

## Key factors and characteristics of successful resource parents who care for older youth: A systematic review of research



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### ARTICLE INFO

#### Keywords:

Foster parents  
Placement stability  
Retention of resource families  
Parental characteristics

### ABSTRACT

There is growing recognition that competent, committed resource parents are a critical component to the effective delivery of foster and adoptive services for teens placed in out-of-home-care. This study implemented a systematic review process to identify the personal characteristics, skills and abilities of successful resource families that maximize foster and adoptive parent retention and maximize placement permanency of teens placed in out of home care. Starting with an extensive search of the literature across the last two decades and outreach to locate studies, the authors systematically analyzed research that used permanency and placement stability as the primary dependent variables and personal characteristics/attributes, knowledge, skills and abilities as independent variables. Of the 838 total documents identified, 48 were original research studies that focused on one or more of these variables. Although rigorous and systematic, this research was hampered by differing definitions, samples, measures, and the type of analysis utilized among these studies. Personal characteristics that promoted permanency and placement stability included having a tolerance for rejection, flexible expectations, having a sense of humor, having a belief in a higher power, belief in self-efficacy, having higher education, having sufficient economic resources, having healthy family and marital functioning, having access to support systems, and being motivated to foster/adopt. Knowledge, skills, and abilities resources families acquired that promoted permanency and placement stability included the ability to communicate effectively, maintain attentiveness to the parent/child relationship (i.e. using routines and structure while also offering children a variety of experiences), understand the effects of trauma and teach socio-emotional health, provide culturally competent care, recognize, express and process grief, take care of oneself, valuing and participating in life-long learning, training and education, and valuing a connection to the child's birth family.

### 1. Introduction

Although adolescents in the child welfare system significantly benefit from living in family settings, approximately 50% of those in care will enter a congregate care setting at some point (U.S. Children's Bureau, 2015). Adolescents represent 69% of the youth in congregate care, with 24% entering congregate care as their first placement (U.S. Children's Bureau, 2015). One reason for this overrepresentation is it can be difficult to recruit and retain foster, adoptive, and kinship caregivers (hereby referred to as *resource parents*) for adolescents. Resource parenting of children of any age involves balancing multiple responsibilities, including meeting the youth's daily physical, social, and emotional needs; nurturing a trusting relationship; responding to

behaviors appropriately; advocating; engaging the youth's biological family when appropriate; providing transportation to appointments; and communicating with the foster care team (e.g., social workers, lawyers) (Chipungu & Bent-Goodley, 2004). Resource parenting of adolescents often comes with additional challenges because the majority of adolescents have experienced trauma resulting in complex needs (Chamberlain et al., 2006; Cook et al., 2005; Salazar, Keller, Gowen, & Courtney, 2013). Despite these complex needs, limited training has been available to prepare resource parents to care for adolescents. As a result, many of these placements fail; 55% of adolescents who have been placed in out-of-home care have experienced three or more placements (NFYI, 2017). Placement instability impedes the ability of older youth to build sufficient relationships needed to

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<https://doi.org/10.1016/j.childyouth.2017.11.026>

Received 6 August 2017; Received in revised form 21 November 2017; Accepted 21 November 2017

Available online 23 November 2017

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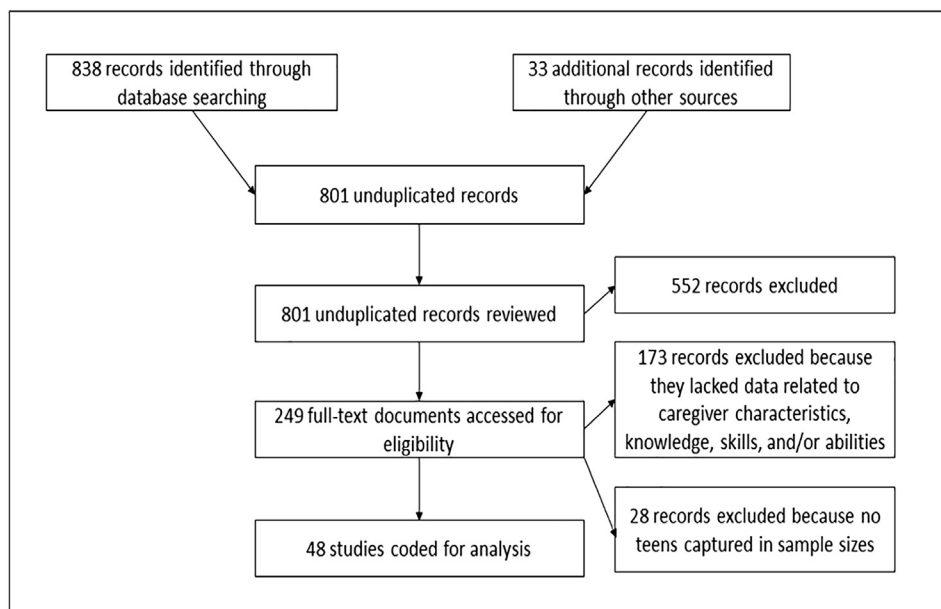


