Foster Parents’ Key Barriers to Agency Training and Support Groups

by

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MSW Clinical Research Paper

Presented to the Faculty of the School of Social Work St. Catherine University and the University of St. Thomas St. Paul, Minnesota In Partial fulfillment of the Requirements for the Degree of Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master’s thesis nor a dissertation.
Abstract

In 2012, more than 185,000 American children lived in nonrelative foster homes. While some states do not require foster parents to receive ongoing training or agency support, these services have been shown to decrease foster parent attrition and improve the experience for both parents and children. Despite the benefits, foster parents do not regularly take advantage of agency training and support options.

Previous research has revealed that common barriers to support and training group attendance are both structural (e.g., timing and inconvenience) and perceptual (e.g., relevance of training). This study showed that foster parents experience similar barriers, despite believing that the groups improve their parenting. Implications for foster agency staff are discussed.
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Foster Parents’ Key Barriers to Agency Training and Support Groups

The U.S. foster care system aims to provide safe, stable, nurturing home environments for children who cannot live with their family of origin, because of neglect or abuse. Foster care settings include nonrelative foster families, relatives, group homes, emergency shelters, residential care facilities, pre-adoptive homes, and supervised independent living (Child Welfare Information Gateway, 2013a). In 2012—the year for which the most recent national statistical estimates are available—approximately 400,000 children were in foster care in the United States, nearly half in nonrelative foster family homes (U.S. Department of Health and Human Services [DHHS], 2013).

Foster parenting is an extremely difficult and challenging job. Foster parents are increasingly expected to assist in the maintenance of the relationship between their foster child and the child’s family of origin (Hudson & Levasseur, 2002). This responsibility can bring a host of challenges, ranging from logistical (e.g., arranging visits with birth parents) to emotional (e.g., believing ongoing contact is detrimental to the child). Foster parents must maintain effective working relationships with foster care agencies and county workers, which might require reporting, interviews, and unwanted communication. In addition, these concerns are compounded by the complex needs of children in the foster care system. High rates of physical problems, developmental delays, and mental disorders among children in foster care are found in research literature (Oswald, Heil, & Goldbeck, 2010).

In light of the substantial need for foster parents and the difficulty of the position, turnover is a serious concern. Many foster parents—up to 60 percent—drop out within their first year of service (Cox, Buehler, & Orme, 2002; United States General Accounting Office [USGAO], 1989). Reasons cited for attrition include inadequate respite care, inaccessibility of
agency caseworkers, and lack of recognition and respect (Chamberlain, Moreland, & Reid, 1992; Murray, Tarren-Sweeney, & France, 2011; USGAO, 1989). In addition, foster parents and research literature identify emotional support and ongoing training as necessary to retention. Foster parents desire support from agency staff as well as other foster parents, and they want effective, relevant training in order to better meet the needs of the children in their homes (Brown & Calder, 2000; Child Welfare Information Gateway, 2011; Hudson & Levasseur, 2002; McDonald, Burgess, & Smith, 2003; Murray, Tarren-Sweeney, & France, 2011).

Foster care agencies naturally seek to meet the needs of foster parents, but all too often, foster parents don’t attend the services offered by the agencies. While research investigating the barriers that keep foster parents from attending support or training groups has not yet been performed, studies exploring barriers to attendance faced by birth parents have been. Those barriers can be grouped into two broad categories: structural and perceptual. Structural barriers are external, such as logistics (e.g., inconvenient scheduling), costs (e.g., paying for childcare or transportation), and priority activities taking up limited free time. Perceptual barriers are internal and include the expectations and opinions a person has for a given service. This category comprises beliefs that the training or support group will not be useful, effective, or worth the trouble.

This study aimed to discover the specific barriers to training and support groups faced by foster parents. If foster agency staff are aware of those barriers, recruitment efforts and marketing materials can address them. In addition, the groups themselves can be designed to better meet the needs of foster parents. Since foster parents whose needs are met are more likely to continue fostering, efforts to increase retention are essential to ensure effective and ongoing care of children in the foster care system.
Literature Review

Foster Care in the United States

Nonrelative foster care in the United States was long conceived of as a substitute family setting for children removed from abusive, neglectful, or otherwise unsuitable homes (Sanchirico & Jablonka, 2000). Made law in 1980, the Adoption Assistance and Child Welfare Act shifted the goal from family breakup toward family maintenance and reunification (Hacsi, 1995). Not 20 years later, the Adoption and Safe Families Act (ASFA) of 1997 set new priorities: the health and safety of children, especially when reunification put them at risk of harm; limits on time spent in foster care; expedited paths to permanence; and adoption when appropriate (Lowry, 2004).

Despite this federal impetus, many children remain in foster care for extended periods of time. In 2012, 30 percent of children in foster care had been in the system for over two years; 9 percent had been in care for five years or more (DHHS, 2013). Considering that almost half of the nearly 400,000 children in foster care were placed in nonfamily foster homes (DHHS, 2013), the need for qualified foster parents is very high. Unfortunately, the many challenges associated with the job can discourage people from becoming foster parents and/or limit the time they spend fostering.

