experience, however, my mind began to wonder what had changed in the past decades that brought about such a vast difference in these two situations.

Being a youth at the time of my first experience, I had to acknowledge that the group home I visited in the 1960s could have appeared good merely because of my childhood naiveté. I had to open my mind to the fact that there were problems and struggles that I did not see and that I would not have understood as a child. Concerning my second experience, it was no small fact that the girls in this group home suffered from additional behavioral and mental health issues caused by the trauma of their extensive sexual abuse. I was also aware of the negative developmental outcomes experienced by the majority of adolescents exiting the system today. I decided to begin my own investigation into past and modern day group homes, looking for what may have changed. I formed and refined my research question, which eventually became “How could improving the quality of care in group homes enable adolescents in state foster care custody to exit the system with positive developmental outcomes?”

### **THE SOCIAL JUSTICE ISSUE AND CRITICAL QUALITATIVE INQUIRY**

In his article, “Critical Qualitative Inquiry,” Norman Denzin (2017) presented the role of critical qualitative research in the pursuit of social justice. Denzin opened his text with a call for research “that matters in the lives of those who daily experience social injustice” (p. 8). He claimed that critical qualitative researchers were not only to “*interpret* the world” but to “*change*” it by focusing “on research that makes a difference in the lives of socially oppressed persons” (p. 9). To do so, Denzin recommended that researchers created an agenda that was ethically responsible. His key principle, upon which he found all those in critical qualitative research united, rests on “the avowed humanistic and social justice commitment to study the social world from the perspective of the interacting individual” (Denzin, 2017, p. 10).

Denzin posed five ways for qualitative research to contribute to social justice issues:

First, it can help identify different definitions of a problem [and] some agreement that change is required...Second, the assumptions...held by various interested parties...can be located and shown to be correct, or incorrect. Third, strategic points of intervention into social situations can be identified [and] services of an agency and a program can be improved and evaluated. Fourth, it is possible to suggest “alternative moral points of view from which the problem,” policy and the program can be interpreted and assessed (Becker, 1967, pp. 23-24). Fifth, the limits of statistics and statistical evaluations can be exposed...Its emphasis on the uniqueness of each life holds up the individual case as the measure of the effectiveness of all applied programs (2017, p. 12).

Justice Studies is my program of study. In my research, I focused on responding to these five statements in regard to improving the care of adolescents in group homes to enable them to improve their developmental outcomes. The social injustices committed against this population have been expressed earlier in this dissertation in lawsuits filed by Children’s Rights, Inc., and in previous research. Though adolescents in state foster care custody are socially disadvantaged and oppressed persons, they show great resilience and agency and are eager to use their powerful voices to determine their own futures. However, obtaining access to these youth for research is extremely difficult and for good reason. Because of this issue, I chose to collect data through focus groups of direct caregivers who live and work with them daily in group homes. Later in this chapter, I provide the details of these focus groups.

Though my primary focus is the lived experiences of older youth in group homes, the issue of the low-wage workers status of their direct caregivers plays a role in the quality of their care. To address the social justice issues of these adolescents, the same must be addressed for their caregivers as another socially oppressed population. As numerous authors have noted, direct caregivers have the most impact on the everyday lives of youth living in group homes (Anglin, 2011; Harris, 2009; James, 2011; Trotzkey, 1974). In the corporate hierarchy, however, these employees hold the lowest position in the foster care system. They are the least educated and lowest paid staff. They do hard work for long hours. They are expected to perform beyond their level of education, most often without the appropriate training for the skill set needed to safely and proficiently perform their jobs. Their lack of training negatively impacts the quality of their care, thus negatively impacting the lives of the youth in their care. The social situations of these caregivers will also be addressed on a smaller scale in this study.

## **METHODOLOGICAL ORIENTATIONS**

In my quest to make a difference in the lives of youth aging out of foster care, I chose critical qualitative inquiry as my methodology for this study based on constructivist ontology. The validity of qualitative versus quantitative research has long been debated and researched itself. It is not the purpose of this study to revisit that debate. However, some points of what makes the qualitative approach academically important are worth reviewing in relation to this study beginning with the scientific nature of qualitative research. In addressing the philosophical differences between the physical sciences and social sciences, Alexander George and Andrew Bennett (2005) presented the key difference as the fact that “human agents are *reflective* – that is, they contemplate,

anticipate, and can work to change their social and material environments and they have long-term intentions as well as immediate desires or wants” (p. 129). The aspect of social agency is foundational to the constructivist ontology of my research. Constructivist ontology fully incorporates structuralist ontologies by acknowledging social and material structures along with the intended and unintended consequences derived through social interaction (Dessler, 1989). George and Bennet claimed that extended periods of progressive theorizing are as possible in the social sciences as in the physical sciences. They expressed the scientific realist view that “social facts exist independently of the observer and can be the subject of defensible causal inferences” (p. 131).

Darin Weinberg (2002) explained the work of science as “trying to grasp the true nature of our surroundings and ourselves” (p. 3). He further noted that qualitative research rests on “two fundamental presuppositions: (1) that grasping the true nature of our surroundings and ourselves does in fact require work (we must accept that we are all sometimes prone to misunderstanding), and (2) that through due diligence we may overcome our false consciousness and begin to see the world as it really is” (Weinberg, 2002, p. 3). Weinberg stated that when studying human subjects rather than inanimate objects, their behaviors were not ruled by uniform laws of nature, but rather by their interaction with and understanding of the world in which they live. The researcher must approach her work with an appreciation for the fact that subjects bring of their own interpretations of their circumstances. Thus, while the subjects’ accounts are subjective, the work of the researcher is objective. Kathy Charmez (1995) explained this approach, stating, “We start with the experiencing person and try to share his or her subjective view. Our task is objective in the sense that we try to describe it with depth and detail. In

doing so, we try to represent the person's view fairly and to portray it as consistent with his or her meanings" (p. 54).

In keeping with Charmez's statement, this study's epistemological approach is phenomenology, which is closely linked to constructivism. The worldview of a phenomenologist holds the conviction that "all perceptions and constructions are ultimately grounded in a particular perspective in time and space" (Simon & Goes, 2011). I have chosen transcendental phenomenology for this research. Moustakas, a developer of this design, instructed researchers to set aside their preconceived ideas and personal judgments and take "no position whatsoever ... nothing is determined in advance" (1994, p. 84). This is known as the *epoché* process, a Greek word which means to refrain from judgment (Moerer-Urdahl & Creswell, 2004, p. 6). The researcher begins her search for knowledge in this way to enable herself to focus on the phenomenon from the experiences of the participants. I will further address Denzin's proposals and Weinberg's presuppositions in relation to my research in my conclusion.

### **STUDY CONTEXT: CHILD WELFARE SYSTEM IN ARIZONA**

The context of this study is the state of Arizona because this is where my experience with the child welfare system took place. The state was served a civil rights class action lawsuit by Children's Rights, Inc., and the Arizona Center for Law in the Public Interest in February, 2015. Though the defendants were two child welfare administrators, the majority of the allegations correlated to the job description of the case managers. Many issues were the result of a lack of stability and permanency for youth in state foster care custody. The lawsuit asserted four major issues in structure and operations:

A severe shortage in and inaccessibility of physical, mental and behavioral health services available to children in state care. A widespread failure to conduct timely investigations of reports that children have been maltreated while in state foster care custody. A severe and sustained shortage of family foster homes.

A widespread failure to engage in basic child welfare practices aimed at maintaining family relationships, such as placing siblings together, placing children with their biological parents on a trial reunification basis, coordinating visits between children in state foster care and their biological families, and having caseworkers make regular visits with the children's biological parents to monitor progress toward family reunification. (Arizona Center for Law in the Public Interest, 2015, p. 4)

The issues of permanency and placements were highly critiqued in the lawsuit. The lawsuit presented the case histories of ten children in state foster care custody. The litigation stated that the plaintiffs represent the "general class of children who are or will be placed in such custody" (Arizona Center for Law in the Public Interest, 2015, p. 2). Each plaintiff's story was riddled with multiple placements. Multiple placements prevent stability in a youth's social connections, educational development, and behavioral health therapy. Youth were placed in congregate care facilities intended to be short-term but which ended up long-term. The grievance noted that the primary problem was a lack of adoptive families, foster homes and placements appropriate to meet the needs of the individual children. These problems still persist today. As of June 30, 2020, Arizona had 14,151 minors in state foster care custody with only 3,730 licensed foster homes (DCS, 2021).



## **DATA COLLECTION APPROACH**

My mode of gathering information was focus groups. In their text, *Focus Groups: From Structured Interviews to Collective Conversations*, George Kamberelis and Greg Dimitriadis (2013) noted that the central concern in social science research was “communicating ideas to others” (p. 37). They found that particular types of knowledge could be gained in the group experience that would not be generated with other strategies. They also noted that focus groups themselves aided in exploring the power of discourse. Group interaction produces memory synergy, as one member responds to another’s comments. They suggested that in planning a study the researcher should consider the same questions that performing artists consider, such as who the audience is, what the intent is, and what the intended and non-intended effects will be.

Focus groups are useful in qualitative inquiry based on constructivist ontology and phenomenological epistemology. They support the fact that the world is socially construed through human interactions and demonstrate how facts and values are interrelated. For these reasons, I chose focus groups over other data collection options. General observation can be useful but it is not strategically organized. I strategically organized the questions I used in my focus groups to answer my research question. One-on-one interviews can be strategically organized but individualized interviews are limited for my efforts to gain a larger social perspective on life in group homes. Focus groups best fit my inquiry of living in a group situation by providing a greater breadth of knowledge in a group setting through collective conversation.

## **ETHICAL ISSUES**

Confidentiality and the fear that someone's privacy will be violated are the most common ethical issues with focus groups. This is seen as problematic in focus group research because anonymity cannot be guaranteed in a group context. Some assume this will cause participants to hold back information fearing a threat to their job if confidentiality is breached. Kamberelis and Dimitriadis (2013) addressed anonymity in their final chapter on contemporary problems and opportunities for focus group research. Before addressing this issue directly, however, the authors presented a discussion on research ethics.

Kamberelis and Dimitriadis (2013) contended that traditional research ethics, rooted in the 17<sup>th</sup> century Enlightenment movement, were outdated. Rather than work from guidelines that privilege individual autonomy, value neutrality, and utilitarian means-ends calculations, they advocated Cliff Christians' argument against "the assumption of the autonomous self" (p. 90). Christians (2011) proposed a form of ethics which asserted that "human identity is constituted through the social realm, and human bonding is the epicenter of social formation" (p. 70). Kamberelis and Dimitriadis (2013) further noted that Bakhtin also found Enlightenment ethics insufficient for embracing constructivist anthropology, where social life and social justice are dependent upon "chains of caring and ethical answerability" (p. 91). Bakhtin (1996) argued that "individuals develop within unique histories that are ethically motivated" (p.35) and insisted that the formation of the self was dependent upon the "the absolute need for the other, for other's seeing, remembering, gathering, and unifying self-activity" (p. 36). Thus, reason is only a part of answerability and rationality is based on being

“morally and ethically answerable to oneself and to others” (Kamberelis & Dimitriadis, 2013, p. 92).

Based on these ontological and epistemological views, Kamberelis and Dimitriadis (2013) found a need to rethink the constructs of “public” and “private” (p. 92) in relation to focus groups. As researchers, they recognized the traditional political split between public spaces and private spaces. However, they reiterated that focus groups, as they defined them, are public spheres that invite the personal rather than rejecting it, and allow for the personal to become political. In such a space, ethical questions become centered on the group rather than the individual and risk taking becomes group oriented rather than individualistic. The questions asked become “At what level is participation a personal decision or a collective one or both?” and “How might we think about justice not so much in terms of the rights and freedoms of individuals but as social justice or the rights and freedoms of collectives?” (p. 93).

From this perspective, Kamberelis and Dimitriadis (2013) addressed fears concerning focus groups. Regarding anonymity, they noted that this concern was usually one of the lesser issues among participants. They recalled the numerous times individuals wanted their identities shared publically. This could be for various individual reasons – social capital, status, or prestige. Group discussions produced new insights for all involved. The authors found that focus group work made connections visible between constitutive structures and forces. The revelation of these new connections built solidarity among those who had discovered them together. Thus, focus groups had the potential to become “transformative democratic spaces” (p.56) and could promote political synergy.

The authors viewed this potential not as a problem but rather a win for researchers seeking to further social justice in the lives of those in their focus groups.

Based on the ethical stance of Kamberelis and Dimitriadis (2013), I viewed the advantages of focus group interaction as outweighing the risks in this particular study. The insights discovered through group conversations were less likely to occur in one-on-one interviews. A more complete understanding of their own situations was gained as they responded to each other's input. Also, because the phenomenon being studied was a group scenario, the approach of using a group rather than individuals for gathering data offered nuances that broadened the understanding of the phenomenon, particularly in how the caregivers worked together. This interaction contributed to deeper understandings of not only my research question, but the context of how the groups in these homes functioned. Lastly, collective action would be a positive end result to these sessions. The highest goal of critical qualitative inquiry is to bring about positive change in a situation where it is needed.

## **DATA COLLECTION PARTICIPANTS**

I chose direct caregivers as participants for this study for two primary reasons. First, they spend more time with the youth than anyone else in the hierarchy of staff. Direct caregivers live and work daily with the adolescents residing in group homes. They deal most directly and consistently with the adolescents' physical and emotional needs. They have the proximity and availability to be the most stable adults in the lives of these youth. Adolescents in group homes have identified caregivers as the most important people in the foster care system to them (Harris, 2009). They confide in their caregivers and trust them above all other adults in the system.

My second reason for choosing direct caregivers is that their voices are underrepresented in research on youth in foster care. Information from direct caregivers has appeared incidentally in some studies, but researchers have not intentionally sought their perspectives. Direct caregivers are more knowledgeable than other child welfare workers concerning the challenges these youth face daily in their lives. These childcare professionals potentially hold the most influential role in the well-being of youth in congregate care. It is imperative to hear from them concerning what group homes need to better serve this population. This study contributes to filling this research gap by reporting their insights and perspectives gained from their lived experiences.

My decision to meet with direct caregivers was also influenced by the difficulty of gaining access to youth in group homes for focus groups. Though all of these youth are in the care of the state, some parents' rights have been terminated and some have not. The process of gaining permission to participate in research from both groups was complicated. Direct caregivers only needed to sign a consent form to become participants. Their proximity to the youth made them a primary source on the lives of those living in group homes. As direct caregivers shared information, they shared not only their perspectives and experiences but also those of the youth in their care.

When I began recruiting direct caregivers, I found the process to be slower and more difficult than I had anticipated. My initial expectation was revealed in my opening comment to my second focus group where I stated my hopes for input from 50 direct caregivers. I did not reach this goal. I found that the first barrier I had to overcome was establishing trust. The predominant sentiment toward group homes today is negative. Owners and workers expect this sentiment to be shared by anyone asking them for

information. I had to communicate my intent of producing research to better inform policy makers and the public on the positive aspects of living in their group homes. I also expressed that I wanted their input on how the system could be improved to help them better the lives of the youth in their care. Even after they gained this understanding, I had to wait for owners and workers to respond who were willing to invest the time and effort into forming a focus group. Over the course of three years, I received the help of three owners and one direct caregiver. Their help created my four focus groups.

### **DATA COLLECTION DESIGN**

To collect my data, I formed focus groups of direct caregivers that work or have worked with adolescents in group homes. To find these individuals, I connected with personal contacts that were currently working or had worked in these homes. Those who were willing agreed to help me organize a group. Each group consisted of five to seven participants. I provided those helping me with a flyer that they could give to their contacts. The flyer explained basic information about the group and promised a \$30 Target gift card to every participant. They could also earn additional \$10 gift cards for any participants they recruited up to three participants (See Appendix D).

I held four focus groups. The groups lasted approximately one and one-half hours. Food was provided and served as the participants arrived. The recorded discussions began within 15 to 30 minutes of serving food and lasted for approximately one hour. Each group was recorded and later transcribed. No names or personal identifiers were used. All group members signed consent forms. Confidentiality was explained on this form and I also reemphasized and requested their commitment to this in person as I began each group (See Appendix E).

After signing the consent form, each participant answered a demographic survey (See Appendix F). A total of 22 direct caregivers participated in the focus groups, some of which were also owners of their group homes. The majority (89.9%) of the participants were female. The racial diversity was close to equal with 35% Latina, 33% African American and 32% White. The ages ranged from lower 20's to 60 years old, with the youngest being 21 and the oldest 60. The spread over the decades was close to equal with the exception that only one participant was 60. Slightly over half had been in the field for five years or less. About 25% had been direct caregivers for between seven and 17 years. The others had been working in group homes for 17.5 years or more. All participants had a high school degree. More than 70% had attended or were attending college and four had completed their college degrees.

The majority of these direct caregivers worked 32 to 40 hours a week. Less than 20% were part time at 20 hours. Owners noted working up to 60 hours a week or more. The most common number of youth that each had in their care was eight, with four being the least and twenty being the most for those who worked in more than one home. Their residents were predominantly between 13 and 18 years old. Most of these adolescents had siblings that were also in the system. The majority had transferred into their group homes from failed foster home placements. The average stay for a youth in their group homes was a year to a year and a half. The shortest reported was four months. The longest was four years for a youth who requested to stay throughout the Independent Living Program.

After I collected the demographic surveys, I began to discuss my interview questions (See Appendix G). My questions stemmed from the knowledge I gained doing research for my introduction and my literature review as well as my personal experience

with this population. I opened the group with questions concerning their knowledge of the adolescents who lived in the group homes where they worked – what brought a minor to a group home, how long did it take a youth to acclimate in the home, and what did they do to develop relationships with their residents. Next, they were given the opportunity to note what they consider to be working well in their specific group homes and in the foster care system in general. Lastly we discussed what they thought could be improved and their suggestions for making these changes.

