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- what really counts?

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Abstract

Previous research has demonstrated that children who grow up in foster family care – along with other child welfare recipients – manage less well in adulthood compared to those children who do not. Given this challenge, this integrative literature review locates the critical factors that either positively or negatively affect a child’s development in foster family care. The articles were analysed using theory-driven content classification in relation to Bronfenbrenner’s bioecological framework on child development. The results of the review suggest that there is a wide range of factors that could impact on a child’s development in foster family care. Child-related factors such as the child’s age, gender, behavioural or mental health problems, etc. were mentioned most often in the data. Micro-environmental factors are also essential to a child’s development. Linkages taking place between two or more of the child’s circumstances, such as the relationship between the child’s birth and foster families and between the foster family and the social worker, were also identified as being influential. Service usage and political and legislative factors, as well as attitudes towards children in care, were also indicated to be strongly influential. It is suggested that the factors identified in this review should be carefully considered as important aspects of care for fostered children and care documentation.

keywords: foster family care, child welfare, child development, bioecological theory of human development, an integrative literature review

Background and research task for review

The aim of foster care is to enhance the well-being of a child and to promote his/her favourable development. However, studies have demonstrated that children that grow up in foster care – as well as other child welfare recipients – manage less well in adulthood compared to the non-child welfare sample (e.g. Mersky & Janczewski 2013). Given this challenge, it is imperative to identify the critical aspects that foster care intervention should encompass in order to bring about the most positive developmental possibilities for those children growing up in foster care.

The idea for this article arose from the expert discussions around developing documentation for foster family care in the ‘Perho project’ (Regional Model of Family Foster Care and Conditions for Participative Documentation 2014-2015). The Perho project aimed to develop operational models to support participative documentation in foster family care in child protection. In participative documentation, foster parents are co-writers with social workers on relevant issues contributing to child’s progress and development. For example, they could keep weekly records on the child’s daily life in the foster family. High quality documentation contains such factors, which are actually important to document, by the foster parents and/or the social workers, during a placement, and what factors affect the child’s development in foster care, either positively or negatively. These two aims are also connected. We decided to
conduct an integrative literature review about the factors that either positively or negatively affect a child’s development in foster family care. Those factors could be important for documentation during foster home placement, and furthermore, presumably also important for care in foster families.

The field of foster family care and child development is widely researched. Accordingly, the integrative approach was chosen as a ‘review of a mature topic’ (Torraco 2005, 357-358). Torraco (2005, 357) demonstrates that an integrative review of a mature topic is important for addressing ‘the need for the potential reconceptualization of the expanding and more diversified knowledge base of the topic as it continues develop’. Integrative review is also important for showing the contrasting and contradicting research results.

We analysed the results with the help of Bronfenbrenner’s (2005) bioecological framework of child development. It has been suggested that this fits well as an overall theoretical perspective in studying and developing foster care interventions (e.g. Schweiger & O’Brien 2005; Palareti & Berti 2009; Sung Hong, Algood, Chiu & Ai-Ping Lee 2011) and child resilience (Ungar, Ghazinour & Richter 2013) in foster care. By using theory-driven content classification, we aim to point out and categorise factors that either positively or negatively affect child development in foster family care. Our review is based on the analysis of international research data. We recognised that the literature search and the results entailed various easily misinterpreted country- and system-related concepts. For example, although we wanted to find out the factors influencing or connected with child development, the reviewed articles did not focus directly on that question. Instead, the factors identified from previous studies were connected to different aspects of fostering or fostered children, such as family reunification, the amount of placements, placement disruptions, placement stability, successful fostering, and emotional and behavioural problems experienced by children.

Eronen, Laakso and Pösö (2010) discuss the difficulties in defining concepts concerning child protection in their article about residential child protection in Finland. They point out that ‘the forms of foster care are not defined uniformly and a comparison of data from different countries highlights the difficulty concerning definitions’ (Eronen, Laakso and Pösö 2010, 150).