Challenges of Foster Parenting

Relationship with child’s birth family. A plan for reunification of a child with his or her birth parents is required for most children in foster care (Sanchirico & Jablonka, 2000). Reunification plans usually include scheduled, regular visits for children and their birth parents, which can be complicated for foster parents. As with medical or school-related appointments, foster parents are usually expected to transport the child to the location of the scheduled visit,
where they may or may not interact with the birth parents. In cases where birth parents are involved with their children’s medical care or education, foster parents may be required to include the birth parents in meetings and decision-making. Even if there is no direct contact, foster parents must manage the emotional impact of the ongoing birth parent/foster child relationship on the child in their care (Hudson & Levasseur, 2002; Moyers, Farmer, & Lipscombe, 2006).

An ongoing relationship between foster children and their birth parents can also affect the birth children of foster parents. These children, especially when they are close to their foster siblings, experience distress when their foster siblings visit birth parents who abused or neglected them, or when their foster siblings are disappointed by birth parents who break promises or miss visits (Hojer, 2006; Moyers, Farmer, & Lipscombe, 2006). This can add an extra burden to foster parents who must simultaneously manage the distress of both foster and birth children.

**Relationship with care agency.** Foster parents have to abide by state, county, and agency policies in order to provide care. These policies can include ongoing training, regular—sometimes weekly—in-home visits by agency staff, and reporting. In addition, foster care agencies can impose tougher reporting and monitoring standards (Swartz, 2004). These stricter regulations have positive and negative effects on the foster parents. While closer working relationships with agency staff and greater access to training and other resources can make the job of fostering easier, some foster parents perceive the oversight as a challenge to their competence (Swartz, 2004).

**The complex needs of foster children.** Most children enter foster care because of abuse or neglect (DHHS, 2012). The traumatic effect of the experiences precipitating removal from the home is thus compounded by the trauma of being separated from the birth family. In addition, a
consequence of recent federal laws requiring less restrictive environments for children in the child welfare system is that complicated, difficult-to-parent children who would have once been in congregate care (e.g., state hospitals, residential treatment) are now being placed with foster families. The complex needs of children in foster care complicate the already difficult work of parenting.

**Physical and mental health concerns.** Children in foster care exhibit high rates of physical health problems. Hansen, Mawjee, Barton, Metcalf, and Joye (2004) found that when compared to children from similar socioeconomic backgrounds who were not in foster care, foster children had elevated rates of problems as revealed by a physical exam, dental assessment, and developmental assessment, and they were over twice as likely to have delayed immunizations. Of a sample of 668 foster children ages 1 to 15 examined by physicians in New York, 26 percent exhibited significant physical abnormality, 37 percent received referrals for specialty treatment, 45 percent were diagnosed with a chronic illness, and 25 percent had poor visual acuity (Swire & Kavaler, 1977). A subgroup from the same sample of 473 children ages 3 to 15 years revealed that 38 percent were in need of dental treatment, with need increasing with age (21 percent of the 3-5 year-olds and 61 percent of the 12-15 year-olds) (Swire & Kavaler, 1977).

The mental health of children in foster care also suffers. A study comparing foster children to children from similar socioeconomic backgrounds who were not in foster care revealed that the foster children were 12 times as likely to have mental health problems (Hansen, Mawjee, Barton, Metcalf, & Joye, 2004). Tarren-Sweeney (2008) found that children in foster care were significantly more likely to have mental health issues than those not in care, especially problems in socializing, thinking, attending, rule-breaking, and aggression. A survey of 179
school-age children in foster care found that 35 percent had “moderate” psychiatric impairment and 35 percent had “marked-to-severe” levels of impairment (Swire & Kavaler, 1977). Even the youngest foster children are affected. Almost half of 125 children in foster care age 3 or younger were found to have below-normal scores on measurements of mental and psychomotor development (Klee, Kronstadt, & Zlotnick, 1997).

Food-related behaviors. Children in foster care have elevated levels of problematic eating and food-related behaviors. A national survey of youth ages 14-17 who had been in foster care found a 3.2 percent lifetime rate of bulimia, which is three times higher than the 1.1 percent rate found in the adolescent general population of the same age. Tarren-Sweeney (2006) identified two patterns of food-related behaviors: food maintenance syndrome (eating too much, gorging food, and hiding, storing, or stealing food) and pica-type cluster (eating from the garbage, eating non-food items, and unhealthy drinking). A surprisingly high 24 percent of children ages 4-9 in foster care scored in the nominal borderline or clinical ranges for one or both factors.