I led with my questions but the organic discussion among the participants often took a path of its own. In some groups, we were not able to discuss every question I had prepared due to time spent on these unplanned topics. These discussions sometimes stemmed from issues I did not know were issues and so would not have known to question. I gathered much valuable information from these diversions. This reinforced my conviction that we needed to learn from those who lived what I was researching, not those who theorized about it.

## **DATA COLLECTION SITES**

The participants represented different types of group homes. I obtained this information on most of the participants from comments they made in the focus group discussions. Some had held other jobs in the child welfare system and had visited numerous group homes. A few had worked in a specialized group home for girls who had been sex trafficked. One had worked in a prison as well as group homes. Those who were not new to the field had experienced various group home settings and management styles, noting that some were good and others were not. At the time of the focus groups, most were working in family-style group homes in single residence houses. The typical



arrangement among my participants was six to ten adolescents living in the home with one direct caregiver always in residence who rotated with two others in a three shift day. My reference to “group homes” in this chapter and those that follow refers to this scenario. Other group homes will be designated by their specific types.

I held the first focus group in a conference room in the library on the campus of ASU West. A direct caregiver from the group home where I had volunteered organized this group. There were five participants, three direct caregivers and two owners. The other focus groups took place in group homes. These groups were organized by owners I met at an Arizona Group Homes Coalition meeting where I had been invited to share my research. In the second focus group, all five participants worked together in three group homes owned by one of the participants. The third consisted of five owners who met at the group home of the owner who had invited them. The seven participants in the last focus group worked together as caregivers in two homes owned by the same person but the owner was not in the group. I served breakfast or lunch at each group. The participants actively engaged in the discussion in every focus group. I was encouraged by the synergy among the participants that expanded as the conversation developed. They were eager to share their experiences and perspectives and glad to be among others who shared their passion for the work they did.

## **DATA ANALYSIS**

To analyze my data, I used Virginia Braun and Victoria Clarke’s (2006) structure for thematic analysis from their article, “Using Thematic Analysis in Psychology.” Braun and Clarke noted that thematic analysis was common to all qualitative research methods and argued that it should be recognized as a method in itself. To add clarity and ease in

evaluating and/or comparing studies, they proposed a vocabulary and a structure for thematic analysis. I found their suggestions helpful in working with my data. I also appreciated their emphasis on the researcher's active engagement with the data. The authors rejected the passivity of such terms as "emerging evidence" and "discovery of themes" (p.80) and encouraged researchers to explicitly note their active role in identifying and selecting the themes that they chose to focus on in their report.

Braun and Clarke (2006) expressed the importance of addressing a number of questions concerning the research project before beginning the analysis. These questions related to setting a foundational structure, such as establishing the study's epistemological and ontological views and evaluating prevalence in determining a theme. They then presented a six-phase process for working through the data. I followed this process and found it helpful to keep me on track and not get ahead of myself in generating codes and defining and naming themes. Working through the steps of their process allowed me to move forward with the confidence that I had done the work necessary to establish the foundation I needed to build the next part of my data analysis.

I analyzed my data by hand, reading the transcripts of the focus group discussions, color coding topics with colored pencils and identifying themes. A second coder aided me in my work to validate my analysis. Her work was extremely valuable. She had been a fellow student in my PhD program and had graduated the previous year. Because we were in the same program, she knew the expectations for my work. She chose to read the transcripts before looking at the coding I had done. When she completed her coding, we met to discuss the topics each of us had identified and left with each other's work to compare how our choices matched. She made a chart taking my list

of codes and placing her codes where she thought they fit with mine. Her work and input were exceptionally beneficial in helping me identify my themes and confidently move ahead with my analysis.

From here, I organized the codes into potential themes. I assessed what was confirmed and what was conflicted. I created a thematic map for each focus group and began the search for an overarching theme or concept that linked the themes together to answer my research question. Then I reviewed the themes to determine if they had “internal homogeneity and external heterogeneity,” basically were they cohesive within themselves and clearly detached from one another (Braun & Clarke, 2006, p. 93). Once this was determined, I named the themes and wrote a clear definition and detailed analysis of each. I did this by limiting myself to a two or three sentence description of each theme’s scope and content. This progression helped reveal the “story” of each theme and simplified the process of creating the broader, overall story told by my data set. At this point, I was ready to produce my report on my research and present the answer to my research question as it had evolved from my data set. In the following chapter, I present my data analysis.

## CHAPTER 4

### DATA ANALYSIS: DIRECT CAREGIVERS

#### ON ADOLESCENTS IN GROUP HOMES

In this chapter, I present the analysis of the data I collected in the focus groups with direct caregivers who live and work daily with adolescents in group homes. This chapter consists of four sections: 1) Reasons Youth Enter Group Homes, 2) Problems in the System, 3) Direct Caregiver Characteristics and Motivations, and 4) Direct Caregivers' Recommendations for Changes. Each section contains themes and subthemes which I identified from the data as important in answering my research question. All information presented in this chapter is supported by statements from the direct caregivers who participated in the focus groups. The stated experiences and perspectives are those of the caregivers directly and of the youth indirectly from their discussions with their caregivers.

#### **REASONS YOUTH ENTER GROUP HOMES**

This section discusses reasons why adolescents receive placements in group homes. The most prevalent reason given by the participants was disruptive behaviors. They attributed these behaviors in part to issues older youth faced in the system and lack of training for their caregivers. These disruptions took place in previous placements within the system. Because the youth transferred from these other placements, this section compares findings concerning foster homes, kinship homes and group homes.

#### ***Disruptive Behaviors***

The first question I asked in my focus groups was “What causes a youth to be placed in a group home?” The prevalent response in every group was disruptive

behaviors. Each group used some general statements, such as “out of control” and “behavioral issues” and “behavioral challenges.” “What placed her in a group home was the behavior.” “I think many kids are in group homes because of behavioral challenges.” “Definitely behavior issues.”

Some comments were more specific about these behaviors: “aggression;” “verbal altercation or argument;” “challenges with authority;” “sexually promiscuous;” “transgender” (sexual identities). The participants also named situations that brought these youth to group homes which corresponded with disruptive behaviors, such as “jail” and “AWOL.” They noted that specific abuses or behaviors placed youth in specialty group homes, one being a group home for girls who had been sex trafficked and another being residential treatment centers (RTC) for youth with substance abuse issues. All of the behaviors discussed related to older youth.

### ***Older Youth Issues***

Of the numerous explanations caregivers gave concerning why older youth disrupted, each group attributed most of the behaviors to prolonged years of abuse and/or neglect along with extended time in the system. One participant summed it up as “High need, high crisis, high behaviors.” Many started their statements with phrases like “as they get older” or “when they get that crucial age, that preteen” or “at a certain age, you know,” emphasizing that the needs and behaviors of adolescents differed greatly from those of younger children in foster care. A caregiver shared a conversation she had with a 13-year-old in her group home about behavior that could get the teen involved with the justice system. She tried to stress the severity of this behavior to the girl, saying, “This is some real adult stuff.”

The participants talked about the pain adolescents carried with them into each of their living situations. A common observation in every group was expressed by one caregiver who said, “They feel like no one cares about them, no one is responsible.” Caregivers noted that this feeling of rejection came from being stuck in a cycle of rejection. The first rejection was from their family but for older youth in the system, it rarely stopped there. “A lot of our girls have been in different placements and have disrupted from foster homes or other group homes and they end up with us.” “They’ve been bounced around from group home to group home or removed from a foster family because of behavior challenges.” This cycle can follow teens throughout their years in the system. “This kid now has nobody and they’re about to be shuffled into the adult system. And they are lost.” I was touched by how deeply most caregivers felt for these adolescents who were much more aware of their circumstances than younger children and who often felt deep rejection and hopelessness after multiple placements over numerous years.

The caregivers recognized that though these youth brought disruptive behaviors into their placements, they also brought their own set of survival skills. A participant noted, “The kids are great at discerning. They’ll sit back and observe the interactions of staff with other kids.” Another stated, “The kids are smart and insightful. They’ll sit back and observe. They have a great sense of discernment.” One caregiver commented, “They’ve been in the system a very long time so it becomes a way of life. They adapt and create these coping mechanisms that follow wherever they go.” Another observed that “the kids get more and more intelligent” about their situation throughout their time in the system. One owner shared an experience he had with a teen, stating that she had

“extensive experience with DCS and the system... The first time we had an incident at the house, [she] knew the system so well that she coached my wife through the process. She was like, ‘This is what you have to do. You call the hotline.’ I mean, she really understood the protocol.” The caregivers knew these skills differed from the life skills the system planned to teach them, but the youth wanted to be respected for the strengths and character they had developed. These caregivers sought to give them that respect.

### ***Disrupted Placements***

Disruptive behaviors result in disrupted placements. All participants noted that most adolescents entered group homes from other places in the system. Most transfers into their homes came from foster family homes or other group homes. Other disrupted placements they mentioned were kinship care, failed reunifications and failed adoptions. Owners shared that case managers or placement supervisors called their group homes when the system lacked other options. They also received calls from police and probation officers. Very few had youth who entered their group homes directly from their families or from a higher level of care like an RTC.

Most surprising to me were the calls owners received from youth themselves wanting to come live in their group homes. They were contacted by youth in different situations. A group home owner in Phoenix heard from a girl in Tucson. “One called me before she went to jail, and then the head director of the juvenile probation in Tucson called and said, “Hey, can you take her?” Some owners got calls from youth in other system placements. “The kids themselves calling to come into the group home from another group home.” Another owner shared, “I had two successful transitions to foster families and one showed up at our porch almost two years later and I was like, ‘Hey,

what are you doing?’ and she was like, ‘I’ve been back on the run for over a year.’ So I said, ‘What happened with your foster family?’... She was just saying that it didn’t work out for her, and that she didn’t want to go back to a foster home... that she wanted to be in a group home til she reached her time to age out.”

### ***Foster Home and Kinship Care Disadvantages***

Foster homes are ranked by the child welfare system as the best temporary living situation for a youth in state foster care custody when reunification is not an option and before adoption is a reality. If this temporary placement can be in the home of a relative it is considered the best placement option for stability until permanency is found. This assumption is based on the ideology of the system that a traditional family home environment is best for every child and is what they desire. Placement policies rest on this assumption. When reunification is not an option, case managers are instructed to find a foster home or kinship placement for every youth until permanency can be established.

**Wrong Assumptions.** According to the focus group participants, this assumption about being in a traditional family home does not hold true for all adolescents that come to their group homes. One caregiver stated, “There’s this assumption every child, even in the teen population, wants to be in a foster situation. But that’s just not the case. Matter of fact, my experience, a significant percentage of them prefer to be in the group home.” Another participant, referring to teens in her group home, stated, “They did not want to be in a foster family. They’d already experienced a foster family.” This sentiment was noted in every focus group. One commented that some of the same complaints given about group homes were true about foster homes. “Kids get molested in foster homes, too.”



The caregivers stated that youth often felt the same about some kinship care situations. An owner shared one girl's story. "We just had one in there, her aunt went through the whole home study and was ready, ready to take her in, and she was like, "I don't want to go." So, I think she self-sabotaged and did the drugs, and brought drugs in because she thought that was going to prolong [leaving]. She was like, "I don't want to go. This is what I know. This is my structure. I don't wanna' move to that, because if something happens, then what happens to me?" This owner went on to give her perspective on the issue. "Once you get past a certain age, I don't know if it's good or if [older youth] should be forced into foster. Or even kinship because sometimes kinship doesn't have a relationship with the kid anyway."

**No Normalcy for Teens.** Many adolescents told their caregivers that they felt uncomfortable in the foster home environment. "I know it's kind of believed that foster care is the best placement, but a lot of times with teenagers, they don't want that level of intimacy with placement. They don't want another family. They're more comfortable in a group home setting." "Often times they struggle trying [to be] in a foster family, saying "This is my home, my family." "There are rules and restrictions they're typically not ready for. They haven't been conditioned for that type of environment and it brings a lot of stress associated with it." They noted that kinship homes can bring the same stress. "I would say we are a no judgment center... We care about them being their true selves. In some kinship homes, that may not be the case."

Another issue expressed to their caregivers was that in foster families, teens from the system knew they were not like the natural born kids who were family and that they would not be treated like them. "In a foster home you have their kids and you and it's not

equal.” “In a foster family, the kid doesn’t feel normal... they feel different. And a lot of times, in foster care, they are treated different.” The caregivers shared that in a group home, the youth in care felt normal and understood by the other youth who could identify with their backgrounds and situations. One participant expressed it this way: “One thing that is special about congregate care is that in a foster family, the kid doesn’t feel normal. They are normal here, so congregate care is the most reasonable environment that doesn’t make them feel uncomfortable. I’ll tell kids, ‘Everybody in here is suffering from something. I need you to know that.’ I’ll spend some time with everybody, because they all have their situations. And again, that’s normalcy for them. That’s their reality.”

**Foster Family Issues.** The caregivers also noted that there were issues on the family side as well. One participant stated, “[Fostering] can sometimes be a strain on a family. So, I was a foster parent before I got into the group home aspect and I had a couple disruptions I remember in terms of them running away.” An owner shared, “I took a girl out of the group home and into foster care and my kids are still traumatized by it... They weren’t used to someone screaming at me like that or a 16-year-old throwing her body across the floor and not getting up... It costs your family.” Another caregiver discussed how certain types of abuse can bring unwanted behaviors into a home. “I don’t know what it is but over twelve some of those girls are about to become sexually promiscuous because of their [sexual] abuse and maybe some people don’t want to bring that into their own home because of their family, their spouse.” Another added, “They don’t want that behavior around their house, around their children.”

**Systemic Foster Home Issues.** Every group noted that some of the foster home issues were systemic problems. Numerous participants spoke of hurried placements and a

lack of training for the families. “We were just talking about the ratio of youth who are just shoved into foster care... [The families] don’t have a clue about their behaviors.” “[The case managers] are not being honest about their behaviors.” “They’ll rush them into a foster home [where] no one understands their behaviors.” “The families have no idea. They’re not trained.” “There are a lot of foster homes submitting discharge requests because the behaviors are too much for them to bear. Sexualized behavior, aggression, you name it. They are not equipped to deal with that.” “[The foster home discharge] is worse because you just got traumatized again. There’s one more person, besides your own mother, who, when you show up for court, they don’t want you.” “I have a few family members that have taken kids just to save them. But do you have the training, patience, and understanding of that trauma?”

Caregivers also noted that to get teens out of group homes and into foster homes the case managers often presented a much better scenario than the youth actually experienced. “One of my kids was in a foster home and she wrote a paper about how she preferred being in a group home versus foster because of the autonomy that she had [in the group home]. In addition, she felt that there were more supports in a group home compared to a foster home. The outings. Just the environment. Unfortunately, a pretty picture was painted for her which led her to choose to leave the group home and now she is struggling and doesn’t have the supports. Everyone that was on her team before is no longer on her team now. She’s struggling with med management, with transportation. She maintains contact with us. We are her family. She still asks us to do her hair. For the holidays she stays with me for weeks. She doesn’t have support. And she says, quote, ‘Had I know it was gonna’ be like this, I would’ve stayed at the group home to age out.’”

### *Group Home Disadvantages*

All participants agreed that not every group home provided a good environment for youth in foster care. One caregiver noted, “Just like there are bad foster families out there, there are some bad group home owners.” Another participant shared that she thought inspectors should do a better job of reporting the bad ones. “I think the inspectors can have a lot more control than what they have... I believe if the inspectors would come down a little hard...but I don’t think that gonna’ happen because again, going back to the money. It’s all about the money. That’s where the root of it is.” Another responded that bad owners paid off inspectors. “They slip a little envelope to them too to make them look the other way.” Good owners and caregivers wanted the system to hold bad group homes accountable for their issues and make them improve or close.

**Mentality of the State.** The participants were frustrated that this mentality extended to all group homes. “There’s a mentality that anything is better than a group home... They’re still seeing group homes like, remember Orphan Annie? That’s the mentality.” One participant noted an assumption that all owners were in it for the money. “Coming from California and working in the same industry, it’s very different. The culture here, they think [group home owners] make all this money. I never thought that. I saw kids tearing up the wall and just knew the cost. But we were taught there that we had to respect them and refer to them. If they sent me an incident report, I paid attention. I came out here and I’m shocked. I’m like, ‘What happened?’”

The owners and caregivers suggested that more social workers should visit and see the reality of a good group home. “I’ve met many mentors, social workers, foster parents or siblings who have stepped into this environment and said, ‘This is a group

home?’ They say it changed their perception of a group home because there’s this whole initiative that makes us to be horrible... and it’s unfortunate. It’s why we’re not respected and why group homes are looked at in a way that’s not realistic, and something that’s not good for the kid.” “I wish people would hear the real, real truth of what goes on in a group home.”

Every focus group shared their frustrations with their treatment from the state due to this mentality. One owner complained, “When I came, the state was screaming they needed help. We raised our hand and said, ‘I’ll help. We’ll help.’ And great, they bring us in ...and no longer do they feel grateful... I thought I was helping. I thought we were on the same side. The state asked for help. I signed up. And now they treat me like I am not helpful.” Another owner stated, “We work with difficult kids. It’s one thing to get beat up by the kids, but then to also get beat up by the department?” Some participants noted that the system spread this mentality. One owner shared a conversation she had with a foster family. “When they were going through the licensing processing, part of that initiative was to market group homes as not being safe, caring family-oriented environments.” All participants resented the pressure they were under to perform and meet constantly changing demands by the state with little or no reward or appreciation. An owner said, “Sometimes I do have those days I don’t want to keep doing this. It’s not the kids. It’s the rules and the regulations that I’m just like so done with. You get tired of fighting.”