Even though we are not doing international comparisons, but only reviewing the international data, we recognise the influences of each country’s history, culture and welfare traditions. Comparing them is always a bit artificial (e.g. Hearn, Pösö, Smith, White and Korpinnen 2004; Pösö, Kitinoja and Kekoni 2010). Hearn et al. (2004, 39) also point out that transferring concepts from one country to another in too simple a way may even be dangerous. We bear this in mind in particular and do not propose that the systems of foster family care are comparable in different countries. What we do find comparable, however, are the factors that affect child development in foster family care, no matter in which country the care is received. Thus our analysis is not focused on systemic-theoretical cross-national comparisons, but on the effects of the important factors affecting children’s lives in foster care. Foster family care, as a concept in this article, is defined as the least restrictive form of foster placement, compared for example to institutional foster care, and is parallel to adoption
where it is understood as a stable form of foster care. Foster family care in our text refers to both kin- and non-kin placement.

**Methodological concepts – a bioecological perspective on child development in foster family care**

When we consider child development in foster family care, we rely on Bronfenbrenner’s (2001, 3) definition of development: a ‘phenomenon of continuity and change in the biopsychological characteristics of human beings both as individuals and as groups. The phenomenon extends over the life course across successive generations and through historical time, both past and present.’ Bronfenbrenner’s ecological theory of human development has previously been used as a framework when studying complex contexts. For example, Schweiger and O’Brien (2005) used the theory to define an ecological approach to pre- and post-adoption services from the point of view of child and family adjustment to adoption.

We use Bronfenbrenner’s bioecological theory of human development (see Bronfenbrenner & Morris 2006) as a perspective in our exploration of the significant factors that have an influence on child development in foster care. We focus specifically on foster home placement (family placement). Bronfenbrenner updated his ecological theory continuously throughout his career (see e.g. Maria Rosa & Tudge 2013). As Tudge et al. (2009) underline, a specification is needed in order to avoid misconstructions or misconceptions of Bronfenbrenner’s theory. We used Bronfenbrenner’s mature theory, including the components of process, person, context and time (the PPCT model; see e.g. Tudge, Mokrova, Hatfield & Karnik 2009).

According to the bioecological perspective, foster family care placement induces different overlapping developmental micro-, meso-, exo-, macro- and chronosystemic contexts, each encompassing the power to differentially affect a child’s developmental traits within foster care. Specifically we refer here to the essential elements in the upbringing environment called ‘foster family care’ that interplay with child development, and that also deserve to be documented in the client data system. As Bronfenbrenner (1979, 16, 22) postulates, when child development is seen as a result of (reciprocal) interaction between these contexts and their contents, it is possible to discern the influential components of foster family care as a developmental environment as a whole, and to optimise its supportive potential to instigate the developmental outcomes in foster child. For example, Sung Hong et al. (2011) pointed out the need to support kinship foster caregivers in order to equalise their underprivileged position in the United States.

Importantly, Bronfenbrenner added the element of time to his theory in the 1980s (Bronfenbrenner 1986a, ref. Bronfenbrenner 1986, 724). Within the nested and interrelated systems in the foster family home – as in any home – the most important mechanisms in the child’s environment are the ‘proximal processes’ (see Bronfenbrenner 2001, 6). These processes refer to interaction between a person and his/her immediate environment. They include the different upbringing routines, especially the orderliness of different actions and
events within the everyday life of the family. According to Bronfenbrenner and Morris (1998, 795), proximal processes are the primary mechanisms that produce human development, but the power of the proximal processes depend on the characteristics of the person, the environmental context, and the time periods in which the processes take place. In order to be effective and significant for child development, proximal processes must be regular and occur over extended periods of time (Bronfenbrenner 1995, 620). Proximal processes usually refer to interaction between a child and his or her caregivers, but it also includes the interaction between child and objects and symbols (Bronfenbrenner & Morris 1998, 796).