Substance use disorders. Youth in the foster care system use alcohol and other substances at rates similar to the general adolescent population. However, they are more likely to meet criteria for a substance use disorder. Research reports rates of substance use disorder from 35 percent of 17-year-old youth to 15 percent of 19-year-old youth in foster care (Narendorf & McMillen, 2009; Vaughn, Ollie, McMillen, Scott Jr., & Munson, 2007).

Education. Reported rates of intellectual or developmental disability among children in foster care range from 13 to 62 percent (Klee, Kronstadt, & Zlotnick, 1997; Leslie, Gordon, Ganger, & Gist, 2002; Swire & Kavaler, 1977; Tarren-Sweeney, 2008). Children in foster care suffer increased incidence of negative educational outcomes, including delays in reading or math,
repeating a grade, suspension and/or expulsion, low graduate rates, enrollment in special education, grade retention, school behavioral problems, and poor academic performance (Gustavsson & MacEachron, 2012; Zima, Bussing, Freeman, Yang, Belin, & Forness, 2000).

**Issues Influencing Foster Parent Retention**

Given the many challenges faced by foster parents, it is no surprise that up to 60 percent of new foster parents drop out within their first year (Cox, Buehler, & Orme, 2002; USGAO, 1989). A 2005 report prepared for the U.S. Department of Health and Human Services found that foster parents spent a median length of 8 to 14 months in service (Gibbs, 2005). Considering that over half of all children in foster care spent 12 or more months in care in 2012 (DHHS, 2013), it is clear that the time many children spend in foster care outlasts the typical foster parent career. Increasing foster parent retention would therefore reduce the disruption of being placed with a new family for many children in foster care.

Foster parents choose to leave the foster care system for many reasons. A survey of foster parent professionals—child welfare professionals, representatives of child welfare advocacy groups and foster parent associations, foster parents, academics, foster care consultants, and federal, state and local officials—found that a lack of support services and positive recognition of foster parents were key factors influencing attrition (USGAO, 1989). Detailed discussion of these issues follows.

**Relationships with agency staff.** Foster parents desire good working relationships with agency staff and view these relationships as important for job satisfaction and, therefore, retention. Studies by Brown and Calder (2000), Denby, Rindfleisch, and Bean (1999), Geiger, Hayes, and Lietz (2013), and MacGregor, Rodger, Cummings, and Leschied (2006) described
the following common characteristics of good working relationships with agency staff, as identified by foster parents:

- Open communication between agency staff, foster parent, and other involved professionals was seen as key to retention. Foster parents also desired complete and accurate information about the children in their care.
- Foster parents wanted approval and validation from agency staff. They desired recognition of their experience and respect for their work.
- Accessibility of staff was identified as an important element affecting a parent’s intent to continue fostering. Foster parents need their calls returned and questions answered in a timely fashion, within 24 hours in times of crisis (Hudson & Levasseur, 2002). The relationship disruption caused by frequent staff turnover was seen as a barrier to retention.

Elements related to satisfaction also included a desire to be seen as part of the care team for the child in care; foster parents wanted more decision-making ability and more consultation (Denby, Rindfleisch, and Bean, 1999; Geiger, Hayes, & Lietz, 2013). Foster parents who experienced a lack of trust with agency staff or who believed staff were likely to blame them for mistakes were less likely to continue fostering (MacGregor, Rodger, Cummings, & Leschied, 2006). Interestingly, Steinhauer et al. (1988) found that relationships with agency staff were improved for foster parents who attended support groups with other foster parents.

**Foster parent reimbursement.** Foster parents are not salaried, they are reimbursed for the costs of caring for children. Reimbursements are generally quite low, with no annual cost-of-living adjustments (Barth, 2001). Many foster parents and fostering professionals find the current rates of monetary compensation to be inadequate (Geiger, Hayes, & Lietz, 2013; MacGregor,
Rodger, Cummings, & Leschied, 2006; USGAO 1989), especially when caring for a child with a disability (Brown, Moraes, & Mayhew, 2005). The need for good pay is supported in the literature (Brown & Calder, 2000). Chamberlain, Moreland, and Reid (1992) found that a small increase in a monthly stipend did decrease attrition, but only when it was combined with enhanced training and support services.

**Resource support.** Foster parents who felt they had to constantly fight for the resources their foster children needed, especially more medical, educational, and counseling services, were less likely to continue fostering (MacGregor, Rodger, Cummings, & Leschied, 2006).

**Respite.** Foster parents believe respite is necessary for their health and the health of their biological families (Geiger, Hayes, & Lietz, 2013; MacGregor, Rodger, Cummings, & Leschied, 2006). Respite care services have been found to reduce stress, offer foster parents more time to care for their own needs, heighten feelings of family support, improve family relationships, and increase positive feelings toward foster children (Owens-Kane, 2007). Foster parents caring for a child with a disability identified respite as important, citing the need for more respite hours, more accessibility to respite, and more flexibility in the types of respite they could receive (Brown, Moraes, & Mayhew, 2005).