**Staff Turnover.** On an organizational level, the greatest problem faced by owners in every group was finding and keeping quality staff. “In my home, we need better staff... I didn’t realize that was going to be my biggest challenge, finding somebody who’d care... They all seem like bare minimum,” “It’s a lot of downtime, so a lot of

people seek it out because it's not really much. You know what I mean, there's stuff to do, but you can get away with not doing much if that's what you're trying to do." "A lot of the girls will ask new staff why they're here, why they took the job. They want to know if it's just a paycheck, if they just need money."

The participants did recognize that low pay for direct caregivers was a large part of this problem. This issue affected even good caregivers. "I would have loved to have stayed there if they could have paid me. Now is it all about the money? No. But it's about you got to provide." "The work and the stress they got you doing. That work... you're not compensated for it and the extra stress you go through." One caregiver stated, "I think this manager compensates us appropriately. When I found out what other group homes make, I was like, 'No wonder people don't take those jobs seriously.'"

Though low pay was the major issue, caregivers gave other reasons for the high turnover rates. They noted that "a lot of people leave because they can't or don't want to do the work." "They can't handle it." They felt some left because they could not connect with the youth or could not understand them. Some discussed poor working environments, including disrespect and racial tensions with the administration. "I think a lot of it's about the higher ups and how they treat their employees... When you take an issue to them about [a youth] and they don't even care. They just blow you off." "Some people leave when they come into the workforce environment and they see that the higher ups are not black." One caregiver shared how incentives could help keep good workers. "That would have kept me where I was if I could see that there was something I could work towards. You're gonna' certify me and get me education to help me do my job better? To understand these kids, you're giving me incentives?"

### ***Group Home Advantages***

**Family-like Environment.** All participants agreed that quality group homes created a family-like environment and provided a structure that creates a sense of normalcy, stability and understanding for the adolescents living there. An owner explained, “We create a family environment. I don’t call my staff ‘staff.’ I call them house parents. And the girls have taken on calling me mom - not that I’ve made them - and they call each other sisters. And when we’re out, you can see their faces light up because people will say, ‘Those are all your daughters?’ and I’ll say ‘Yeah.’ And they love that sense of having a place to call home. Being stable.” Others echoed the sense of family. “This is a group home but it’s still your home.” “It’s a family-based system.” “You only have the family at the group home and the girls there who understand what you are going through.” “When they all get along, they’re like, ‘That’s my sister. That’s my best friend.’ We have a family here.” “To them, the staff is aunts... who treat the kids like their own kids.”

An owner shared how he hired multigenerational and diverse staff to expand the sense of extended family. “We have this other sort of a staff that is only responsible for transporting children to their appointments. School, typically... She’s an older lady. The kids open up to her. They call her Grandma. That’s when they spill the beans - with grandma, riding to and from the house. Grandma never works in the house. Grandma never works programs. But grandma is part of the staff. They never treat her like staff. That allows us to have those connections, to get insights to better serve the interests of the kids... Those connections with different ages and generations are so critical in their development... The more you can mimic that [family] environment for these youth, it

does give that sense of normalcy and you hopefully get some of the same stimulus that you would see in a typical living situation.”

**Normalcy.** Every group emphasized the desire these adolescents have for a sense of normalcy. “They know what life is like for kids not in foster care and they want that.” “They just want freedom. They’re so aware that they’re not free.” “Yeah, just be kids. They want to run and play and hang out with other kids, you know?” The participants stated the need to create a sense of normalcy for the teens in their homes. One owner went beyond most other group homes to create a normal family environment. “Most the time when they come in, they’re like ‘Do I have to ask permission for this? Can I have this? Can I do that? Are we allowed to do that?’ So, because we don’t lock up the food, you don’t have to ask permission to go to the bathroom or to go upstairs in your room or those things like at most group homes... for them, it’s kind of walking in and seeing other kids walk around the house and do what they want. So, it’s the questions like, ‘Am I actually allowed to do that?’... We’re like, ‘Yeah. This is your home now,’”

**Stability.** Participants felt that the stability these adolescents needed was established through structure and consistency. “They have the same rules. I think that helps create stability.” “In the homes we keep a lot of structure. We go over the rules, bedtime, sleepovers. But after they know the structure, it helps. They appreciate that stability.” “In a group home they are understood and taken care of and managed.” “I think we do a good job of providing structure... It’s that parental loving structure. That’s what they need.” A caregiver explained that the structure also created the personal space they wanted and often did not get in foster homes. “In a group home there’s structure and rules that can help to reduce those anxieties. Helps to create this sort of personal space



that they want. And they have a little bit more freedom than the ones with more experience understand. Especially once they've experienced both [group and foster homes]." One owner allowed youth to visit before they committed to coming. "We try to have them come prior... come visit, hang out a little while because they know what they're getting into., So, we push for that. We interview them and they interview us."

Many caregivers discussed the importance of connection and "very close relationships" in the group homes that contributed to the sense of stability and family. "I think what works in a group home is everybody's equal... Here everyone is [equal]. They have different traumas, but they can relate. They have the same rules. I think that helps create stability. They're not just an outcast." "They're never lonely because there are so many people in the house." Some explained how they used peers to show new youth around the house. "We give them one person to show them around, be their guide, explain the rules... so a peer can show them around, talk about the rules, just hang out with them to give them connection."

The caregivers shared stories of youth who had flourished in this environment. One caregiver talked about a teen's improvement in school. "When she came to us, she was very behind. We got her on an IEP (Individualized Education Program). She was on track to graduate on time... with a 3.5 GPA (grade point average)." Another caregiver shared that this stability and family environment even promoted better behavior. "I hear from the girls that have gone through other placements that this is the best place and that they are scared to disrupt here. So when they struggle we can tell them, 'Well, if you aren't going to follow the structure, we can find someplace else.' And they're like, 'No, no, no, no, no!'"

## **PROBLEMS IN THE SYSTEM**

In the second section, I share the participants' critiques on problems in the system. I begin by noting that the participants are aware that many state issues are tied to federal policies that the states must comply with for funding. This fact, however, did not change the problems the participants faced due to these regulations, primarily in placement moves. The discussion begins with general systemic issues and then narrows in on problems with case managers, another area where the participants noted complications caused by the system.

### ***Systemic Problems***

**Federal Regulations.** To open this discussion on problems in the foster care system, I want to begin by acknowledging that some issues are a result of federal regulations. The participants knew that many of the difficulties they faced with the state agencies were associated with the requirements placed on the state by federal policies. As one owner stated, "The federal government tries to parent... And although maybe things they govern look great on paper, it creates this sort of fear mongering and group homes are like, 'I don't want to take the risk.' And it hurts the kids... That's bad business." Caregivers also addressed federal regulations. "They're always changing policies to make it easier for them, but then they're constantly reaching out to us to send them information. We send it weekly. How many kids do we have in the house? Everything. It's just very messy and confusing." "They say thanks for our information and they never look at what's actually happening."

The participants noted that federal regulations on placements affected transitions with youth. "They transition kids too quickly. I feel that in my heart... We had a girl who

was sent to live with her aunt and then they sent her right back to us.” This also affected youth transitioning out of care. “The state is really big on once you’re 18, you need to get out. Get out.” “Now what they do for 17.5-24, the transition youth age in a group home, they send you a notification every month, ‘This person has cost us this much. What are you going to do to transition them to a lower level?’ Basically, get these people out... Basically, rushing them and it doesn’t turn out good because it’s about budget and not about that person’s real growth and maturity.” “I have a 21-year-old still in the group home, and he’s not ready to move out even though they’re only giving him a few more weeks. He’s not ready. He works but his mind is not his age and that gets to me. I’m like, ‘How do they do this to this kid?’”

**Money.** The focus group participants felt the system was not seriously committed to the “best interest of the child,” like it is directed to be. They believe that system goals often negated the child’s best interest and most often, over the issue of money. “The other elephant in the room is money. That’s the big thing. When I worked for the state, I was a social worker in the group home unit. Our job was to place our kids with behavioral issues into the group homes. I was in that unit many years, and one of the things department heads had on the agenda for many years was how to get the kids out, because it was costing them thousands a month for a child to be in a group home.” They all noted that when the goal was to decrease spending, youth could be moved to less expensive placements whether the move was in their best interest or not.

Participants also related cases where money should not have been spent. One owner related a case where she received two youth for medical reasons. “[They] suffered with a disease that basically is a protein disorder...The children were removed because

the mother struggled with managing this and it's life threatening... She was working. The only one supporting her two children. She just couldn't manage this disease... In this case, such a high risk situation, I requested additional services, you know, one on one, because I wanted someone dedicated to make sure they weren't trying to slide an extra piece of toast or anything. You know, they're kids. It was hard. I was awed that the state was investing so much money in my group home to serve these kids, but this was a situation that the mother really had no neglect. This was a serious disease, 100 percent. But the money they invested in the kids in my group home... that money was not invested into that mother, and to keep those kids home. Absolutely absurd. That was a situation to me again where abuse is abuse, I get that. I'm not undermining this disease or the severity of it. But those same resources could have kept the kids in the home... Pay to put someone literally in the home and the caretaker would be cheaper than it was to keep two kids in the group home, away from their mother who they loved. She loved them... I found it an interesting situation... a child being removed from the home because it fits the definition, but it's not in the spirit of what we are trying to do when we talk about serving the best interest of the children."

### *Case Manager Problems*

**Case Manager Overload.** The majority of problems referenced in every focus group related to case managers. The participants did, however, preface their critiques with the recognition that these workers had too many youth they were responsible for, that they were overloaded with paperwork and were not well-trained or supported in a system that was poorly organized. One caregiver noted, "It's difficult to see 50, 60 kids in a month...their case load is very high. I'm saying 50, but really it's a lot higher, but you

guys know that. They're sometimes at 95 kids. There's no way you can get to know 95 families. You just can't." The direct caregivers also felt that system policies limited good case managers' efforts to serve the best interests of the youth they managed. These issues presented problems for the direct caregivers and the youth in group homes.

**Disrespect toward Caregivers.** The most prevalent problem, according to the participants, was a lack of respect, which they attributed to the overall mentality of the system toward group homes. They were frustrated with case managers who did not count their input as useful or credible. "I feel we are the least respected." "People running around here putting people down." "Many have a preconceived notion of who we are and what our motives are." "They don't respect us. They're always looking at us from a place of opposition." Overall, owners and caregivers felt disrespected and disempowered in the system.

Participants claimed that case managers would have fewer difficulties and could make their own jobs easier if they would listen to the caregivers' input and respect the knowledge they have. "It's like the case manager knows what they know on paper but we know them personally." "Sometimes they look a lot worse on paper than they really are." "The case manager [does not] know the kid's history as well... DCS isn't very knowledgeable on what the kid has been through." "He didn't talk to the staff or sit with us." "I think sometimes they make our jobs harder and their own jobs." "If they'd spoken with us in greater detail, or actually listened to us when we were advocating, since we are with her 24 hours a day, seven days a week... We were advocating for her best interest ... We know them better than the case manager, who may have been on the team for years but isn't here all day every day."

**No Connection with Youth.** Participants felt that the case managers' greatest concern was about covering themselves, as was everyone in the system, which prevented them from taking seriously their job of serving the best interests of the youth. "They're way overwhelmed. I think they have way too many clients, so then it becomes a checklist, like 'Ok, I've seen this person.'" "It's just steps they go through." "Sometimes they don't take their job seriously." They noted that this led to a lack of relationship with the youth. "No connection with the kids." "Most of them don't have trust with their case managers... and their case managers are constantly switching." "It's rare I've ever heard a girl talk positive about her case manager." They gave multiple reasons for this disconnection.

**Not Responsive.** Each focus group discussed a lack of responsiveness on the part of the case managers with the teens, with their parents, and with the caregivers. "You don't feel engaged. You don't feel listened to." They noted that missed meetings were especially hard on the youth. "And a lot of times, the girls are really excited [about their monthly scheduled meetings with their case managers]. They've prepped the whole day and then the case manager is just a no show." "The CFT [Child and Family Team] meeting gets used as face to face, which it shouldn't." "DCS is required to see them. They will go forever without seeing their case manager whether that be a quarter CFT, and then they'll just show up at court." "Sometimes they don't show up to court." One caregiver shared, "I grew up in foster care. I haven't seen any improvement in DCS, and I have been here since I was 12. So that was 2011, maybe 2010 [10 years]. I went through three or four case managers from when I was 12 to when I was 16. And on top of that, almost all of them I could barely get a hold of, almost never. Months without talking until

court came and then she would be forced to show up. So, I don't see any drastic changes over the years."

Caregivers also talked about their own frustrations trying to get in touch with case managers to get permission for youth to do pretty much anything. "There's so many of them that are confined to this house and school. That's the only place they're allowed to go... and they can't even go for a walk in the afternoon." "We can't do anything without permission. We're always waiting on [case managers]." "They don't answer their phones." "It's really sad when kids ask something you have to get DCS consent for and you're like, 'Ok, we will talk to your case manager,' and you see their face drop. They know that means nothing is happening. And it's really disappointing that that's their immediate reaction, like 'Ok, it's over' at that point."

This lack of responsiveness can make the group home feel like a jail or prison to a youth who cannot get permission to leave. "They just want freedom. They're so aware that they're not free." "They want to run and play and hang out with other kids you know." "When they restrict them, that's when they start to like, resign to being rebellious. They feel like... [Almost like a prison]. They say it sometimes."

**Misinformation.** Giving misinformation was another problem brought up by the participants, especially when it related to their placements. "[A case manager] sat here the other day and told a girl who was 15 years old and acting out, even in the CFT, 'If you behave for two to three months, we'll see about getting you a foster home.' We know good and well that's not how that works... With her aggression and history, a foster family is gonna say no... And I think to myself, 'Why would they even tell her that?' We will have another CFT and she'll say, 'Well, I thought you were moving me to a foster

home.” Many caregivers echoed comments similar to what one said when she stated, “I come in on the weekends like, ‘What’s going on?’ Their case manager told them they get to go home after court. Pack their things. Right after court they’re going home. But that’s not how it works. Case managers will tell false information and then we deal with the aftermath and it’s never good.” “We just had a 17-year-old girl who they kept telling her she doesn’t have a say, which she does, and it’s just sad to see.”

The participants claimed that a lack of information also built distrust. Caregivers working in the same group home shared one girl’s experience.

5: Oh yeah, we had this one girl, she came straight from her grandmother’s and DCS wouldn’t even tell her where she was going. They wouldn’t tell her. She literally stood before me in shock for like an hour, with me going, “Are you ok? Are you hungry?”

4: “You thirsty?”

5: She was in shock. She just stood there for an hour. An hour.

4: Wouldn’t move. Was just in the corner.

5: I had to sit her in the car. I was like, “Look, I know you don’t know what this is. This is your first time.” I gave her this whole run down about like, “I’m glad you’re here.” And she was like - it took her a good while, she didn’t do anything, she was in shock.

4: She was like, “I don’t even know what happened, why I’m here.”

5: She’s like, “I just want to run but I can’t because they’ll just bring me back. Right?” And I’m like, “Yeah.”



4: Yeah, she didn't know what to do. Like, "Am I gonna leave? Gonna stay? Do I run out this door?"

3: And she barely unpacked her clothes.

5: Yeah, like not long ago.

3: And she still hasn't unpacked it all but she's down to at least most of her stuff out, like she's feeling at home.

5: She's like, "I'm just waiting for this to be over. Like it's a dream. Like I'm gonna have to move tomorrow so I have my bags packed."

2: A lot of them feel that way because they've been thrown around so much. They're like, "I'm just gonna keep my bags packed just in case."

## **DIRECT CAREGIVER CHARACTERISTICS AND MOTIVATIONS**

The third section contains the participants' perspectives on the caregivers themselves. Though some were owners, all considered themselves caregivers. In answer to the questions in this section, they responded with comments on both good and bad characteristics of group home staff. They shared their motivations for working long-term in group homes and gave their insights on staff turnover.

### ***Direct Caregiver Characteristics***

**Compassion.** The top quality of a good direct caregiver according to each group was compassion. "You have to have compassion and love you know, stuff like that." "Just having that love and compassion for the girls is the main thing. It's hard. It's just the love that's unconditional for them and wanting to see them grow." Some put it in terms of having "a big heart." One owner said she tried to hire staff that would "care like I do... Somebody with some compassion that sees your vision."

The caregivers explained that it was their actions that communicated their compassion. “I take time to talk to them.” “We try to make them comfortable... We talk about being respectful. We explain the circle of trust.” “You give them that little bit of time.” “Hey, if you feel uncomfortable, you can come sit with me.” “Sometimes you just need that person that’s gonna’ sit down and encourage you.” A caregiver shared how her efforts did not go unnoticed. “One of those little girls left me a nice note when she left. She said, ‘That caregiver actually cares. She never got mad at us like the other caregiver. She listened to us, she cared.’”

Many mentioned listening as a basic way of showing they cared. “We need to understand and listen to the child.” “It’s just that... listen to the kids.” “We really need to start listening to the child in order to best serve their interests.” “Like they’ve shared things with us where they’re like, ‘I haven’t even told my therapist that,’ or ‘My mom doesn’t even know that,’ but they share it with us because they feel like at home with us.” One caregiver noted how listening helped teens with their behaviors and not listening had the opposite effect. “She was just so angry. No one was taking the time to listen to her story.” One owner explained how he trained his caregivers to listen. “At my group home we have a strategic and intentional approach toward connections. Number One, all direct care professionals and staff are trained. It’s on their daily protocol to look at the child’s face and smile and ask how the day is going... That’s one form of the connection that we want to build daily.”