The ultimate target for supporting a child’s positive development in foster family care is to break the cycle of underprivileged life in his or her family. The time element becomes paramount, especially when considering situations where reunification of the family is not possible. In long-term foster family care, the alternative developmental outcomes could be defined in relation to a child’s psychosocial well-being with Bronfenbrenner and Morris’ (1998, 803) concepts of dysfunction and competence. The former refers to the child’s recurrent difficulties on maintaining ‘control and interaction’ in different situations and the latter to the ‘acquisition and further development of knowledge and skills’ in different areas of development (Bronfenbrenner and Morris 1998, 803). In a long-term placement, the time in foster family care is supposed to be sufficient in promoting the child’s competence, and finally the child’s capability of taking care of him- or herself and managing sufficiently in his or her independent life. It becomes imperative to find the right actions to support the child’s growth towards independence.

The prerequisites which foster family care continually creates for child’s development are not limited to the present reality. The bioecological perspective also accentuates the importance of a ‘chronosystem’, which refers to the continuation and change within the different system levels in historical time. In foster family care, events that somehow change the relationship between the child and his or her environment would be critical to that child’s development (Bronfenbrenner 1992, 119). For example, there is evidence of the detrimental developmental effects of unplanned interruptions in foster care placement (see e.g. Kalland & Sinkkonen 2001). The problems leading to a long-term placement are usually serious, and changes in foster care homes (non-continuity of the initial foster family care placement) increase the pressures on the psychosocial well-being of a child (see e.g. Hussey & Quo 2005). Nevertheless, the relationship between a child’s behavioural problems and a change in foster care placement might be reciprocal and also depend on gender (see e.g. Aarons et al., 2010).

Thus it is important to recognise that a multifaceted reality can have a varied effect, positively contributing to or negatively preventing the development of the child in foster family care. The behavioural reactions of the child in foster family care to events at a proximal micro-level or in their wider surroundings vary individually. Bearing this individuality in mind, we review here the foster care research on the important factors that possibly affect the development of the child, and on the important factors to be documented in foster family care.
An integrative literature review – literature search and content analysis

Through the systematic literature search for the methodologically variously designed research and selection process (Whittemore & Knafl 2005) (see fig. 1), evaluated and realized in the research group, we gained 41 articles on the main topic. No country limitations were made. We excluded one article subject to a charge and the articles about international adoption, descriptions of local models and methods, project accounts, and specific subgroups of children in foster family care (e.g. children with experiences of war). Lastly, we checked the final selection’s validity (journal, content, methodology and external influences). We took on eight reviews that were mostly extensive thematic outlines of the results. There were no meta-analyses on the topic.
Academic Search Premier, PsycINFO, Social Services Abstracts, Sociological Abstracts and SocINDEX

**Search Phrase:** ‘foster family care’ OR ‘foster home’* OR ‘foster famili*’ OR ‘foster famil* care’ OR ‘foster parent*’ OR ‘foster child*’ OR adoption AND impact* OR affect* OR effect* OR result* OR outcome* OR success* AND ‘child development’.

174

1. **selection**: titles and abstracts read by 2 researchers
   **Limiters**
   **Topic**: impact of social and psychosocial factors on child’s development in foster family care
   **Time**: 1990 onwards → 127 excluded

47

1. **selection check-up by the research group and tabulation** (findings, aims, methods, and sample sizes)

41

2. **selection by the research group (content, topic, availability)**
   → 6 excluded: 1 article – not free of charge, 5 articles – no actual factors positively or negatively affecting child development in foster family care.