**Essential to Retention: Training and Emotional Support**

Two elements have been consistently identified as essential to retention in the foster care system: efficient, effective training and emotional support. The impact of training and support on attrition from the foster care system has been discovered by surveying foster parents directly about their experiences and by studying the impact of interventions aimed at increasing retention. Regardless of the method, training and support are found to be essential to foster parent retention.
**Foster parent training.** Even though ongoing foster parent training is not required in every state, foster parents report a desire for training that will allow them to meet the special needs of the children in their homes (Child Welfare Information Gateway, 2011). In particular, foster parents want realistic, specialized training on the etiology of problem behavior and the impact of trauma and disrupted attachment on child development in order to better meet the needs of the children in their care (MacGregor, Rodger, Cummings, & Leschied, 2006; Murray, Tarren-Sweeney, and France, 2011). Moreover, foster parents stated a desire for supervision similar to that provided to social workers (Murray, Tarren-Sweeney, & France, 2011). This interest in being treated like professionals extended to wanting access to the professional development opportunities offered to agency staff (Hudson & Levasseur, 2002).

McDonald, Burgess, and Smith (2003) discussed the impact of providing an interdisciplinary support team to foster parents. According to the authors, previously dissatisfied foster parents reported experiencing increased personal emotional support, greater understanding of child behavior, and enhanced ability to manage difficult child behaviors after the intervention. The foster parents who received the intervention were more likely to continue fostering than those who did not, and they felt that it would assist in recruitment and retention of other foster parents, according to the researchers.

Training offered to foster parents before they begin fostering is also important. Foster parents who found preservice training useful were significantly more satisfied with their ability to manage the various demands of the position (Fees et al., 1998).

**Emotional support of foster parents.** When asked, foster parents name emotional support as necessary to the position, valuing it as high or higher than financial support (Hudson & Levasseur, 2002; Murray, Tarren-Sweeney, & France, 2011). For foster parents, emotional
support is neither advice nor direction; it is someone to call in times of stress, help when
requested, and commiseration when a child is removed from their home (Geiger, Hayes, & Lietz,
2013; Hudson & Levasseur, 2002; MacGregor, Rodger, Cummings, & Leschied, 2006).

While some foster parents want to receive emotional support from agency staff, some are
concerned that revealing the need for support to staff might cause the parent to be seen as unable
to cope (Murray, Tarren-Sweeney, & France, 2011). Supportive relationships with peer foster
parents can alleviate that worry. Indeed, foster parents identify advice from experienced foster
parents as essential for good foster parenting, as important as effective working relationships
with social workers and advice from psychologists (Brown & Calder, 2000, Denby, Rindfleisch,
and Bean, 1999). Foster parents realize agency staff are overworked and think that peer support
from other foster parents could aid retention (MacGregor, Rodger, Cummings, & Leschied,
2006). Research supports this claim. Foster parents who attended weekly training and support
meetings with other foster parents were nearly two-thirds less likely to drop out of fostering than
a control group of foster parents (Chamberlain, Moreland, & Reid, 1992). Interestingly, peer
support seems to increase service satisfaction. In the Foster Care Research Project, foster parents
either received individual support or were assigned to a biweekly support group led by an
experienced foster parent couple and a social worker (Steinhauer et al., 1988). Those parents in
the support group had access to the foster parent couple for crisis emotional support as well as
access to emergency psychiatric consultation. According to the researchers, foster parents who
received group support were more satisfied and felt more knowledgeable and skillful than those
who received individual support. Moreover, foster parents caring for a child with a disability felt
that informal foster parent support groups, especially those to which children could attend, would
be helpful (Brown, Moraes, & Mayhew, 2005).
Barriers to Support and Training Group Attendance

Factors associated with attendance of and retention in support and training groups have been investigated in a number of venues. While the question of why foster parents are not motivated to attend support or training groups has not received specific attention, there is a great deal of literature about what barriers are faced by parents regarding their attendance of various groups related to parenting. The barriers can generally be organized into structural—i.e., external elements preventing participation—and perceptual—i.e., beliefs potential participants have about the services.

**Structural barriers.** A structural barrier to participation identified in a number of studies is simply logistic: parents found the group sessions to be held at an inconvenient time (Cunningham et al., 2000; Heinrichs, Bertram, Kuschel, & Hahlweg, 2005; Spoth, Redmond, Hockaday, & Chung, 1996), they were not able to arrange transportation or childcare (Coatsworth, Duncan, Pantin, & Szapocznik, 2006), or they could not afford the costs of the training itself (Murray, Tarren-Sweeney, & France, 2011). In addition, parents who declined to participate in supportive services often reported being too busy to consider the opportunity (Heinrichs, Bertram, Kuschel, & Hahlweg, 2005).