**Best Interest of the Child.** The owners and caregivers were passionate about seeing the youth in their care receive what is in their best interests. “We’re here for the best interest of the children.” “We’re trying to meet the kids’ needs and be a positive role

model.” “We advocate for these kids more than their whole family, team, everybody. And that’s what makes us different.” One owner who had previously been a case manager shared the story of what brought her into group home management. “When I had to go get one of my kids, as a case manager, the lady had tears in her eyes. I said, ‘Aren’t you glad he’s leaving?’ and she said, ‘No. I’m a human being.’ She was attached to the kid. He’d been there for years. She was afraid the next place that got him might not understand him like she did. And that got to me. In those moments, my mind was changed.”

**Caring about the Youth’s Success.** The participants cared about seeing their youth get what they needed to fulfill their aspirations and goals and be successful in their lives. “When they [exit], I want them to be graduated from high school, going to college, different resources to help them go up that ladder. And if they screw up when they’re out there, I’d help them and say, ‘OK, you got to try again.’” “We treat these kids like they are our own, and you can’t just walk away from that. It’s family... Somebody has to do this. If we don’t, who will? It’s exhausting but I can’t give up on these kids.” They’re almost hopeless. And you need someone that’s gonna’ be in their life a certain amount of time to show them, you know, that it’s not.” “I’ve been doing this since 2017. Just having that love and compassion for the girls is the main thing. It’s hard having the girls, you know, talk stuff behind your back. It’s just the love that’s unconditional for them and wanting to see them grow [that motivates].”

### ***Direct Caregiver Motivation***

**Pride in Their Job.** Every group expressed that good caregivers took pride in doing their job well. Owners found that they were “passionate about what you’re doing”

and “really want to give back and really want to help.” They took pride in knowing the youth personally and better than the other employees in the child welfare system. “We know them better than anybody. We know their behaviors. We know how they are around the house. We know their behaviors out in public.” “We know what’s going on behind closed doors... We’re on a personal level with them daily... Sometimes you have to see it to understand them... You need to actually go through it with them.” Concerning one girl, a caregiver shared, “Her team for years was trying to get her to talk and they were like, ‘Well why will she talk to you?’... ‘I was here. She just trusted me.’” Many expressed the intention of being “someone that’s gonna’ be in their life a certain amount of time.” They treated the youth like their own children. “They’re our babies. They’re our kids away from home.” They expressed wanting to “be like their extended family.”

The participants talked about being like family even to each other. An owner shared, “I like our employees. We are like family. I enjoy who we have hired. This isn’t just me. We keep each other here.” A caregiver stated, “We are who we are as staff and we embrace our individuality.” Some of the owners and caregivers had been doing this job for 20 years or more. One owner stated, “Many of us have committed our lives to this work. We’re professionals.”

**Alumni Success Stories.** The participants shared that they were motivated to stay with their work by the success stories of the youth they have helped transition into society and adulthood. “The thing that keeps me going is that I started this [group home] and I see the benefit in the kids that have graduated and moved on.” “You see their stories coming in, and you grow this attachment.” “Graduating high school, you see all that. You see their struggles.” “Seeing her outcome, that keeps me here.” “I respect what

we are doing, and our staff, and that we are honestly making a difference.” One owner shared her story of a youth who had been kicked out. “Even those who left on bad terms come back. Like, ‘I do landscaping now. I won’t charge you what we normally charge. I just want to be around here.’”

## **DIRECT CAREGIVERS’ RECOMMENDATIONS FOR CHANGE**

The fourth section presents the participants’ recommendations for improving the system in general and for group homes in specific. I opened this discussion in the focus groups by asking what was working well and then moving to what could be improved and how they would suggest changing it. The common answer for recommendations for change was “better total care for the children – as best as possible in every way possible.” Numerous suggestions were made but some surfaced in all groups. Two, which are discussed in detail in this section, are mentorship and permanency.

### ***What is Working***

My first question in broaching this subject was “What is working well in the system?” The initial response of every focus group was, “Nothing.” However, two positives did surface. The first was good direct caregivers who are passionate about their jobs. The second was having a mentor.

**Quality staff.** Working with quality staff was the key everyone mentioned for providing quality care in group homes. “Whatever I do, I do to the best of my abilities.” “I’m on top of my game every day.” “Someone who is worth it will want to put in that effort to go that extra mile.” “I did what I could... I’m no superwoman, but I’m gonna’ treat you like a person, not a number.” Owners and caregivers alike agreed that attitudes like these are the factor in quality staff. One caregiver shared, “I think we are setting the

bar for group homes. I respect what we are doing, and our staff, and that we are honestly making a difference... This place is set apart.”

The caregivers shared suggestions for hiring better staff or improving those already on the job. “Better education.” “More training.” “I would try to attract decent employees with an incentive plan first of all. I would make the pay above minimum wage. Start right there.” “Therapy. Therapy for myself to learn how to be better to help the child.” They also noted the need to have better therapy for the youth. “Honestly, I don’t feel like the therapy is really helping... I’ve seen a lot of kids I take to therapy, but this is not really doing much you know. I feel like I [do] more therapy on the ride there.” “But you got to get a good therapist cause we had one up in there and she was telling us, ‘Oh, it’s good for the girls to smoke. It calms them down.’ And it had even come to the point where she was out there smoking with them, the therapist!”

**Mentors.** The second positive noted by the participants was having a mentor. This was noted as very important for stability during transitions. One caregiver was especially adamant about it. “Do you guys hear anybody [in the system] saying that they are working on building a natural support system for the kids while they’re in care? That’s a big lack. Her team did not help her to build natural supports. It’s just common sense that when you leave a place, you don’t have your family [if] your rights were severed. You only have the family at the group home and the girls there who understand what you are going through. You leave, and these case workers have to learn that... these kids have to have someone they turn to... You would try to help this person build a natural support system before they go into foster... a mentor, making sure they have a list [of support people] to call. Thankfully our kids who get placed in foster know they

have us to call. But there are so many kids that transition from a group home and their behavioral health and their SMI (Serious Mental Illness) services... This kid now has nobody.”

Many of the homes had mentor programs. “Here most every kid gets a mentor. We have a person who works to assign them a mentor - that one person outside the group home that gives them attention. That’s really important. That’s a natural support outside of here.” “They know the person isn’t just there because it’s their job. They’re here because they want to be around and they don’t really experience that a lot in their lives - people that actually want to be around them without that extra paycheck.” “It’s also an outing that isn’t therapy, counseling, school.” “They get to go be normal.”

CASAs were included in this discussion. CASAs (Court Appointed Special Advocates) are trained adult volunteers from the community who spend time with the youth getting to know them and listening to their stories. They are legally appointed by a judge to advocate for youth in the foster system in court and are supported through the National CASA Association. A CASA “strives to ensure that society is fulfilling its most fundamental obligation to children in need” and to “fight for and protect a child’s right to be safe, to be treated with dignity and respect, and to learn and grow in the security of a loving family” (CASA Community Programs, 2021).

All participants considered mentors and CASAs to be a positive factor in a youth’s life and an important support in their foster experience. “Every CASA or mentor I’ve met has been amazing. They’re an influence in the girls’ lives and they’ll take them out and just kind of get them out of the house and show them that caring figure. I think CASAs can be the most supportive roles in these kids’ lives and follow them from group

home to group home. They'll be like, 'Hey, can I call my CASA?' It's no longer the case manager. They need that CASA for support and they just make such an amazing difference." "They help advocate for the kids too, so it's another voice helping them."

There were suggestions offered for improving these roles. "I think having a CASA should be mandatory." "The only negative I see is that when we have girls go with their mentors or CASAs, the girls that don't have them, they'll get sad because the girl will come back so happy, with bags, talking about what she did with her CASA, and the other girls are just like sad. If it was mandatory and everybody had one, it would be heaven sent." Many stated that the program needed better exposure to the public so that more people could be recruited to be a CASA.

One caregiver shared, "I had a CASA. I wish she was younger, just closer to my age. She was old enough to be my grandma. It'd be nice to have like a sister role almost. My CASA thought she had more to say than she did, and would kind of step on people's toes." In response to this, another caregiver suggested, "Maybe it's a good idea for DCS to recruit CASAs who are social work or psychology majors. Like if they went to colleges and recruited. I was a psychology major. If I'd known about CASAs, I would've done it. I'm sure a lot of people would. It'd be a good way to prepare before you graduate and work in this field." Another added, "I feel like if they told them, like, 'Hey you have a budget of 200 dollars to [do activities]'... they're so willing to take these kids out."

### ***Suggested Changes and Improvements***

**More Training.** Caregivers not only suggested more training for themselves. Every group insisted on more and better training for case managers. "The case workers shadow a couple days then they're on their own to make decisions about someone's life.



And that's dangerous. It's dangerous. A lot of case workers don't speak up because they don't know what to say. They don't know the child, don't know what they can and can't say, and a lot of times, the group home owners wonder why they aren't saying anything. Most the time, they really don't know what to say. True, they feel like they have no power. They consult with their supervisor who has to do the clinicals and talk about every case. They don't get the feedback they need, and their caseloads are so large. These caseworkers are overwhelmed and some of them think the kid is going to act out anyway so why speak. It's a lot about training. Ask a case manager how long they trained or shadowed." "You know it's surprising. I had a case manager come recently with a shadow but here's what's funny about it. They were both new. 'We just come together and learn from each other.'"

Getting specific training in trauma informed care was also suggested. "I don't think they are trained in much trauma informed care, right? It's just kind of rash decisions." "It's the direct care staff that is more trained in that stuff, but case managers should be well aware of what we have to be aware of." "Having the case managers trained in similar ways that we are. Like the trauma informed care was pretty transformational with how we communicate with the girls in general and how we handle disciplinary action has changed a lot... [It would be helpful with case managers] having that kind of information when they're communicating with the child, and what their needs are, and meeting them in a better way."

**Collaboration between Case Managers and Caregivers.** Every group suggested more cooperation and collaboration between case managers and caregivers. "If they respected our role, we'd be such a great support to an overloaded caseworker. The

collaborative efforts of working together are not there because they don't respect us.”

“They should just give us the normal day to day questions like going for a walk.” “If they could give us more authority. Like some kids just want to go for a walk and we have to get permission from their case manager. Can't go for a walk around the block because they have to hear from the case manager. And they live here! We shouldn't have to wait for a yes or a no.”

One younger caregiver shared an original idea. “I think a lot of the things need to be more modernized. Like, maybe a way kids can directly communicate with their case managers and the case managers have a requirement to respond within a certain amount of time. Otherwise, it bumps up to the supervisors. Maybe like an app or something so they could use their phones with direct connection to their case managers.”

**More Resources for Group Homes.** Some of the suggestions from the participants were specific for group homes. Many noted the problem of driving kids as far as 50 miles for appointments. “I would get a therapist and have onsite everything for the kids so they don't always have to go out. And then [the therapists] that I have, I would know versus taking them to see all these different people telling them all these different ideas and different stuff and maybe mixing their head up even more.” (This comment was in response to a therapist who smoked with the girls to help them release stress.)

One owner suggested limiting a home to one specific group of youth. “If I'm gonna' accept traumatic kids, or kids of sex crimes, or something like that, those are the only types of kids that I would accept. I wouldn't accept kids that have behavior problems and mix it with kids that have, you know, sex problems, because that's another

problem, bringing the two together.” They also asked for help with education. “We don’t get to do a lot of tutoring... We don’t really get to see what their education looks like outside of what their grade is, and its often not good. It’d be nice to assist them a little bit better. Regular parents would be more involved in that and we don’t get that involvement... and it would help them in the future with higher education.

Numerous recommendations centered on prioritizing the needs of the youth over the rules of the system. “Treating them like a person who is not institutionalized.” They especially noted that the system regulations prevented the teens from developing the life skills they needed before they exited the system. “You can only create so much because the department only lets you go so far. [This] is hard for our kids because they’re in a group home and they’re going to age out in a group home. We can’t give them the life skills that they need... ‘You get out of school at 12:00 and need to be at work by 1:30. Well, you need to go home, change your clothes and get on the bus in time to make it.’ But no, that doesn’t work because we have to put a babysitter here to make sure they came home to change and we have to drive... By the time they move out, they’re like, ‘Well, how do I do this?’ They are 19 years old and they haven’t been able to stay home alone or manage their time.” “There are so many restrictions on group homes that often times even the placements are not put in a position to have allowed them to develop the life skills they need because there’s so much risk involved with the battling with the state.” “They have all these supports and teams, and all of that is not helping them to be ready for the real world... And everybody babies you but now you’re 18 or 19 and what happens? You’re alone.”

**More Support for Parents.** Every focus group mentioned that parents should be given more support before youth were taken from their homes. “Sometimes you take that child out of a home for a small reason. That doesn’t mean that the parents are bad. Parents just need help as well.” “We don’t advocate for children leaving their families... The past couple of years, there’s been a push in the system to reduce the number of group homes. This assumption [that they] belong in a home. Yeah, every child belongs with their family... Why stop at a foster home? Let’s get them... home. Let’s get their parents stabilized.”

**Permanency.** A prevalent recommendation in every focus group was allowing group home care to become a legal permanency option for adolescents who preferred this setting. “We have our kids for multiple years.” “We have kids for so long. It’s not a group home where they’re here for three months and then we ‘30 day’ them and they get out.” “The kids are like ‘We don’t want to move; we don’t want to get reunified.’” “One of them was like, ‘I don’t think I’m going back, ever.’ And I’m like, ‘I don’t think you are either.’ And then one was supposed to go back and then was like, ‘I don’t think I want to go. I just want to stay here and finish here.’” “They’re just like, ‘Well, can I stay longer than when I’m 18? Like, what does that look like? How can you help me? What will I be able to do? Ok, well I think I might stay longer than 18.’” “If they thrive in the environment of a group home, why not let them keep that?”

The participants noted that they were speaking of older youth in the system that had been moved from placement to placement and had not found permanency or stability. “Now, I, on the other hand, I’m not too fond of younger kids [being in group homes], but teens... They’ve gone from group home to group home... They will not adapt to a typical

family or foster care environment. So, give them a sense of stability in a group home. But the department does not see it that way.” “I think it’s really sad because when you talk to the kids, I would say 50% of the time, they’d rather go into independent living than any kind of living with family at all. Twenty-five per cent want to be adopted. The others want reunification, but half at least want to go into independent living.”

The caregivers stressed that these young almost adults want those who have legal control over their lives to hear their input and allow them to be involved in their own futures. “We need to understand and listen to the child because oftentimes we don’t. We tell them what’s in their best interest and what they should want. Unfortunately, we continue to learn that’s not the case.” One worker summed up the issue when she stated, “Ultimately, [the goal is] to stabilize them and to get them on the right track... We really need to start listening to the child in order to best serve their interests.” Another shared their efforts to help provide the stability the youth wanted. “We really work on keeping them and we work on going above and beyond what they need to keep them in the group home. To keep that stability.” The participants stated that rather than assess if the youth was thriving in the group home setting, the system transitioned them, even if the youth preferred to stay in the group home. “My experience, a significant percentage of them prefer to be in the group home.”

## **SUMMARY**

In this chapter, I have shared the data from my focus group research as it relates to my research question, “How could improving the quality of care in group homes enable adolescents to exit the system with positive developmental outcomes?” My summary of the analysis is that youth enter group homes most frequently from other

placements in the system which they have disrupted with behaviors often caused by personal issues they face due to their abuse and/or neglect and their extended time in the foster system. Federal regulations and other system problems compound the adolescents' issues. Good caregivers in well-managed group homes are deeply concerned for the welfare of these youth in their current situations and in their futures after they exit the system. In this study, they have made recommendations for change and improvement in the system and in group homes based on their knowledge of and experience with adolescents living in their group homes.

I considered myself very fortunate to have connected with such caring and well-qualified group home owners and caregivers that chose to participate in my focus group research. I realize there is very little negative about group home care in my findings, but that is not what I was researching. Most group home research has provided that information. My purpose was to look for ways to improve the group home experience for adolescents to enable them to have a healthy, successful transition into adulthood. I believe my participants provided the information I needed. In the final chapter, I will present my conclusions drawn from this data analysis in correlation with the other research and what this study contributes to the knowledge pool. I will also discuss the limitations of my study and suggest areas of further research. I will close by noting how my work contributes to the social justice issues of adolescents in foster care.

## CHAPTER 5

### CONCLUSION: JUSTICE FOR ADOLESCENTS IN STATE FOSTER CARE CUSTODY

In this final chapter, I summarize the themes, discuss the findings and draw conclusions, make recommendations for changes in the system and close with a social justice perspective of this research. These are the four sections of this chapter. In the first section, I present short summaries of the major themes that I identified from the findings. In the second section, I correlate the findings to prior research. From this synchronization, I discuss the findings and present conclusions. Every major theme I identified from my focus group research had been addressed in previous research.

In the third section, I make recommendations for change as suggested by the participants and presented in my findings. I focus on prevention when that is possible. I also express how my work fits into previous research and explain what it adds to the knowledge pool on adolescents aging out of foster care. I discuss the limitations of the study and make suggestions for further research. I finish this section with suggestions for other areas of research that would be useful to further close the knowledge gap on improving the developmental outcomes of youth aging out of foster care.