Fig. 1. A flow diagram for study inclusion.

successfully transition to adulthood (Buehler, Orme, Post, & Patterson, 2000; Harden, 2004; Keller, Cusick, & Courtney, 2007). In addition to reducing the ability of children to develop secure attachments (Gauthier, Fortin, & Jeliu, 2004) placement instability has been associated with greater emotional and behavioral problems (Leathers, 2002). The intensification of existing behavioral and emotional difficulties developed through placement instability than make it more difficult for children to establish subsequent relationships with foster parents and contribute to further placement breakdown and rejection (Sigrid, Landsverk, & Slymen, 2004).

The over use of congregate care settings due to the lack of qualified foster parents willing and able to parent older youth (U.S. Children's Bureau, 2015), and the high number of placement changes that older youth in care experience due to the inadequate training provided to prepare resource families to parent older youth (Connell et al., 2006) can negatively impact the long-term well-being of older foster youth. These adolescents are at increased risk of substance use disorders, mental illness, delinquency, sexually transmitted infections, teen pregnancy, and low academic achievement (Day, Edward, Pickover, & Leever, 2013; Griffin et al., 2011).

An Office of Inspector General report (2002) suggests that child welfare agencies across the United States experience problems recruiting resource families with the skills and abilities needed to promote permanency and well-being of older youth placed in out of home care, and asserts that the federal Department of Health and Human Services could do more to address these concerns. There is a need for a comprehensive understanding of the characteristics, skills, and abilities of resources families that enable them to successfully provide placement stability and permanency to older youth placed in out-of-home care. The purpose of the current study is to address this important gap in the existing literature.

## 2. Methods

### 2.1. Search strategy and selection of studies

The broader systematic review searched for and retrieved published studies, including peer reviewed journal articles, books, government reports, and other sources identified in the gray literature, dated between 1987 and 2016, through web-based searches on Google Scholar, Elsevier, ProQuest, and SpringerLink as well as personal correspondence, reviews of annotated bibliographies and reference lists. Key

search terms for the web-based searches were provided to the research team from a panel of national experts who informed the development of the study. Key terms/phrases included: treatment and therapeutic resource/foster parent curriculum/training; resource/foster/kinship/guardianship parent curriculum/training; behavioral and educational problems that increase length of foster care placement; effectively managing youth/adolescent behavioral challenges; foster care youth and congregate care; intensive in home interventions for youth with complex and challenging behaviors; foster parenting approaches and strategies for adolescents; characteristics of successful foster and adoptive parents; resource parent parenting skills; foster placement stability for youth/adolescents; trauma informed foster parenting; unique needs of older adolescents in care; best practices in youth service coordination/advocacy for youth; preparing adolescents for guardianship; preparing teens for adoption; cultural competency in fostering/adopting; co-parenting with birth/resource families; child characteristics that impact placement stability; and trans racial adoption of teens. Studies were included if the sample met the inclusion criteria of foster, adoptive or kinship caretakers and the study included a focus on permanency and/or placement stability. Studies were excluded if the report was redundant with other studies, or if after initial review, the study was determined not to meet the inclusion criteria.

Following a comprehensive search, 838 documents were located. After excluding documents due to duplication and a lack of relevance, 249 documents were selected for in-depth review. After more intense examination against the inclusion/exclusion criteria, 173 documents were excluded because they lacked data related to caregiver characteristics, knowledge, skills, and/or abilities. An additional 28 documents were excluded because the samples utilized in the study did not include adolescent populations leaving a final sample of 48 studies for review. Fig. 1 depicts the selection process. Studies selected for the final sample were reviewed and classified into the thematic categories depicted in Table 1. Definitions associated with each thematic category were captured from the studies and recorded in Table 1 as well. Each of the studies selected for analysis were reviewed by two reviewers. A third reviewer who was most familiar with the literature reviewed the coded information to ensure studies were appropriately classified. Percentage agreement was computed as the sum of the agreed upon ratings divided by the number of units that were coded under each theme. All themes reached an inter-rater reliability score of 90% or higher. Final categorization codes were determined through consensus.

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