**Perceptual barriers.** Ideas potential participants have about a training or support group can also influence their willingness to attend. Individuals are less willing to attend training on material not relevant to their needs or if they believe it will not be effective (Kazdin, Holland, & Crowley, 1997; Murray, Tarren-Sweeney, & France, 2011) or when the training is seen as more burdensome than helpful (Attride-Stirling, Davis, Farrell, Groark, & Day, 2004). In addition, parents who discontinued use of mental health services for their families were likely to report a difference between their expectation and experience (Burck, 1978).
Summary

The goal of foster care in the United States is to provide temporary placement for children who are not safe with their parents. These children have often experienced abuse or neglect: traumatic experience compounded by the trauma of being removed from their families. Foster children exhibit elevated levels of physical and mental health concerns, food-related issues, substance use and abuse, and education-related problems.

The foster care system relies most heavily on nonrelative foster families, people who are licensed to offer a safe, stable home while a permanency plan for the child is created and carried out. Foster parents have the responsibility of building a relationship with a child who is not only previously unknown to them but is likely exhibiting challenging behavior. It is therefore not surprising that foster parent attrition is high.

Foster parents have identified adequate training and support as key to retention, but some do not take advantage of agency services. This study sought to identify the barriers—structural and perceptual—keeping foster parents from attending support and training groups.

Conceptual Framework

This study investigated barriers to attending support and training groups. In other words, it sought to understand why individuals are not adequately motivated to attend the groups. Vroom’s (1964) expectancy theory of motivation has been used to explain how individuals make decisions between various behavioral alternatives. Expectancy theory was developed using research from the field of vocational psychology and has been used most often to study job satisfaction and performance and occupational choice (Mitchell, 1974). In a meta-analysis of almost 60 research applications of the theory, Mitchell (1974) reported general support for the theory’s predictive capacity regarding both job effort and behavioral choice. In a meta-analysis
of nearly 80 studies, Van Eerde and Thierry (1996) suggest that, while the theory’s components are more reliably predictive than their product, there is still support for the theory itself.

**Elements of Expectancy Theory**

Expectancy theory posits that the motivational force for a behavior is the product of three perceptions: expectancy, instrumentality, and valence.

**Expectancy.** Vroom (1964) describes expectancy as an individual’s belief of the probability that an action will result in a desired outcome or successful performance. The range of expectancy is from zero (no outcome) to one (desired outcome) and is based on past experience, self-confidence, and perceived difficulty of the goal. For the current study, expectancy is a foster parent’s belief that attending a support or training group would result in a desired outcome, e.g., new knowledge or a satisfying experience of emotional support.

**Instrumentality.** This is based on an individual’s belief of the probability that the desired outcome or performance will in turn lead to a greater reward. Instrumentality ranges from negative to positive, with negative indicating that the reward is certain without the first outcome and positive indicating that the first outcome is essential for the reward. For the current study, instrumentality is a foster parent’s belief that the benefits of attending a support or training group would result in a greater reward, e.g., improved performance as a foster parent or a better experience for the foster child.

**Valence.** Valence is the value an individual places on the reward or their emotional orientation toward it. According to Vroom (1965), the valence is zero if the person is indifferent about the reward, it is positive if they prefer attaining it to not attaining it, and it is negative if they prefer not attaining it to attaining it. For the current study, valence concerns a foster parent’s answers to a question such as, Is attending the group worth the extra effort?
Expectancy Theory and Group Attendance

Given that the motivation an individual experiences with regard to any given behavioral option is the product of the three aforementioned elements, it follows that if any of the elements is zero or negative, motivation will be null. For the current study, this means that a foster parent’s motivation to attend a support or training group can be nullified for any one of three conditions: (1) the parent does not believe the group will be immediately useful (expectancy), (2) the parent does not believe attending the group will improve their experience as a foster parent or the experience of the children in their care (instrumentality), or (3) the foster parent is not affectively oriented toward attending the group (valence).

For this study, research-identified barriers to participation—largely categorized as perceptual and structural—were considered in light of expectancy theory. Perceptual barriers (i.e., ideas foster parents have about a group) can be related to expectancy, which is a foster parent’s belief that attending a support or training group would result in a desired outcome. For example, if a foster parent thought that the topic of the group wasn’t relevant, it can be assumed the parent believed that attending the group would not result in the attribution of relevant information, knowledge, or skills. Structural barriers (i.e., logistic impediments such as transportation or schedule conflicts) can be related to valence, which is the value a foster parent places on the outcome of the group or the parent’s emotional orientation toward that outcome. For example, if a foster parent identified, “The groups are inconvenient,” or “Childcare is a problem,” as barriers to attending, it can be assumed the parent values not attending over attending and/or is experiencing a negative emotional orientation toward perceived benefits of attendance.

The current study used expectancy theory in survey design. All three elements—expectancy, instrumentality, and valence—were addressed in the survey questions. This will give
agency staff the opportunity to respond to the barriers foster parents identify in an attempt to increase attendance. Since attending support and training groups has been shown to increase foster parent retention, addressing the barriers to attendance could decrease foster parent attrition, resulting in more and better resources for children in the foster care system.