As I conclude the chapter, I revisit Denzin's five ways for qualitative research to contribute to social justice issues. I respond with the contributions that my study makes to provide a more just situation for older youth involved in the child welfare system. I close with Weinberg's two fundamental presuppositions addressed to all qualitative researchers. I answer with a summary of what could be done as per my findings to improve the lives and outcomes of adolescents in state foster care custody.

## **SUMMARY OF THE THEMES**

I was privileged to have great depth of experience among the participants in my focus groups. I was also fortunate that the synergy in each group led to robust conversations full of interaction that produced valuable information on topics of importance in relation to my research question, “How could improving the quality of care in group homes enable adolescents in state foster care custody to exit the system with more positive developmental outcomes?” The saturation of input between the groups was another positive for my study. All of these aspects made my task easier when it came to identifying seven major themes for my data analysis – disruptive behaviors, older youth issues, disrupted placements, systemic problems, characteristics of good caregivers, mentorship and suggested changes and improvements. In this section, I provide a brief summary of each theme.

### ***Disruptive Behaviors***

The prevalent answer to the question, “Why do youth enter group homes?” was disruptive behaviors. The participants in every focus group stated that almost every adolescent entering a group home was transferred from a disrupted placement within the system due to these behaviors. Some specific behaviors were named – aggression, verbal altercations, arguments, authority issues, sexual promiscuity, sexual identities, being arrested or running away. All behaviors that were discussed were most commonly associated with older youth. Most caregivers seemed to have an understanding and even empathy toward these youth, attributing their disruptive behaviors to years of abuse and/or neglect coupled with many years and multiple placements in the foster care system.



### ***Older Youth Issues***

Each focus group noted that adolescents in foster care carried their pain into all of their living situations. They pointed out that there was a great difference in how younger youth experienced their time in foster care compared to older youth. Young children were less mindful of their situations. Older youth had a much greater understanding of their predicaments. They sensed that they were not wanted. They personalized this as rejection. After multiple placements, this sense of rejection grew into a deep feeling of hopelessness. The participants believed the disruptive behaviors were often a result of this pain. They also commented that despite all their negative issues, these youth had developed some positive survival skills, particularly discernment in their circumstances. They expressed the need to show the youth respect for the strengths that they had and to allow them input concerning their living situations.

### ***Disrupted Placements***

Disruptive behaviors cause disrupted placements. Most participants received youth transferring from foster care homes or other group homes. The discussion on disrupted placements led to discussions on the various types of placements and why the participants thought some placements were more difficult for adolescents in the system. The first problem was the assumption that a family foster home was the best scenario for all youth in the system. They explained why some adolescents did not want to be in a foster home or any family situation including kinship. The most prevalent was that adolescents did not feel “normal” in a house with a family that was not theirs and where they would be treated differently from the natural children. These youth had not grown

up in a “normal” home so the expectations for them to fit in with someone else’s “normal” put them under pressure that led to anxiety and often disruption.

The participants noted that foster families also experienced issues. They attributed some of these issues to the fact that the system rushed youth into foster placements with ill-informed and untrained foster parents. Fostering often strained family relationships and the buildup of this strain could lead to the submission of a discharge request. Many youth in the group homes had experienced foster home care and some stated that they preferred to be in a group home. To my surprise, owners actually received calls from youth themselves asking if they would take them into their group homes.

Caregivers acknowledged that there were bad group home situations. They were frustrated because this stereotype extended through the administration and society to all group homes. One referred to it as the “Orphan Annie” mentality. The owners noted many ways this mentality harmed their group homes and the youth living there. They suggested that other workers in the child welfare system visit good group homes to get a realistic view of their care. They stated that after this issue, the biggest problem in providing quality care was finding quality caregivers that would stay long-term. A primary reason was the low pay, but there were other issues that contributed to the problem of high staff turnover as a norm in many group homes.

The participants gave numerous advantages for teens living in good group homes. They all agreed that the best group homes created a family-like environment around a consistent structure with equal rules for everyone. This consistency established normalcy and stability for the adolescents living there. The youth expressed that they felt understood, living with caregivers trained to respond to their needs and other teens that

could relate to their circumstances. They often developed deep reciprocal relationships with those they lived with in the home. Owners and caregivers shared ways in which they specifically structured their homes to provide connectedness and even a sense of extended family.

### ***Systemic Problems***

As participants discussed problems caused by the system, they acknowledged that the state was required to meet certain federal mandates to receive their allocated funds in order to stay in operation. Federal policies often left case managers with restricted options for the youth they served. The most noted problem in each focus group was the restriction on placements, which reflected the mentality of the system. The state was so invested in getting youth out of group homes and into foster homes or kinship placements that they could not evaluate the situation in the best interest of the child. They rarely allowed input from the caregivers or youth because case managers were required to meet federal placement quotas. Often, case managers did not properly prepare the youth or the families receiving the youth when transitioning from one placement to another.

Every participant noted that case managers had a somewhat impossible job with too many cases to cover and too little training and support from their administration. These system problems negatively affected the caregivers and the lives of the youth in their group homes. The most prevalent complaint was the lack of respect toward group home owners and caregivers shown by case managers and all others in the administration. They noted this attitude came down from the top. One participant who had worked in another state said that state showed much more respect for caregivers' input than she received from those above her in Arizona.

The participants shared how the systemic problems negatively affected the youth in their homes. Most youth felt no connection to their case managers and did not trust them. There were two major contributing factors to this issue. First, most case managers were not responsive to the adolescents, their parents or their caregivers. Secondly, case managers often gave the youth misinformation about their situations and set them up for disappointment. These problems may be related to the overload that case managers carry, but this lack of connection added to the sense of hopelessness experienced by these youth and a feeling of imprisonment, or carcerality, in group care.

### *Characteristics of Good Caregivers*

Participants shared the characteristics of a good caregiver. In every group, the prevalent answer was compassion. They noted this had to be communicated through their actions. Most important was listening. Youth felt cared for when a caregiver took time to hear their thoughts and validated their right to speak for themselves. Caregivers also expressed their passion about advocating for the best interest of their youth. This included the youth's needs in the present as well as what they needed to succeed in the future.

Having good quality staff in group homes was noted in the focus groups as a positive aspect of the current system. This was enabled by having good owners who invested in their staff. Good staff respected each other and felt they were collectively making a difference in the lives of the youth in their homes. The participants felt that incentives such as opportunities to increase education and training, rewarded by increased pay, would motivate staff to stay with the job and decrease turnover. The suggestion was also made to provide therapy for caregivers as well as the youth.

Caregivers shared what motivated them to stay in their jobs long-term and why they thought so many did not. Long-term caregivers took pride in doing their jobs well. They committed to staying long-term because of their commitment to the youth and the difference they made in their lives. They also worked for owners who appreciated them and treated them fairly with respect and good pay. The success stories of those who had aged out and succeeded in living independently also inspired them to stay with their jobs. The most noted reasons for those who left were low pay and not liking the work.

### ***Mentorship***

Mentorships for the youth were one of only two positive aspects of the current system given by the participants. A mentor served the teens as someone who was outside the system and was there just because they cared, not for a paycheck. This relationship gave the adolescents experiences outside the home beyond school and therapies. It was also another resource the youth could call upon and another person to advocate for them. When the relationship extended beyond the adolescent's time in foster care, the mentor provided a connection to the outside world as they transitioned into independence. The only drawback mentioned was when some teens in the group home had mentors and others did not. It was suggested that having a mentor be mandatory.

### ***Suggested Changes and Improvements***

The most prevalent suggestion for improvement in every group was better training for all involved with foster youth, but especially for case managers in their jobs and in trauma informed care to improve their interactions with the youth. The caregivers also proposed more collaboration between themselves and the case managers to make everyone's job easier and to increase the freedom for the adolescents in their homes.

They asked for more resources for group homes and for parents as well to prevent them from losing their children. Finally, they recommended that the policy be changed to allow group homes to be a permanent placement for older youth who preferred living in this setting until they exited the system. In the next section, I will discuss this along with the other themes and present my conclusions.

## **DISCUSSION AND CONCLUSIONS**

The summary of these themes tells a story of caregivers and adolescents as they do life together in group homes. This story reveals problems and pain along with deep relationships of caring and sharing. Many topics have overlapping significance with another. In this section, I worked with that overlap and presented my discussion in five areas – the need for more training, respecting the experience and insights of group home caregivers, regarding the differences between older and younger youth, the necessity of mentors and resourcing group homes for long-term care. I built upon the story of my data with input from other researchers who concur with much of what my participants stated. The researchers I referenced span across the last century. Their knowledge confirms and expands the themes I denoted from my focus groups. Each of these themes uniquely contributes to the conclusions I present with my discussions in this section.

### ***Need for More Training***

Each focus group raised the need for more training for parents, caregivers, case managers and foster parents to improve their engagement with the youth.<sup>10</sup> This need was recognized as far back as Elias Trotzkey's (1974) study from 1929. Reina Friedman

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<sup>10</sup> In the introduction, it was noted that some natural parents gave the state custody of their children when they could not deal with their behaviors and could not afford the therapy they needed (Slesnick, et al., 2009). The focus groups requested that more resources be provided for parents at risk of losing their youth so that they could keep their children at home.

stated that Trotzkey transformed the quality of group care by changing the focus from the facility where the youth lived to the quality of the trained and educated staff that cared for them (Friedman, 1994). Numerous twenty-first century researchers continue to identify the need for training and education (Freundlich, 2003; Lee & Thompson, 2008; Soenen, D'Oosterlinck, & Broekaert, 2013). The youth in Hyde and Kammerer's (2009) study raised this issue, claiming that they would rather be in the more restricted environments where the staff was trained to handle their behaviors than in a group home with untrained caregivers. One adolescent claimed that if the system provided better resources, "there's a lot of stuff that wouldn't go on in group homes" (Hyde & Kammerer, 2009, p. 270).

The specific training suggested in the focus groups was trauma informed care. The Substance Abuse and Mental Health Services Administration (SAMHSA) explains these services as follows: "Trauma-informed care acknowledges the need to understand a patient's life experiences in order to deliver effective care and has the potential to improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness" (Menschner & Maul, 2016, p. 1). Multiple researchers have addressed the trauma suffered by these youth prior to entering foster care and often while in the system (Brown & Seita, 2009; Zulliger, et al., 2015; Leloux-Opmeer, et al., 2016; Courtney, 2009). James Anglin (2014) discussed the concept of "*pain-based behavior*," defining it as "behavior, either of an 'acting out' or withdrawn nature...triggered by the re-experiencing of psycho-emotional pain" (p. 53). He further stated, "The manner in which adults respond to pain is a key indicator of the quality of care experienced by the youth" (p. 54). The need to understand trauma informed care is vital in providing quality care for minors in the foster system.

Mark Courtney (Courtney M. E., 2009; Courtney et al., 2007; Courtney, Hook, & Lee, 2010) has studied this population extensively. He pointed out that the vast majority of young people who are emancipated from care entered the system in their teens, most commonly at fifteen or older. Thus, most of their young lives have been spent in homes with the problems that brought them into the child welfare system. Courtney (2009) raised the possibility that the negative developmental outcomes of emancipated youth “may largely be a function of the problems that they brought with them to the child welfare system” and not the sole result of bad care within the system (p. 4). Having case managers, foster parents and caregivers trained in trauma informed care would definitely improve the quality of care for all youth in the system and has the potential to reduce placement disruptions for adolescents who exhibit disruptive behaviors.

The participants also noted the need for case managers to receive more training in their job skills before being sent out to make decisions that could have long-term impact on a child’s life. Shadowing with another new person for two days does not suffice for training and training is an aspect of the job where the department should not take shortcuts. Increased emphasis on quality training is a necessity. It should also be noted that with the high caseloads and overwhelming demands placed on case managers, as well as the “role ambiguity, confusion and conflict” (Lonne et al., 2009, p. 67) that comes along with the demands, it will take more than better training to improve their job performance. Authors who conducted research with case managers all agreed that they needed more support from their agencies and respect for the capacity that an individual has to be as intimately involved with youth and families as a case manager’s job description demands (Gerstenzang, 2010; Hollin & Larkin, 2011; Lonne et al., 2009; Tao



et al., 2013). The key to fixing this problem within the agencies is funding to hire more case managers.

### ***Respect for the Experiences and Insights of Group Home Caregivers***

Every participant expressed the need for group home workers to be respected by everyone else in the child welfare system. The attitude of disrespect in this particular scenario exposes a connection to greater societal issues. Bias yields disrespect and discrimination. In a recent study on the low-wage workforce, conducted through the Brookings Institute, Martha Ross and Nicole Bateman (2019) noted the need to address bias and discrimination among low-wage workers. Their study found women and people of color to be overrepresented in this labor market. They stated that “even with equivalent education and experience, workers of color earn less than white workers, and women earn less than men” (p. 42). Their recommendations included the need for more stringent enforcement of anti-discrimination laws in regard to employees with these demographics.

The focus group participants in this study mirrored this intersectionality for the caregivers working in group homes. Direct caregivers are the lowest paid employees in the foster care system. By far the majority (89.9%) was female and over two-thirds were people of color. They were the only employees not required to have any education beyond high school. A feminist critique of caregiving in general and group home direct caregivers in particular reveals the intersectionality of gender inequality and racial discrimination contributing to the low-wage labor force among caregivers.

Cathy Aymer (1992) addressed this intersectionality in her historical analysis of British residential care from 1970 to 1990, showing that these issues are global. Aymer opened with the statement, “Residential care for children has increasingly become a

residual service in which both workers and children may feel devalued and demoralized” (p. 186). By the 1990’s, group care had become limited mostly for adolescents with behavioral problems that had no other options and for younger children with special needs. Aymer pointed out that “as residential care has become a service of last resort, it has been starved of the resources required to provide the level of care necessary for the needs of the children involved” (p. 186). She described how those working as direct care staff, primarily poor women of color, were poorly paid for demanding work consisting of long hours and high stress. This data addresses my question concerning why group care in the 1960s looked so different to what I saw in the early 21<sup>st</sup> century.

Aymer (1992) noted that a primary concern working against group care was abuse accusations as portrayed in the media. She felt this contributed to the prejudice against residential care as being “inherently bad for children” (p. 190). Eventually, the move away from residential group care and toward adoption or foster care was attributed to the prevailing social work perception that a nuclear family setting was best and to the economic reality that placing children in foster homes saved the government money. As a balance to this judgment against group care, she presented a quote from two earlier researchers, Payne and Statham (1988):

It is worth pointing out that some terrible things happen in families, often invisible and unknown to the outside world. Yet revelations of child abuse, granny bashing or marital violence are rarely used as arguments against the family. Rather the reverse, such evidence is used to argue the case for devoting more resources to strengthening, supporting and protecting the family. (p. x)

Another concern Aymer (1992) addressed was a disproportional amount of black children in residential care. As a black woman in this field, she exposed the paradox this situation presented. On the one hand, there was a perception that black women were not fit to be good mothers because so many of their children were taken from their homes. On the other, black women were considered qualified to care for children in out-of-home placement but actually were used because of their lack of education and low economic status that caused them to accept the low waged jobs. Aymer was also concerned about the increase in placing black children in homes with white mothers. She felt this implied that white mothering was superior to black mothering and this would confuse and harm a black child's identity, particularly girls as they grew up and became mothers. She concluded that "if residential work is to become something more than a dump for a new residuum of problem children and a ghetto of frustrated professionals, then the strategies of anti-discriminatory social work offer the only way forward" (p. 199). This discrimination must be confronted before the attitude of disrespect can be resolved and it must be resolved on the local level to grow to have global effect.

To increase respect for this population, evidence-based studies showing their value and worth must become more prominent among those working in child welfare. Researchers have revealed that caregivers play the most vital role in the daily life of group home residents and their input should be sought and respected. Fitzharris (1989) stated, "The person who lives with the child daily has more accurate information than the one who makes monthly visits" (p. 109). James Harris (2009) claimed that "the youth-direct-care staff member relationship may be the single most important factor in determining a youth's success in a residential program" (p. 89). In his book, *Evolving*

*Residential Work with Children and Families*, he presented his study of life in residential treatment centers.

Harris (2009) described the roles of all staff in residential treatment facilities. He compared the agency hierarchy from the viewpoint of the organization with that from the perception of the youth in care. The organization's order began with the executives at the center, where the largest salaries and highest educations were located. From this core, the concentric rings moved outward with the clinicians as second in importance, the supervisors next to them and the direct-care staff at the outer-most margin. Executives, clinicians, and supervisors were required to have bachelor or graduate degrees. Direct-caregivers were not required to have any higher education.

When the young residents living in these centers ordered the roles, they reversed the circles, making their direct-care staff the center of the agency. They considered these workers most important because they interacted with them on a daily basis. Supervisors were second because they were present in their daily lives even if they had no direct interactions with them. Clinicians were the next circle. They may have had weekly contact with each resident but the youth remarked that clinicians spent most of their time in their offices even when they were on site. Executives, on the outer margin of the youth's hierarchy, were perceived by the youth as functioning without any personal interactions with those they proposed to be assisting.

These insights shared by Harris for residential treatment centers are echoed in the findings from my focus groups with group home caregivers. Participants repeatedly indicated the close relationships they had with the youth in their homes. Some youth stated that they opened up to their caregivers more than anyone else in their lives. Harris

defined the role of direct-care staff members as being both a caregiver and a mentor to the youth in their care. He noted that because these caregivers see the children they supervise daily, they are better positioned to be the consistent adult in the child's life than are case managers who generally have monthly contact with their clients at best.

Caregivers also have a smaller number of youth in their care than case managers which allows them to spend more time with each adolescent. Working relationships in the system could improve if upper management came to value and respect direct care staff to the degree that the youth in their care valued and respected them.

Most of the participants in my focus groups were trained and worked in group homes where owners valued them, trained them and compensated them fairly for their work. This is not the case in all group care and may not even be the norm. Many researchers who have studied group care noted that the quality of caregivers in most group facilities is poor (Barth, 2002; Freundlich, 2003; Krebs & Pitcoff, 2006; Jones, 2009). A New York City juvenile judge described congregate care as a "mixed bag" due to the variations in the quality of individual facilities, much of which was related to staffing (Freundlich, 2003, p. 53). An agency representative claimed that "congregate care works when it's therapeutic. It doesn't work when it's a holding pen for kids that nobody knows what to do with" (Freundlich, 2003, p. 53). With trained, educated staff and well-organized management, group home care can be therapeutic.

When judges and social workers were asked to identify factors that caused the low quality in caregivers, the first response was the low salary – usually over \$20,000 but less than \$30,000 annually. Other factors were also mentioned: 1) lack of professional qualifications and inadequate screening, 2) inadequate training regarding roles and

responsibilities as well as a lack of knowledge concerning adolescent behavior and trauma care, 3) poor staff supervision which can lead to inappropriate behavior and even abuse toward the residents, 4) high staff turnover (Freundlich, 2003). These problems have led to the low regard many have for group home care. All of these issues can be addressed and corrected in a group home when caregivers are well-trained and good owner management is in place. Most of the caregivers in my focus groups worked in such residences.

### ***Regard for the Differences between Older and Younger Youth***

Differences between older and younger youth are exhibited in different ways in the child welfare system (Sepulveda & Williams, 2019). This difference shows up most dramatically in their chances for adoption. Statistically, the chances of an adolescent finding legal permanency through adoption are much smaller – 10% or less - than a child eight or younger that has a greater than 70% chance (Children's Bureau, 2020). The vast differences between an eight year old and an adolescent would account for many of the problems. Without detailing these differences, I think it is worth noting that schools account for these differences even in the buildings they build for the different age groups. Child welfare, however, has historically viewed all minors with a “one-size-fits-all” accommodation in relation to adoption. All policies and funding rotate around finding a home for every minor in state custody. I suggest it is time to take a long look at this 100-year-old accommodation paradigm and update our perceptions.

No one in any group or any research has argued against placing young children in homes with families. What has been recognized by researchers for adolescents is the necessity to understand life and relationships from their viewpoint to be able to meet their

needs for permanency and stability (Anglin, 2011; Brown & Seita, 2009; Hyde & Kammerer, 2009; Leloux-Opmeer et al., 2016; Tao et al., 2013; Stott & Gustavsson, 2010). Many caregivers in my groups noted that there was so much care and protection around these teens that when they exited the system at age 18, they had not had the chance to adequately prepare for being independent. The argument for better understanding their viewpoint leads to allowing older youth to have a voice in shaping their lives and their futures before they exit the system to start living on their own.

My findings referred to many comments concerning adolescents who wanted to have a voice in the plans for their lives. This issue has surfaced in other research. In a recent report on a collaboration to collect data for the National Youth in Transition Database (NYTD), young people in foster care were invited to work with the survey team to edit the survey questions (Villagrana, et al., 2020). One of the changes they requested was to not limit the questions to negative aspects but to give youth an opportunity to talk about what was positive in their lives. At the end of the project, a recommendations for future collaborations was to include youth input in future projects. “It is critical to engage young people in foster care in planning survey development, marketing plans, and data dissemination. Young people are the experts of their own lives and can give meaningful feedback about their peers” (Villagrana, et al., 2020, p. 69). This statement resonates with the input from my research that adolescents are capable of assessing their needs and should be given the right to have input in their life plans.

Adolescents are the ones who know how they function best and they want a voice in their placement planning. The youth in Madelyn Freundlich and Rosemary Avery’s (2005) study felt that the system’s focus on adoption as permanency worked against

family reunification. Some of the professionals in the system noted that there was often a misconception that family did not matter to teens. Though some teens wanted to be adopted, many did not because they did not want a new family. Others preferred emancipation as their permanency options. Permanency for some was starting a family of their own. My findings concur with Freundlich and Avery that not all adolescents wanted the same permanency goal, but all wanted a say in their permanency planning.

Justeen Hyde and Nina Kammerer (2009) conducted in-depth interviews with 16- to 19- year-old teens that were in state foster care. The majority of the youth in this study had spent “some or all of their teenage years in congregate care settings” (p. 265). Thus, these youth spent much or all of their adolescence in living situations structured to be temporary. Because congregate care is not intended to be a long-term placement, these facilities were not resourced to incorporate the programs needed to enable positive developmental outcomes. The authors noted that these years of multiple placements had taken a heavy emotional toll on the adolescents in their study.

Hyde (2009) recalled being “struck during the first few interviews by the matter-of-fact tone participants maintained throughout the conversation...the absence of emotion and engagement in many adolescents’ voices” (p. 271). She related this to “the feeling many reported of having little or no control over their lives” (p. 271). In my study, caregivers noted this emotional disconnection in what they referred to as hopelessness. They found this to be an underlying disposition in most of the adolescents in their group homes. They also attributed this hopelessness to the lack of control the youth had over their lives. Being given a say in their placements would give them some control over and



responsibility for their futures. It would be a step toward respecting the life skills they bring with them and acknowledging their maturity as the older youth in the system.

### *The Necessity of Mentors*

Mentoring was noted as one of only two positives in the current system by the participants in the focus groups. Many foster alumni in Brown and Seita's (2009) text credited their success in part to natural mentorships with adults such as teachers and mentors and therapists who showed special interest and concern for them and gave them a reason to believe that their lives mattered. Researchers have asserted that the most common need among youth aging out of foster care is having a healthy, committed and caring adult in their lives (Anglin, 2011; Brown & Seita, 2009; Harris, 2009; Heinemen & Ehrensaft, 2006; Petersen, et al., 2014; Schene, 2002; Stott & Gustavsson, 2010). Freundlich and Avery (2005) stated, "Research makes clear that youth who lack adult support face heightened risks of negative psychological and social outcomes" (p. 116). They noted that child welfare professionals agreed that teens need "one-to-one care by someone interested specifically in their progress and who will be there for them to come back to" (p. 125). Studies have shown that youth in low socioeconomic groups have the most to gain in mentoring relationships but are least likely to have a mentor (Rhodes, 2020). Participants in my study complained that the system did not do enough to help adolescents in their group homes establish a support network before they transitioned.

As a pioneer in mentoring research, Jean Rhodes (2020) noted that much had been written about the importance of mentoring, but little research had been done to show how effective it was for the young people in the programs. She stated, "If we want to create programs that truly help children, we need to take accurate stock of the effectiveness of

existing programs and develop a more complete understanding of what it takes to deliver high-quality youth mentoring” (p. 24). In her book, *Older and Wiser: New Ideas for Youth Mentoring in the 21<sup>st</sup> Century*, Rhodes (2020) discussed natural mentors and formal mentors. Natural mentorships develop while doing life activities. Their methods are unstructured and the focus is a supportive, caring relationship that becomes important to the youth. Formal mentoring programs began in 1909 when Big Brothers was founded and have grown in numbers over the past 100 years (Rhodes, 2020). In formal mentoring programs, mentees are assigned a mentor and there may or may not be a structured program, but the goal is still the development of a close relationship.

Rhodes (2020) presented numerous meta-analyses of individual studies on various mentoring programs. This research determined that nonspecific mentoring was not significantly effective. She attributed part of the problem to the fact that “the field of mentoring has underestimated the severity of the problems and circumstances facing many mentees” (p. 46). Though the majority of mentoring has been nonspecific, Rhodes referenced a few programs that targeted specific academic achievements and social skills. She shared studies showing that targeted, evidence-based mentoring approaches were more effective in improving outcomes than nonspecific mentoring. However, Rhodes noted that “mental health struggles often precede academics, social, and career difficulties” (p. 73). She presented mental and behavioral health interventions which could be supported by three types of targeted mentoring programs: specialized mentoring, in which a trained mentor delivered the interventions; embedded mentoring, where the mentors were set into a system, such as a school; blended mentoring, where mentors supported youth using interventions delivered through technology. In the latter two,

mentors “provide supportive accountability and supervise practice” (p. 85). In these targeted approaches, however, the close relationship remains the key because it is the catalyst for change.

Rhodes (2020) recognized that these new specialized mentoring programs would need to be studied and evaluated. She also pointed out that “lurking behind any recommendation for improving mentoring programs are the upstream problems of poverty and growing inequality” (p. 125) and that there will never be enough mentors for every youth that needs one. The best solution for more mentors, she suggested, was the “*youth-initiated mentoring* (YIM) approaches, which train youth to value, identify, and recruit natural mentors” (p. 129). For this to be successful, however, youth must have access to healthy, caring adults in their everyday lives. To propose how this could happen, Rhodes quoted Bryan Stevenson of the Equal Justice Initiative:

Many of you have been taught your whole lives that there are parts of the community where the schools don’t work very well; if there are sections of the community where there’s a lot of violence or abuse or despair or neglect, you should stay as far away from those parts of town as possible. Today, I want to urge you to do the opposite. I think you need to get closer to the parts of the communities where you live where there’s suffering and abuse and neglect. I want you to choose to get closer. We have people trying to solve problems from a distance, and their solutions don’t work, because until you get close, you don’t understand the nuances and the details of those problems (p. 127).

This quote proves especially true in the scenario of adolescents in group homes. We cannot help them solve their problems from a distance. We must move in close.

### *Resourcing Group Homes for Long-term Care*

A prevalent theme in my focus groups was youth preferring group care over foster care or kinship care. Owners mentioned that youth asked their case managers to send them to their group homes. Some received calls from the teens themselves wanting to see if they could move in with them. Many caregivers shared stories of adolescents who after moving into their group homes asked to stay there rather than be moved to a kinship or foster home. The participants attributed these requests to the normalcy the youth found in the group homes. This normalcy was established through the consistent structure that gave them a sense of stability and the depth of relationships they established with their caregivers and youth who understood their situations. These reasons are consistent with what researchers have affirmed about how adolescents develop permanency and stability through meaningful relationships (Heinemen & Ehrensaft, 2006; Salazar et al., 2018; Stott & Gustavsson, 2010). A publication by the Children's Bureau noted a "growing recognition of the need to develop better practice models that guide children and youth toward permanency in relationships and connections" (Child Welfare Information Gateway, 2013, p. 6).

In their study of transitional housing for emancipated youth, Brown and Wilderson (2010) stated, "Youth in group care are especially poorly prepared for the transition to adulthood" (p. 1470). They noted that youth aging out of group homes usually have parents whose rights have been severed and they have lost contact with extended family and friends, often leaving them with no support system when they exit foster care. They also tend to have had fewer opportunities to build meaningful, long-term relationships with other adults, have less education due to more placement

disruptions, and have not been trained in the basic life skills necessary to transition successfully into independent living. These problems persist because of multiple placements but also because of the prevailing mentality toward group care which results in a lack of resources in group homes to provide what these youth need to achieve positive developmental outcomes.

As noted earlier, Stott and Gustavsson (2010) concluded that short-sited federal policies on permanency have created these unintended consequences that defeat the system's own goal of establishing permanency and stability for adolescents in foster care. These authors' advocated that this permanency could be established in quality congregate care facilities to keep teens in their communities and in the relationships that matter to them. Their conclusions are shared by others who have researched adolescents in group care (Anglin, 2011; Fitzharris, 1989; Folman, 2009; Harris, 2009; Jones, 2009; Krebs & Pitcoff, 2006; Salazar et al., 2018). The stories shared by the participants in my focus groups confirm the same conclusions. In the next section, I will make recommendations based upon their input and the research of the numerous scholars whose earlier work I have been privileged to learn from and build upon.

## **RECOMMENDATIONS**

In this section, I present my recommendations for change based on my discussions and conclusions, all based on the recommendations of the participants of my focus groups and backed by previous researchers. Two of these suggestions can begin now without any changes in policy and little or no increase in funding. One will involve slight modifications in procedures and funding but no major policy changes. The last will require deep alterations in perspective and perception to bring about the legislative

revisions necessary to make this change. I begin with discussing the changes that can easily start now and work my way through to those which require more in-depth revisions within the system. I have grouped my recommendations under four headings – Mentorship for Every Adolescent in a Group Home, Collaboration between Caregivers and Case Managers, Trauma Informed Care Training for All, and A New Permanency Paradigm for Adolescents. Each of these recommendations has the potential to increase the probability of adolescents aging out of foster care with positive developmental outcomes and transitioning into adulthood with more stability.

### ***A Mentor for Every Adolescent in Group Home Care***

I have established the importance of having a mentor in the previous sections of this chapter and given new approaches for implementation. There are aspects of mentoring that can make it a more realistic option than adoption or fostering for adolescents and for adults who want to help. Mentoring does not involve a legal or long-term commitment. It is flexible with each party's schedule and the time commitment is usually meeting for an hour once a week but programs vary. Some group homes have in-house mentoring programs for their youth. MENTOR National provides excellent resources for mentors including free webinars and mentoring guides on their website. There are also non-profit mentoring organizations that group homes can partner with such as Big Brothers Big Sisters.

Group homes can engage in mentoring programs with little to no expense. The primary issue for one-on-one mentoring programs is finding mentors. If one-on-one mentoring is not available, organizations that offer Positive Youth Development (PYD) programs are structured in such a way that they provide mentoring type relationships

between the youth and their staff. National organizations that provide PYD programs include America's Promise Alliance, American Camp Association, Boys and Girls Clubs of America, and the National 4-H Council. Group homes could enroll their youth in these organizations and give them the opportunity to develop mentoring relationships with their staff while achieving skills that would help them successfully transition into adulthood. These organizations also have the potential for allowing youth to develop relationships in the community for support after they exit the system.

### ***Collaboration between Caregivers and Case Managers***

According to my findings, case managers need more training in their job skills. This could improve their job performance in many practical ways. However, as long as they are being assigned unreasonable caseloads, they will not be able to perform their jobs in a manner that will effectively improve their relationships with their clients – the youth whose lives they are responsible for managing. The only way they can improve these relationships is to have more time to spend with these youth and their families and to work on their permanency planning. That will happen when case managers have fewer youth and families to assist. The only way to solve this problem at an agency level would be more funds to hire more case managers or administrative workers to help with their paperwork. This solution must be addressed on a state level.

To address part of the problem now, the caregivers in the focus groups offered to collaborate with case managers to relieve them from some of their workload. They suggested taking on the tasks that relate to decisions about the youth's daily activities and personal care because they are in a better position to make those decisions. Allowing caregivers this authority would make each person's job easier and could decrease the

adolescents' feelings of being incarcerated in the group homes. Case managers would have far less phone calls to return and would not have the pressure of making decisions on which they were not as well-informed to make. Caregivers would not spend time waiting to hear from case managers and would have less behavioral issues with frustrated teens who feel like it's a hopeless cause even asking about doing simple things like going for a walk. The biggest plus from this collaboration would be for the youth themselves and the ease it would add to living their lives. An answer to their simple daily living requests would be more prompt and would simplify life for all involved.

For this collaboration to be effective, the negative mentality toward group home care and those who work there must be addressed. Making this improvement for adolescents in foster care hinges on changing the attitude of case managers toward caregivers to one of respect and trust. This will not come about by simply being told to make this change. Case managers and caregivers will need to sit down together and talk through their issues and hear each other's perspectives and frustrations with the goal of working together to improve the lives of the youth they both care for by making the processes easier for all. Through such conversations, they can work to gain mutual trust and respect. They do not need to wait for this mentality to change system wide.

My findings revealed that case managers know the good group homes in their areas. Owners shared comments and calls they received from case managers because they knew their group homes had good care. I recommend that these owners and their direct care staff discuss the possibility of meeting with the case managers of the youth currently in their homes to discuss collaboration. If agreed upon, they then put together a proposal of how they envision working with these case managers by listing the tasks the caregivers



feel they could handle more efficiently and with better accuracy based on their positions in the homes with the youth. When all group home staff are in agreement with the proposal, the owner would contact the case managers and explain the idea of collaboration, presenting the proposal and requesting a meeting together at the group home to discuss the proposal and share thoughts on how working together could be beneficial to everyone involved. This would be a starting point for collaboration.

By beginning in this manner, the group home initiates the meetings and does the foundational work to begin the discussions. No federal policies have to be changed for case managers and caregivers to collaborate in this way. It may require reworking agency policies but that is much more manageable. If case managers and caregivers approach the agency in agreement on a proposal for making their jobs more efficient with a feasible implementation plan and no funding needed, the chances of getting approval increase. Growing in respect and trust would be a natural outcome for case managers and caregivers as they work together in this process. It also has the potential to send a more positive mentality toward group homes and their staff further up into the administration.

### ***Trauma Informed Care Training for All***

Another possible area of collaboration would be in training together. My findings emphasized the need for trauma informed care training for every person in the foster system who is directly involved with youth in state foster care custody. Attending training with those in other areas of the system has the potential to inform those attending of the needs and problems in areas outside of their own. It might also be more cost effective to bring larger groups together for training sessions. This recommendation may require increased state funding. To provide more funding, the state will need to be

convinced that its investment in trauma informed care training will show returns by improving the job of the agency.

As Mark Courtney (2009) noted, youth who enter foster care in their teens have spent their lives in the neglectful or abusive environment that brought them into state custody. In her text, *Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror*, Judith Herman (1997) expressed the core struggle in the study of psychological trauma throughout its history. “To study psychological trauma is to come face to face both with human vulnerability in the natural world and with the capacity for evil in human nature” (p. 7). Nowhere is this struggle more manifest than in the work of child welfare with abused children. The results of this trauma are confirmed in the fact that more emancipated youth suffer from post-traumatic stress disorder (PTSD) than do war veterans (National Governors Association, 2007).