**Methods**

**Research Design**

This study investigated the question: What are key barriers to foster parents’ attendance to foster agency support and training groups? This question is important because support and training increase foster parent retention and effectiveness, resulting in better experiences for children and youth in foster care. To answer the question, a quantitative research design involving a survey of foster parents affiliated with a foster care agency was performed. The survey asked participants questions about their thoughts and feelings about participating in training and support groups.

**Sampling**

The sample was comprised of foster parents currently affiliated with a licensed foster care and adoption agency in a Midwestern metropolitan area. The agency receives referrals for children who have been removed from their homes from the county and places and supervises the children in licensed foster homes. The agency approval letter was reviewed and is on file with the University of Saint Thomas Institutional Review Board (IRB), in Saint Paul, Minnesota.

A paper survey, a postage-paid return envelope, a cover letter, and two copies of a consent form were sent by mail to both active (those currently fostering children) and non-active licensed foster parents, for a total of 80. Follow-up contact by email was used in order to increase the response rate. A duplicate survey was replicated online using Qualtrics survey
software and response was requested by email from those parents for whom an email address was available, for a total of 55.

**Protection of Human Subjects**

In order to protect those participating in the survey, this study was reviewed by the University of Saint Thomas IRB. No identifying information was obtained in the survey about the individual respondents. Consent was given by completion of a paper consent form included with the paper survey or by choosing “Yes” on the first page of the online survey. The consent form is on file with the IRB. Both paper and online consent forms included a declaration that participants receive no risks or benefits, a description of efforts taken to ensure confidentiality of respondents, the estimated time it would take for respondents to complete the survey, and contact information for the principal investigator and the principal investigator’s advisor.

Since basic demographic information was collected, only aggregate demographic data is published. Data was collected and stored in an Excel spreadsheet on a secured computer for analysis. The file will be deleted on or before May 23, 2014.

**Measures**

This study used a survey comprised of 18 items, including a number that were demographic in nature and used to describe foster family characteristics (e.g., number of foster children currently in the home). The bulk of the items were closed-ended and open-ended questions addressing opinions about the support and training groups offered by the foster care agency. The survey is reproduced as Appendix A. Survey item #11 listed a number of potential barriers to attendance, which were drawn from previous research (e.g., Whittaker & Cowley, 2010).
Analysis

The survey collected demographic data that were analyzed using measures of central tendency. Potential barriers and qualitative data were categorized according to the expectancy theory perception addressed then analyzed for response frequency. Likert scale responses were analyzed for response distribution.

Advantages and Disadvantages

This study asked a question that was not before investigated. Since foster parents identify support and training as essential to retention, identifying barriers parents face to participating in support and training opportunities can offer agencies opportunities to surmount them. Since the need for qualified foster parents is high and ongoing, reducing attrition will help ensure care for foster children.

A limitation of the study is that the sample was selected from a single foster care agency, which cannot necessarily be considered representative of other agencies. Caution must be used in generalizing the findings. It should be noted, however, that the agency prioritizes recruitment and retention of demographically diverse foster parents. Therefore, while the agency may not be representative, the foster parents should not be considered particularly different from foster parents affiliated with other agencies.

An additional limitation of this study is the agency itself. The agency is a private, non-governmental organization, and as privatization of foster care becomes more common across the country, research is beginning to identify differences between public and private agencies. While a recent research review found no clear superiority between public and private agencies (Steen & Smith, 2012), Hollingsworth, Bybee, Johnson, and Swick (2009) reported in a survey of staff in three Midwest counties that public agency caseworkers had both more experience and higher
salaries than those in private agencies; they were also more ethnically diverse and less likely to stigmatize drug-using or mentally ill parents than those in private agencies. While these results cannot be applied to the agency affiliated with this study, it is important to remember that possible differences between private and public agencies limit the generalizability of the current findings.

**Findings**

**Respondents**

A total of 17 surveys (21.25 percent) was returned and included in data analysis. Not all respondents answered every question on the survey. Respondents (n=15) reported being affiliated with the foster agency an average of 11 years, with a low of 2 and high of 25 years. Of the respondents who provided data on current fostering status, slightly more than 86 percent reported currently actively fostering. Of those currently fostering, two had no foster children in the home, six had one child, five had two children, and one had three. Ages of foster children in respondents’ homes ranged from 2 to 5 years to 18 to 21 years, with one respondent reporting one foster child aged 2 to 5 years, five reporting foster children aged 6 to 12 years, nine reporting foster children 13 to 18 years, and one reporting foster children aged 18 to 21 years.

**Descriptive Statistics**

**Expectancy.** A number of questions addressed respondents’ expectancy toward the groups by allowing them to identify perceptual barriers. As shown in Figure 1, a total of five perceptual barriers were identified:

- The benefits of attending don’t outweigh the costs
- I wouldn’t learn anything new
- Support received wouldn’t be satisfying
• Not interested in program

• The topic isn’t relevant to me

Figure 1. Perceptual Barrier Distribution

An additional question related to respondents’ expectancy assessed their previous experience with the groups at the agency: “If you have attended training or support groups at [agency], were they useful?” To this question, all responses (n=15) were “Yes.”