Nadine Burke Harris (2018) began her investigation into trauma and its physical effects in children when she opened her pediatric clinic in a low-income area of San Francisco in 2007. She was familiar with the CDC’s study on Adverse Childhood Experiences (ACEs), carried out in San Diego, CA, in collaboration with Kaiser Permanente. She began giving the ACEs questionnaire to all of her young patients, and she discovered that the effects of trauma were deeper than emotional. The effects ran as deep as a child’s epigenetic structure, making cellular changes that caused lifelong health issues and could be passed on to the next generation. Her book, *The Deepest Well*, relates the story of her journey and her discoveries (2018). Her 2014 TED talk, *How Childhood Trauma Affects Health across a Lifetime*, has been viewed over eight million times (2014).

Numerous researchers have worked to gain a better understanding on the impact childhood adversities have on a child's health and have found effects in multiple areas, including stress hormones and brain development. They have also developed specialized treatments which have been proven to lessen these effects. In a clinical review published in 2016, psychologist Phil Fisher and his team of researchers from the University of Oregon noted studies that suggested the effects of these adversities on the body could be reversed. In the trial, he and his team worked with 57 youth in foster care in a specialized treatment program using play therapy that also involved training for their foster parents. The success of this treatment was measured with a test that indicated the presence of stress hormones. The salivary cortisol levels of these children were found to be reverting back to normal. The program included follow up care and for those youth who continued in the study, their cortisol levels remained normal (Keener, 2021).

The cumulative research on childhood adversities and trauma informed care confirms the need recognized by the caregivers for more education and better training for all involved in the lives of the youth in state foster care custody, specifically in trauma informed care. James Anglin's research study (2011) asked if group homes could provide positive services for adolescents in foster care. Anglin listed as one of his seven positive characteristics of group homes the fact that staff in group homes were more prepared to deal with the disruptive behaviors of the youth than foster parents or kinship caregivers. He referred to the youths' behaviors as "pain-based" (Anglin, 2014) which correlates to the insights given by the focus group participants of the pain these youth bring into their placements. He too recognized the need for trauma informed training and noted that punitive and controlling reactions to their behaviors caused more problems and often re-

traumatization for the youth. This recognition by all adults involved with youth in foster care is imperative and could possibly assist in lowering the statistics on placement disruptions, which would increase an adolescent's potential for positive developmental outcomes.

Training in trauma informed care would also serve the LGBTQ youth who are overrepresented in the foster system. A 2019 study revealed that 30.4% of youth in foster care self-identified as LGBTQ (Baams, Wilson, & Russell, 2019). This is almost three times more than youth who are not in the foster system (11.2%). Children's Rights notes, "Without safe foster care placements, and without the vital support of caseworkers and other child welfare professionals, LGBTQ youth often flee abuse in foster care only to face homelessness and sexual exploitation" (Children's Rights, Inc., 2021a). Focus group participants discussed sexual identity as an issue for older youth in foster care. Having every worker in the system trained in trauma informed care would reduce the trauma these youth face in foster care. One owner had opened the first two group homes for LGBTQ licensed by the state in Arizona, but there are not enough specialized homes to serve all youth who need these placements. Training for parents along with education on sexual identities could help prevent some of these youth from entering the system.

The therapy the youth receive for behavioral and mental health disorders should also be trauma informed. Caregivers from every group in my study made numerous comments about the ineffectiveness of the therapy many youth received. The resources for trauma informed therapist and providers of training in trauma informed care have steadily increased over the past decade. These resources are available for the state to access for training and for therapy for the youth in their care. A point also expressed in

my findings was the need to provide parents more resources to allow children to stay in their homes. Trauma informed therapy and care training in family resource centers might be helpful for parents and could decrease the number of youth entering foster care.

### *A New Permanency Paradigm for Adolescents*

In my study, there were two prevalent statements regarding adolescents and permanency planning. The first was that older youth wanted a say in their placements and permanency plans. Second was that many youth preferred to stay in group homes until they aged out rather than be moved into foster or kinship care. For these youth to have a voice in their placements and planning, group care must become a long-term placement option for adolescents. For this to happen, there must be a major paradigm shift in child welfare regarding their assessment on group care.

Over the past decade, many scholars have written on the need to provide housing and life skills training for youth who have transitioned out of foster care (Amodeo, Collins, & Clay, 2009; Calheiros, Patricio, & Graca, 2013; Courtney M. E., 2009; Hatton & Brooks, 2009; National Governors Association, 2007; American Humane Association, 2014; Osgood, Foster, & Courtney, 2010; Packard, Delgado, Fellmeth, & McCready, 2008; Valentine, Skemer, & Courtney, 2015). A few researchers, however, have raised questions asking why these problems are not being addressed before youth age out of care. Why wait until adolescents have exited care to provide these services (James, 2011)? Why not accept the reality that many of them will reside in group homes before aging out and plan for this time to be spent constructively, using group care “as an instrument rather than as a vessel” (Wolins, 1974, p. 3)? Why not develop and federally mandate and fund quality congregate care facilities that are structured to provide

adolescents in state foster care with education, job training and life skills, social networks and long-term relationships with healthy adult mentors to aid “the resident’s readiness to engage successfully in more normative environments” (Anglin, 2011, p. 220)? Why not see that their physical and mental health needs are met at this time in their life as well as when they transition into adulthood (Courtney, 2009)? Why not provide these services while the state is paying “at least \$50,000 per year per teen” (Krebs & Pitcoff, 2006, p. xix) in state foster care custody and lessen the cost of care to tax payers after these youth exit the system (Brown & Wilderson, 2010)? Common sense seems to reason that the state should be doing more for these youth while they are living in state funded foster care.

Caring well for adolescents before they exit foster care is a win-win situation for both society and adolescents in foster care. For society, the cost of not preparing youth to exit foster care with the potential for becoming an independent adult is great. A Casey Foundation study put the cost at “\$4.1 billion for each new group of youth aging out of foster care” (Annie E. Casey Foundation, 2019, p. 5). The estimated cost per 100 youth aging out of state custody who commit crimes and end up incarcerated is \$4.8 million (Valentine, Skemer, & Courtney, 2015). Society incurs other costs due to high percentages of unemployed and homeless former foster youth. Packard, et al. (2008) proposed a transition program to the state of California and demonstrated a “benefit-cost ratio of 1.5 to 1” for 100% success and 1.2 to 1 for a 75% success rate over a 40 year assessment (p. 1267). The state fund savings translated into \$1,458,224,758 at the 1.5 ratio and \$423,458,333 at 1.2 ratio (p. 1276).

While the benefits to society are significant, the ultimate objective of the program was to help former foster youth “achieve outcomes equivalent to those of youth who were raised in more traditional family settings” (Packard et al., 2008, p. 1276). For the state to serve these youth justly, this should be their goal. Exiting the system with positive outcomes would mean less time needed in young adult transitional living programs. Even more importantly, being prepared to succeed on their own is more socially just for these minors in state custody. The ultimate benefit of aging out with positive developmental outcomes for adolescents is a better life.

Betsy Krebs and Paul Pitcoff (2006) saw this need and initiated research which led to their vision for improving the support of adolescents while in foster care. During their careers as lawyers for foster teens, Krebs and Pritcoff became increasingly frustrated with their work in family court in New York City. They observed that the system “seemed to defy all notions of justice, equal protection, and individual rights” (p. xvi) for the youth they were representing. They quit their jobs in family court and opened a nonprofit, Youth Advocacy Center, in 1992. The non-profit offers self-advocacy seminars to help adolescents in foster care gain the skills necessary for their forthcoming independence.

In their text, *Beyond the Foster Care System: The Future for Teens*, Krebs and Pitcoff (2006) relate how their frustrations with the system and their desire to help youth who were aging out unprepared for independent living led them to research changing the system to help teens leave care better prepared for a successful transition into adulthood. They sought to answer four questions that they found pertinent to the changes they perceived to be necessary: 1) Should the government’s responsibility for the care and

protection of teenagers in foster care include preparing them for successful independence? 2) Can the foster care system apportion more attention to teen's futures and less to their problems? 3) Can teenagers in foster care successfully engage in intellectual activities for the purpose of preparing for their independence? 4) Can citizens from the general community become more directly included in making the foster care system more responsive to the needs of teens in care? (pp. xix-xx).

Krebs and Pitcoff (2006) based their research on their experience with adolescents in state foster care and the professionals connected to their care. This background allowed them to develop their vision for improving the foster care experience for older youth. The majority of their experiences involved teens in group homes. They constructed their philosophy both as "a summary of what teens needed and deserved to succeed" and "a blueprint of how to develop an alternative sort of independent living program for teens" (p. 120). Their report included ten major points (See Appendix H).

Krebs and Pitcoff (2006) stated, "The changes we envision will not cost more, but they will require a different and more positive way of looking at teens and at ourselves" (2006, p. xxii). They noted that youth who enter foster care as adolescents have most often been fending for themselves and sometimes younger siblings as well. They have developed survival skills that for them have translated into independent living skills. This fact was also noted in my findings. The focus group participants suggested that individualized planning should show respect for the skills these adolescents have already developed and should build on their strengths while adding what they needed, especially provisions such as health care, education and job skills. The caregivers in the focus



groups were showing this respect. This strengths-based approach could be supported in all well-managed group homes with trained caregivers.

Policy makers have legislated against congregate care for over 100 years, but the need for group homes has not gone away. If we have learned nothing else, we should have learned that making policies does not change reality. Numerous youth in custody of the state, particularly adolescents, continue to spend extended time in group homes which are not resourced to meet their developmental needs and, thus, they age out of care with negative developmental outcomes. This is an injustice to the youth and to society. I recommend that legislators and policy makers acknowledge the reality of adolescents in state foster care custody living in group homes and provide the resources these youth need in these living situations to enhance their opportunities to exit the system with positive developmental outcomes, increasing their potential to live successfully in society as independent adults.

### **HOW MY WORK FITS INTO PREVIOUS RESEARCH**

The goal of my research has been to add knowledge in the area of youth transitioning out of foster care. Many have researched this population in the past and many more are currently doing research on these youth. The majority of previous research falls into two categories – 1) the prevalence of negative outcomes for these youth and the problems caused by such, and 2) the needs of these youth after they transition out of foster care and how they can be helped. This research has painted a harsh picture of the reality of these young adults who age out of the system without the common advantages that adolescents who grow up in homes with their families bring with them into adulthood. These studies have been necessary to gain an understanding of

the difficulties these youth face as they exit the system and the situations they fall into when they have no support after leaving foster care.

I chose to focus on adolescents in foster care prior to exiting the system to see what might be done to improve their outcomes before they transition out of care. Fewer researchers have chosen this focus, but I was fortunate to find some excellent studies to inform me and help guide my inquiry. My research fits into this knowledge pool with those who moved upstream from where transitional youth studies start. I have focused on youth 14 to 17 years of age to examine their situations in the foster system leading up to when they age out. My research is prevention focused with the goal of finding places to address their needs at this stage of their development in hope of deterring the adversities that many researchers have confirmed are common on the other side of their exit.

Research on adolescents aging out of foster care exist using interviews with juvenile judges, clinicians and therapists, case managers and other administrators and the youth from this population. What I did not find was a study of these adolescents from the perspectives of the direct caregivers that live with them in group homes. Caregivers have firsthand knowledge based on their living experiences with these youth. The information they share is valuable and essential. I have added their firsthand insights and perspectives to help fill this gap. It is my hope that more research will be done with this group.

### **WHAT MY RESEARCH ADDS TO THIS KNOWLEDGE POOL**

My research makes three major contributions in this area. One major contribution is bringing together the voices of those who see the positive possibilities for group home care. Most studies on group homes and congregate care expose the many problems in these facilities, of which there is no shortage. Some researchers have pointed out that

these problems can be found in other foster care placements, but emphasize their prevalence in group care. The problems definitely exist and have many causes, but I propose that the research is so vastly weighted in a negative direction because it was the negative that most researchers were investigating. Fewer have inquired about what is good in congregate care, especially in non-specialized group homes. Because I chose this focus, my research has produced an accumulation of studies that looked at how group care could be resourced and used as a positive environment for older youth who have not found permanency in the system and most likely will not before they exit. This collection provides a valuable resource for those looking for ways to improve the lives and outcomes of youth spending their teenage years in foster care.

Another major contribution of my study is recognizing the voices of those who spend the most time with these youth and know them most intimately – their direct caregivers. Statistics confirm that half or more of the adolescents in the foster system spend time in group care (Children's Bureau, 2015). These teens have had close contact with direct caregivers because of their placements in group homes. I chose direct caregivers as the participants in my focus groups because they spend more time with the youth in group care than any other employee in the child welfare system. These youth often open up to their caregivers in ways they do not disclose themselves to others. The knowledge and perspectives of caregivers should be valued as highly as any other voice in the system.

Other researchers have noted that among all workers in child welfare, caregivers are the most accurate source for information on the youth in their group homes and hold the most important place in their lives according to these youth (Anglin, 2011; Fitzharris,

1989; Harris, 2009). Caregivers live with these teens and with their close friends. They experience their mood swings, drama, and disruptive behaviors, as well as their pain, silence, and tears. What they share about the youth in their care provides valuable insights into these adolescents. Their input should be appreciated as a credible resource.

Perhaps my greatest contribution to the study of adolescents in foster care is evidence-based research in favor of replacing the APPLA placement goal with a well-planned and well-resourced long-term living situation in a group home. This option would help resolve the problem of multiple placements. My findings revealed that youth are requesting to live in good group homes until they age out and longer. Designing well-managed group homes with well-planned programs for the developmental needs of adolescents would enable these youth to be supported in their work toward positive developmental outcomes before they exited the system through a placement option of long-term care in group homes staffed with trained caregivers. Research affirms that earlier intervention is a better option for the development of a youth than waiting until the youth has exited the system and is in a transition program. Earlier is also more financially efficient. Most important of all, acknowledging the youth's voice and providing them with these resources is a kinder and more responsible choice for a system that earlier in the minor's life decided that it would be a better parent than the child's natural parents.

#### **LIMITATIONS AND FUTURE RESEARCH**

My greatest limitation was the size of my study. I had hoped for at least 50 participants but with the difficulties I encountered in recruiting and then complications in scheduling groups with five or more people, my participants numbered 22. I felt that a few of my contacts decided not to risk exposure by having me talk with their workers.

One of these was the CEO of a large group home. A few of my participants had worked in large homes but having a focus group with those currently working in this scenario would have added another dimension to my study. I also tried to recruit focus groups in other locations in the state but none were formed. I had an out-of-town contact willing to be in a group but she was unable to recruit people to join her. Each of these areas would be good for future research.

My study was limited in that I did not have focus groups with those other than caregivers who are involved in group homes. I had planned to hold one large group with youth who had aged out of group homes within the last 5 years. Some owners in my focus groups actually suggested I do this and were willing to recruit some of their alumni for me. I had planned to hold that group in April of 2020. The shutdown for Covid began mid-March and took that option away. I also wanted to have a focus group of case managers, but could not. These groups would have expanded the perspectives in my study and contributed to validation. I would be interested in doing research with case managers and caregivers in focus groups together with questions concerning their thoughts on collaboration among themselves to make their jobs easier.

As I began my data analysis, I became aware of my limitations in not knowing other important questions I should have asked of my participants. In my demographic survey, I did not ask about the types of group homes where they had worked. Though I gained that information from some participants through the group discussions, it would have been informative as a demographic question to get the information on everyone. In the focus groups, it would have been helpful to ask what they considered good and bad characteristics of group homes and how these characteristics related to management

styles. It may have been a limitation in one of my groups that the owner participated with her caregivers. It is possible that no one wanted to share negative information because their employer was at the table. For anyone doing more studies with caregivers, I would recommend including these questions and having groups of owners and groups of caregivers without mixing them. Doing future research similar to mine on a national scale with caregivers from different regions would offer a much broader knowledge base on life in group homes.

Researching what state agencies with low APPLA rates are doing to replace this option as a placement goal would be helpful. This research may be available but it was not related to my research question. There is also limited research on adoption disruption and dissolution. Since this is considered the most reliable of permanency options, more research would be helpful to affirm if this assumption is true or not. Further research in this area might also provide information to inform how to help these adoptive youth and their adoptive families keep their permanency.

Perhaps most useful would be more studies on the effectiveness of the legislation on foster care passed throughout the last century, like Fitzharris' (1989) research on the Adoption Assistance and Child Welfare Act. Such research would inform policy makers where their laws have helped and where they have failed, hopefully making them more open to reform and change. For Arizona, it would be helpful to research a direct correlation between the budget cuts from 2009-2014 and the increase in the foster population growth from 10,000 in care to almost 17,000 during this time period. This study was not made by the administration that enacted these cuts when they were called to account for 6,000 reports of child abuse not being investigated. I believe such research

could provide a history useful to current and future administrations hoping not to repeat this problem.

## **CLOSING THOUGHTS**

In my methodology chapter, I expressed my method's choice of critical qualitative research. I noted Norman Denzin's (2017) proposition of pursuing social justice through this research method. Denzin called on critical qualitative researchers to not only "interpret the world" but to "change" it by focusing "on research that makes a difference in the lives of socially oppressed persons" (p. 9). I believe I have met his call. Here, I again present the five ways for critical qualitative research to contribute to social justice issues as posed by Denzin. I would like to address each of his statements with the contributions this study has made.