Valence. A number of questions addressed respondents’ valence toward the groups by allowing them to identify one or more structural barriers. A total of 13 respondents identified such barriers. As shown in Figure 2, a total of 11 structural barriers were identified:

• It’s not worth the extra effort

• The groups would be too much of a burden

• The groups are inconvenient
• Too crowded
• Not aware of the groups
• Transportation
• Childcare is a problem
• The groups are too far away
• I’m too tired
• My personal schedule is too busy
• Work schedule conflict

Figure 2. Structural Barrier Distribution
Answers to the question, “What would make training most accessible to you?” were all related to structural barriers. As shown in Figure 3, a total of eight answers were given, which could be grouped into the following five categories: “Offer child care,” “Offer trainings in the evenings,” “Offer trainings in the mornings,” “Offer trainings on the weekends,” and “Offer online trainings.” One answer, “locale,” was ambiguous and not included in analysis.

![Valence: Accessibility](chart)

Figure 3. Suggestions to Increase Accessibility Distribution

**Instrumentality.** Three questions in the survey assessed instrumentality, which is the respondents’ belief that attending the groups would lead to a greater reward. The first question assessing instrumentality was, “[Agency] groups help you in being a better foster parent (check one):” to which the response options ranged from “Strongly Disagree” to “Don’t Know/No Opinion” to “Strongly Agree.” As shown in Figure 4, of the 16 respondents who answered this question, 1 answered “Strongly Disagree,” 5 answered “Agree,” and 10 answered “Strongly
Agree.” Two barriers in the survey related to instrumentality, “It wouldn’t help me be a better foster parent,” and, “It wouldn’t improve the experience for kids in my care,” were chosen by none of the respondents.

Figure 4. Belief that Attending Groups Will Improve Foster Parenting Distribution

**Discussion**

The data analysis suggests that of expectancy theory’s three elements—expectancy, instrumentality, and valence—expectancy and valence, which respectively comprise perceptual and structural barriers, are far more likely to be identified as barriers to group attendance than instrumentality. Comparing the number of structural versus perceptual barriers reveals that more than twice as many structural barriers than perceptual barriers were identified—11 structural versus 5 perceptual barriers. The structural barrier identified most often, “Work schedule conflict,” was identified 11 times, as opposed to the perceptual barrier identified most often,
“The topic isn’t relevant to me,” which was identified 4 times. In addition, all suggestions offered to make the groups more accessible addressed structural barriers.

**Expectancy**

As previously noted, perceptual barriers can be related to expectancy, which is a foster parent’s belief that attending a group will result in a desired outcome. This type of barrier was much less likely to be identified by the foster parents surveyed for this study. Interestingly, all foster parents who identified perceptual barriers also indicated that the groups they had attended had been useful. This is conceptually congruent for foster parents who identified barriers related to the topic or program of the groups; these foster parents could be attending only those groups that interest them, thereby increasing the likelihood they would find the groups useful. For those parents who identified barriers not related to content (e.g., “The benefits of attending don’t outweigh the costs”), it is possible that, while they find the groups they attend to be useful, the benefits gained—new knowledge, extra support—can be outweighed by the various costs to attendance—time, transportation, schedule disruption, etc.

**Valence**

Structural barriers can be related to valence, the value a foster parent places on the outcome of the group or his or her feelings toward that outcome. Study results suggest that foster parents do not value the outcome of group attendance (new information learned, extra support gained) more than they value not attending, leading them to identify many structural barriers as reasons for not attending support or training groups.

It should be noted that while parents identified more than twice as many structural than perceptual barriers, there were also twice as many structural than perceptual barrier options on the survey. As previously noted, the items used were those described in previous research,
suggesting that group attendees are simply more likely to identify structural than perceptual barriers to attendance. Regardless, there were both structural and perceptual barriers that were not identified by any foster parents, suggesting that parents identified only those barriers significant to them. In addition, the natural preponderance of structural barriers is supported by the suggestions offered by foster parents to increase attendance, all of which could be considered structural.

There is some ambiguity with regard to one item categorized as a structural barrier, “Too crowded.” While it is possible that respondents conceived of the item in the way the researcher intended—a negative quality of the groups inhibiting attendance because of the discomfort related to over crowdedness—it is also possible respondents believed that a crowded group would decrease the likelihood that they would realize its benefits, making it a perceptual barrier.

**Instrumentality**

Analysis reveals that all but one of the foster parents who responded to the survey item assessing instrumentality agreed or strongly agreed that attending groups improves their foster parenting. Even with this strong positive belief, negative or neutral expectancy or valence conditions can nullify attendance motivation, according to expectancy theory.

**Summary**

This study applied expectancy theory to explore barriers to agency support and training group attendance faced by foster parents. Since attending such groups has been found to increase foster parent retention, efforts to address attendance barriers could be useful in improving the experience of children and youth in foster care. Data analysis suggests that, even though foster parents attending support and training groups find them useful, there are significant perceptual and structural barriers keeping the parents at home.
Perceptual barriers could be addressed in a number of ways. Curriculum development could ensure programs benefit all foster parents, regardless of previous training. Marketing efforts could highlight ways in which topics covered in groups are relevant to even the most experienced parents. Communication with foster parents could illuminate topics of high interest, allowing staff to meet parents’ expressed needs.

Structural barriers are potentially more difficult—though not impossible—to overcome. While agency staff have little control over foster parents’ work or personal schedules, following the parents’ suggestion of online training opens up new possibilities. A lunch-hour training might be accessible to many working parents; recording the training would allow parents to access the training at their convenience. The problem of childcare could be addressed by providing it at the site of the training. Transportation concerns might be alleviated by agency-facilitated carpooling.

It is essential for agency staff to remember that parents’ perceptions on all three elements—expectancy, valence, and instrumentality—must be positive in order to ensure attendance motivation. Since the vast majority of foster parents who attend agency training and support groups believe the groups help improve their parenting (instrumentality), agency staff have only perceptual (expectancy) and structural (valence) barriers to overcome. Creative solution-seeking to perceptual and structural barriers could increase attendance to support and training groups, improving the fostering experience for parents, and bettering the lives of foster children.
References


doi:10.1016/j.childyouth.2007.05.014


Appendix A: Survey

BARRIERS TO ATTENDANCE: TRAINING AND SUPPORT GROUPS

FOSTER PARENT SURVEY

1. How many training or support groups do you think Family Alternatives offers every year? ______

2. How many Family Alternatives training or support groups do you attend every year? ______

3. If you have attended training or support groups at Family Alternatives, were they useful?
   □ yes □ no □ did not attend
   a. If yes, which trainings or groups?

4. Family Alternatives groups help you in being a better foster parent (check one):
   □ strongly disagree □ disagree □ don’t know/no opinion □ agree □ strongly agree

5. If you need emotional support about fostering, where do you seek it? (check all that apply)
   □ other foster parents; □ Family Alternatives staff; □ family; □ other ______
   a. If you chose “other foster parents,” did you meet those parents through Family Alternatives?
      □ yes □ no

6. What emotional support have you experienced in your role as a foster parent from any source that you have found useful?

7. Are there other areas in which you would appreciate further emotional support in this role?

8. Are there specific topics you would like training in?

9. What would make training most accessible to you?

10. What important areas of support or training are you not receiving?
11. Have any of the following barriers kept you from attending a support or training group at Family Alternatives? (Check all that apply.)

☐ Not interested in program
☐ Work schedule conflict
☐ Too crowded
☐ Transportation
☐ The topic isn’t relevant to me
☐ I’m too tired
☐ Not aware of the groups
☐ The groups are inconvenient
☐ The groups are too long
☐ My personal schedule is too busy
☐ The groups are too far away
☐ Childcare is a problem
☐ The groups are intrusive
☐ The groups aren’t relevant
☐ The groups would be too demanding
☐ The groups would be too much of a burden
☐ The benefits of attending don’t outweigh the costs

☐ I wouldn’t learn anything new
☐ Support received wouldn’t be satisfying
☐ It wouldn’t help me be a better foster parent
☐ It wouldn’t improve the experience for the kids in my care
☐ It’s not worth the extra effort
☐ I don’t want to discuss foster parenting issues with other foster parents
☐ I don’t want to discuss foster parenting issues with Family Alternatives staff
☐ I already have adequate foster parenting skills
☐ Other:

12. Distance of your home from the Family Alternatives office: ☐ 0-5 miles; ☐ 6-10 miles; ☐ 11-15 miles; ☐ 16-20 miles; ☐ > 20 miles

13. Number of years fostering: ☐ <2; ☐ 2-3; ☐ 4-5; ☐ 6-10; ☐ 11-15; ☐ 16-20; ☐ >20

14. Are you currently actively fostering? ☐ yes ☐ no
   a. If not, do you intend to foster again? ☐ yes ☐ no

15. How long have you been affiliated with Family Alternatives? _______

16. Number of foster children currently in the home: ☐ 0; ☐ 1; ☐ 2; ☐ 3; ☐ 4; ☐ 5 or more

17. Ages and types of foster children in family (choose all that apply):
   ☐ ages 0-1; ☐ ages 2-5; ☐ ages 6-12; ☐ ages 13-18; ☐ ages 18-21; ☐ medically fragile children; ☐ relatives; ☐ other _______

18. How many foster children have you cared for, in total? ______

MANY THANKS FOR YOUR HELP!

Please return this survey with a signed copy of the consent form in the enclosed pre-paid envelope.