*First, it can help identify different definitions of a problem [and] some agreement that change is required* (Denzin, 2017, p. 12). The problem of multiple placements has been addressed in numerous studies and primarily as contributing to negative developmental outcomes. All involved in child welfare agree on the severity of this problem. Everyone agrees that change is required. The system solution to this issue has been recruiting more foster homes and adoptive parents. Though this study does not redefine this problem, in probing for a solution, it does identify a different problem – the system mentality toward group homes - and challenges this mentality with evidence of a different definition of group care. This new definition changes the perception of group homes from being the problem to being the solution. It brings together a collective of researchers who offer a new solution to the problem of multiple placements by

recommending that group homes be resourced as long-term placement options for adolescents.

*Second, the assumptions...held by various interested parties...can be located and shown to be correct, or incorrect* (Denzin, 2017, p. 12). It has been a 100-year-old assumption of child welfare that every youth in care needs a single home, family environment to thrive. The system strives to provide this environment permanently through adoption and, before permanency is found for a youth, through a foster family. This study and the previous research that supports it have revealed that the system's focus on legal permanency has been working against the relational permanency that gives adolescents in the system their sense of stability. For many older youth in foster care, adoption is illusive and foster homes are not where they thrive. Adolescents often expressed finding their sense of normalcy in well-structured group homes with caregivers trained to deal with their behaviors and peers who understood their situations. This research confirms what some earlier studies have revealed – that the assumption that adoption is the best option for every minor in state foster care custody is a false assumption.

*Third, strategic points of intervention into social situations can be identified [and] services of an agency and a program can be improved and evaluated* (Denzin, 2017, p. 12). The strategic point of intervention for improving the outcomes of youth aging out of foster care is during their adolescent years prior to exiting the system, not after they exit. This study and others have evaluated the foster care system and determined that the most efficient approach to this intervention would be to allow group homes to become permanent placement options for adolescents and improve the care and



programming to facilitate positive developmental outcomes. Group homes already exist in the system and many adolescents in foster care are spending time in these homes. Child welfare agencies can make group homes a permanency option for adolescents to end the trauma and disruption in their lives caused by multiple placements. These agencies can then resource these homes to enable young people to exit the system with positive developmental outcomes. This intervention would reduce the need for more extended services after youth exit the system.

*Fourth, it is possible to suggest “alternative moral points of view from which the problem,” policy and the program can be interpreted and assessed (Denzin, 2017, p. 12).* Child welfare’s mantra of “a family for every child” (Ford et al., 2005) is well meaning and not necessarily wrong. However, the understanding of this expression has been very narrowly interpreted. The system answer for providing each child a family has been through adoption. For youth who enter the system as adolescents, this is not always their need. As per its own policy, when the system accepts the responsibility of parenting a child, it becomes their moral obligation to provide for that child according to what is in the best interest of that child. It is in the best interest of every child to provide a safe and stable residence where their physical and emotional and social needs can be met. Because adolescents are more mindful of their situations and more aware of what gives them a sense of normalcy and stability, it is imperative that the system now in legal control of their lives consider their input for placement options. Older youth often insist that they have a family and do not want another. Child welfare should acknowledge their interpretation of this mantra and their right to hold their interpretation.

*Fifth, the limits of statistics and statistical evaluations can be exposed...Its emphasis on the uniqueness of each life holds up the individual case as the measure of the effectiveness of all applied programs* (Denzin, 2017, p. 12). Statistics show that the majority of minors who enter the foster care system and cannot be reunified with their families find stability and permanency through adoption and this is true (Children's Bureau, 2020). This fact would imply that adoption is the best option for all youth entering the foster care system. That is how the child welfare system has viewed this statistical evaluation. However, with a closer look at the breakdown of their statistics, the numbers from past decades have revealed that this option has not been promising for older youth in the system. Reviews of individual cases of adolescents have exposed the ineffectiveness of pursuing adoption for the majority of minors in this age group, particularly for those who entered the system in their teen years. This unproductive pursuit consumes time and resources, especially of case managers, which could be used in planning strategies to help these youth achieve positive developmental outcomes before they age out of care. The child welfare system would benefit and provide better care for adolescents by acknowledging this reality and recommending and supporting policy changes to allow older youth to find their permanency and stability in group homes resourced to enable them to exit the system with positive developmental outcomes if that is an adolescent's preference.

In accepting the reality of adolescents in foster care, those working with these youth would be doing the work of science as described by Darin Weinberg (2002). I close this dissertation by responding to what he terms as the “two fundamental presuppositions” (p. 3) upon which qualitative research rests. The first is “that grasping

the true nature of our surroundings and ourselves does in fact require work (we must accept that we are all sometimes prone to misunderstanding)” (p. 3). This must be the starting point for improving the developmental outcomes for youth aging out of foster care. We have to accept that we have wrongly defined permanency for many adolescents and at a high cost for everyone, but especially to them.

Secondly, Weinberg (2002) purposes “that through due diligence we may overcome our false consciousness and begin to see the world as it really is” (p. 3). This study and other studies have provided the due diligence necessary to reveal the reality of adolescents in state foster care custody. These youth are not finding permanency in the traditional ways established by the system. Their reality is life in multiple placements, often in group homes from where they age out with negative developmental outcomes. When those working with these youth begin to view their world as it really is, they will be able to refocus their efforts and resources into making productive changes that can produce better outcomes.

In this study, I have sought to answer the question, “How could improving the quality of care in group homes enable adolescents in state foster care custody to exit the system with positive developmental outcomes?” I had ideas in my mind of findings concerning programming and care but I was initially surprised that the answer centered on making group homes an option for permanency. At this point, I am surprised at my surprise. When prior research has concluded that the problem of multiple placements leads to the problem of negative developmental outcomes, the only solution is to establish permanency. When traditional options for permanency have failed older youth in foster care for decades, it is time to find another option. It is my privilege to join the company

of other researchers who have worked so diligently to gain a better understanding of what adolescents in foster care need to age out as healthy individuals and move on to live meaningful and successful lives. It is my hope that others will continue this work.

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APPENDIX A

TIMOTHY FITZHARRIS' ASSESSMENT OF THE ADOPTION ASSISTANCE  
AND CHILD WELFARE ACT (P.L. 96-272) OF 1980.

Fitzharris (1989) determined that the goal of this act was to fix the foster care system with permanency and reunification legislation. While reviewing this law during the decade in which it was passed, he concluded that the “overselling” of placement theory led to many unsupported conclusions and concerns about group care.

1) Assumption: group foster care is bad and should be avoided at all cost; Reality: children with multiple problems who are hard or impossible to place may need group care and longer stays.

2) Assumption: only family settings are good; Reality: some children react negatively to closeness and nonprofessional family settings.

3) Assumption: group care is too restrictive; Reality: in some cases, group care is less restrictive and more family-like than a child’s actual family.

4) Assumption: all children can reunite with their families or be adopted; Reality: many cannot and should not go home and cannot find adoptive families.

5) Assumption: when P.L. 96-272 is in full effect there will be little or no need for foster or group homes; Reality: the need has increased with growing awareness and reporting; group care will be used more for difficult children now and in the future than in the past.

6) Assumption: Foster Care Maintenance funds (Title VI-E) should be capped or used for prevention and family services; Reality: maintenance costs will likely increase with more difficult populations in group care; preventions could increase rather than decrease costs.

7) Assumption: “foster carers” are motivated by money; Reality: most, and often the best, are service-oriented and raise millions in donations to provide their services with millions of hours of volunteer service. (Fitzharris, 1989)

Fitzharris noted the need for research and evaluation to determine the effectiveness of this legislation. He found numerous concerns with the law, including a lack of clarity on group care. In his estimation, an important debate for the future should be if group homes should develop a whole continuum of services rather than focusing on special needs services (109). He considered the challenges of doing such as: 1) defining the role of group care; 2) providing adequate funding; 3) supporting the caregivers; 4) developing continuum of care; 5) developing information systems (110-111).

Fitzharris (1989) concluded, “Group care has a viable role to play in the ongoing implementation of P.L. 96-272...The remaining challenge is to develop quality programs – stabilizing, preventative, and residential – that are suited to the needs of individual children” (p. 112).

APPENDIX B

JAMES ANGLIN'S (2014) STUDY ON CONGREGATE CARE

Anglin sought to determine the most significant modes of relating between persons within and connected to the group home. He established 11 key traits to be the “most pervasive and influential for positive change:

- 1) listening and responding with respect;
- 2) communicating a framework for understanding;
- 3) building rapport and relationship;
- 4) establishing structure, routine, and expectations;
- 5) inspiring commitment;
- 6) offering emotional and developmental support;
- 7) challenging thinking and action;
- 8) sharing power and decision-making;
- 9) respecting personal space and time;
- 10) discovering and uncovering potential;
- 11) providing resources (221).

Anglin also defined five levels of hierarchy in group home operations to keep organized function in the home:

- 1) extra-agency (outside);
- 2) management level (in house);
- 3) supervision level (in home);
- 4) carework and teamwork (community links);
- 5) youth resident and family level (daily living, visiting, etc.).

Most important was the congruency from higher to lower to serve the child’s best interest in actual practice.

APPENDIX C

IRB LETTER OF EXEMPTION



EXEMPTION GRANTED

Vera Lopez

Social Transformation, School of (SST)

480/965-7681

Vera.Lopez@asu.edu

Dear Vera Lopez:

On 2/14/2017 the ASU IRB reviewed the following protocol:

Type of Review: Initial Study

Title: Direct Care and Case Manager Perceptions of Group Home Processes for Youth  
in Foster Care

Investigator: Vera Lopez

IRB ID: STUDY00005742

Funding: None

Grant Title: None

Grant ID: None

Documents Reviewed: • DEMOGRAPHICS.DCS.pdf, Category: Measures

(Survey questions/Interview questions /interview guides/focus group questions);

• Focus Group Questions.DCS.pdf, Category: Measures (Survey questions/Interview  
questions /interview guides/focus group questions);



- DEMOGRAPHICS.CM.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);
- IRB Application , Category: IRB Protocol;
- Focus Group Questions.CM.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);
- CONSENT FORM.CM.pdf, Category: Consent Form;
- Recruitment Flyer.CM.pdf, Category: Recruitment Materials;
- Recruitment Flyer.DCS.pdf, Category: Recruitment Materials;
- CONSENT FORM.DCS.pdf, Category: Consent Form;

The IRB determined that the protocol is considered exempt pursuant to Federal Regulations 45CFR46 (2) Tests, surveys, interviews, or observation on 2/14/2017. In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,

APPENDIX D  
RESEARCH PARTICIPATION ANNOUNCEMENT

**WHO IS ELIGIBLE?**

- Direct Care Staff who work/have worked with adolescents in group homes
- Ability to speak and read English

**WHAT IS BEING REQUESTED?**

- Commitment to participate in 1 focus group, 1 hour each, with 6 to 8 other direct care staff; food provided.

**COMPENSATION**

- You will receive a \$30 Target gift card for your participation in the small focus group
- You can receive a \$10 Target gift card for each additional participant you recruit up to 3 eligible participants (Maximum of an additional \$30)

**IF YOU HAVE ANY QUESTIONS OR ARE  
INTERESTED IN PARTICIPATING, PLEASE  
TEXT OR CALL SUE MICETIC AT 480-628-2837  
OR EMAIL: [SUE.MICETIC@ASU.EDU](mailto:SUE.MICETIC@ASU.EDU)**

**When you text or email, please identify yourself as  
a direct care staff interested in the research study.**

APPENDIX E

CONSENT FORM – FOCUS GROUP FOR DIRECT CARE STAFF

ARIZONA STATE UNIVERSITY

Hello. My name is Sue Micetic. I am a PhD candidate in Justice and Social Inquiry at Arizona State University. I am requesting your participation in one focus group session for my dissertation research project. I am researching processes for group homes housing adolescents in the state foster care system. I have requested your participation because you currently work or have worked with adolescents in a group home as a direct care staff. There are no direct benefits promised to you as a participant in this study. However, the results of this study could benefit adolescents in the state foster care system who reside in group homes as well as the group homes and those who work directly and indirectly with them.

The purpose of this form is to provide information that may affect decisions regarding your consent to participate in this study. If you agree, you will be asked to participate in 1 focus group session with 5 to 6 other direct care staff which will require approximately 1 hour of your time. Food will be provided and you will receive a \$30 gift card to Target as compensation for your participation. You may also receive an additional \$10 gift card for any other participant you recruit up to 3 participants (\$30). In the focus groups, I will be collecting general demographic information via a written form, but this form will not include any names or personal identifiers. In the discussions, I will be asking questions about the youth in your care. I will be seeking your input on how the child welfare system is best serving these youth as well as ideas you have for improvement. The discussion will be taped but no names will be used throughout the sessions. The site for the focus group will be private room in a community center or other such facility.

I will ask for complete confidentiality in this study. To help maintain confidentiality, I will not be asking for any names or including anyone's name on the tape or written notes. Following the sessions, I will type a written record of the discussion and then destroy the tape. No one will be given access to the tapes or the written records of the discussions. This research is not connected to your job and will not be shared with your employer. The results from this study may be published but no names will be revealed. Please be aware that because this is a group discussion, I am unable to guarantee complete confidentiality.

By signing this form, you are stating 1) that you have read this form and 2) that you are satisfied that you understand this form, the research study, and its risks and benefits. The researcher will be happy to answer any questions you have about the research. If you have any questions please feel free to contact Sue Micetic at [Sue.Micetic@asu.edu](mailto:Sue.Micetic@asu.edu) or her supervisor, Dr. Vera Lopez at [Vera.Lopez@asu.edu](mailto:Vera.Lopez@asu.edu) .

Note: By signing below, you are telling the researcher YES that you will participate in this study by participating in a focus group with other direct care staff. Please keep one copy of this form for your records.

Your name (please print) \_\_\_\_\_

Your signature \_\_\_\_\_

Date \_\_\_\_\_

**Investigator’s Statement**

I certify that this form includes all information concerning the study relevant to the protection of the rights of the participants, including the nature and purpose of this research, benefits, risks, costs, and any experimental procedures.

I have described the rights and protections afforded to human research participants and have done nothings to pressure, coerce, or falsely entice this person to participate. I am available to answer the participant’s questions and have encouraged him/her to ask additional questions at any time during the course of the study.

Sue Micetic, PhD Candidate  
Justice and Social Inquiry  
School of Social Transformation  
Arizona State University

Investigator’s Signature \_\_\_\_\_

Date \_\_\_\_\_

APPENDIX F

DEMOGRAPHICS QUESTIONNAIRE FOR DIRECT CARE STAFF





APPENDIX G  
FOCUS GROUP QUESTIONS

## OPENING

*I would like to open by thanking you for agreeing to be part of this focus group. I am Sue Micetic and I am a graduate student at ASU studying the possibility of providing more resources and research into group care to improve the lives of adolescents in state foster care custody and the developmental outcomes of those who exit the system without legal permanency to a family. Emily is my research assistant who is working towards her masters in counseling. I want to assure you of confidentiality on our part regarding anything you share here. I assume that each of you prefer to have your thoughts and comments contained within this room and not repeated to anyone outside of this group. Please show the others in our group the respect you would like to receive from them by not repeating anything shared in our group today. Also remember that there are no right or wrong answers to any of my questions. I am looking for your personal insights and opinions so please feel free to share them regardless of what anyone else has shared.*

*In today's group, we will discuss the youth under your care in general terms – no names or personal identifiers - and your insights concerning group care, then wrap up with some general questions about your job and the child welfare system.*

*To begin, I would like to focus on **the youth under your care**. Again, for the sake of confidentiality, please do not refer to any individuals by name.*

1. What problems bring a youth to live in a group care facility? Not what brings them into DCS but why do they come into group care?
2. How do youth react to being placed in group care? How youth connect with one another in group facilities? How long does it usually take a new resident to feel connected?
3. Describe your relationship with the youth in your care.

*Next, I would like to ask some **general questions about group care**:*

1. In your opinion, what is working well in the system in general and in your care facility in particular?
2. What could be changed to help improve permanency and stability for adolescents in your care?
3. How could you imagine group care could be developed to improve the lives of these adolescents?
4. What do you like about your job? What keeps you here? What is an average term of employment for direct care staff? Why do they leave?
5. Any final thoughts/issues/considerations that I have missed and you would like to add?

## CLOSING

*Thank you for all that you do for children in the child welfare system. Thank you for participating in these focus group sessions. I appreciate your time and your insights. You can count on my confidentiality toward all that you have shared today. I am counting on your confidentiality for your co-participants. I will be staying for a while to answer any questions you may have.*

APPENDIX H

KREBS AND PITCOFF ON TEENS IN FOSTER CARE

1. All teens in foster care have the potential to succeed as participating citizens and reach their personal and career potential.
2. Every foster care teen must be treated as if they have the capacity for future success.
3. Teens in care must prepare for their future while they are still in care, not wait until after they are discharged.
4. Because education is crucial to life-long fulfillment for foster care teens, it must receive as much attention as does mental health counseling.
5. Teens in foster care need to hear stories and see role models of individuals engaging and succeeding in the world outside foster care.
6. Intellectual empowerment is essential for achieving independence.
7. Intellectual self-authorship, the process of developing understanding that is relevant to the individual's life experiences and understanding, must replace the knowledge dispensing system of independent living training.
8. An independent living program must be interesting for the teacher to teach.
9. Students need a significant positive experience in the outside community to test their new understandings and acquired skills.
10. The system should give foster care teens an opportunity to have their achievement in the learning process evaluated and recognized. (Krebs & Pitcoff, 2006, pp. 120-6)