**Description:**
- Published in 1993–2014
- Type: empirical studies, 8 extensive reviews

Figure 1. Information retrieval and data selection.
After selection process, we categorised the factors either positively or negatively affecting children’s development in foster family care with the Bronfenbrenner’s ecosystemic approach. Factors were analysed in the research group by using theory-driven content classification based on Bronfenbrenner’s person, micro-, meso-, exo- and macro-level systems and chronosystem. We first extracted all factors that were somehow connected to child’s development and then we placed the factors in the methodological conceptual table according the systemic levels of Bronfenbrenner’s theory (see Figure 2). All categorisations were discussed openly and inspected carefully in the research group, thus ensuring the analytical quality of our interpretive theory-based categorization process (Finfgeld 2003, 903).

**Results**

Factors related to the person

The connection between the child’s age and successful placement and developmental outcomes was discovered in several studies, but the findings were not consistent with each other. Some of the findings suggested that young age was connected with the positive results (Pritchett et al. 2012), such as fewer placements or placement moves (Ward 2009; Carnochan et al. 2013), or greater social competencies (Pinderhughes 1998). On the other hand, some of the findings suggested that the younger the child was, the more internalising or externalising problems she/he had (Pinderhughes 1998; Cheung et al. 2011; Smith 1994). In some of the studies, the connection between age and developmental outcomes or other results was not discovered (Lawrence et al. 2006).

Findings about gender were also controversial. Some results suggested that boys showed higher levels of externalising behaviour during placement (Cheung et al. 2011) or a higher risk of experiencing a placement disruption (Fisher et al. 2011). On the other hand, other findings suggested that girls showed a higher level of dissociation than boys (Hulette et al. 2011) or that female gender was related to worse outcomes in social skills or higher levels of emotional and behavioural problems (Lloyd E. et al. 2011). Several findings indicated that child gender did not associate with the outcome measures analysed, e.g. placement types (Stacks & Partridge 2011) or children’s emotional and behavioural problems (e.g. Smith 1994).

A child’s emotional and behavioural problems were quite often mentioned as explanatory factors for successful placement. Those problems (containing the words ‘sexual activity’, suicidal ideation and alcohol or drug problems, for example) negatively affected placement stability, among other things (e.g. Jones 2011; Carnochan et al. 2013). Farmer (2010) suggests that children’s behavioural problems ended in higher levels of disruption in kin care and foster placements, but kin caregivers tolerated behavioural problems more than other caregivers. Fisher et al. (2011) found that child’s problem behaviour during the first months of placement reported by predicted placement disruptions. Ward (2009) found that children’s
emotional and behavioural problems and also children’s criminal activity, which can be seen as a certain expression of behavioural problems, increased disruptions in placements. Another expression of behavioural problems mentioned in the reviewed articles was poor school attendance (Farmer 2010), which was related to placement disruption especially in kin care.

There were also a couple of other person-related factors mentioned in our data. A child’s race or ethnicity was seen as an explanatory factor for example for social competencies (Pinderhughes 1998) and instability in care (e.g. Carnochan et al. 2012). Caucasian children have been discovered to have more negative results, but in some studies there were no difference between races. Cheung et al. (2011) found that children in care who were less satisfied with their current placement were more likely to show higher levels of externalising behaviour.

Microsystemic factors

Microsystemic factors depicts the immediate developmental surroundings in family foster care, as the child experiences it. Placement type (kin care versus non-kin care) was the most commonly studied microsystemic factor in our research data. Kin placements were often found to exhibit better placement stability than non-kin placements (e.g. Koh & Testa 2008; Jones et al. 2011); especially when carer was under strain (Farmer 2010). The findings here were, nevertheless, somewhat controversial: Ward (2009) discovered that kinship care (versus non-kin care) increased disruptions in placements, yet carer or child-initiated disruptions within care system covered only 26 percent of total moves and 54 percent were planned transitions conducted by local authorities. Brown & Sen (2014), based on their narrative review, found placement stability directly relating to more positive child outcomes in kin care. ‘Greater placement stability, closeness of the relationships and children’s general preference to stay in kinship care are protective factors for children’ (Brown & Sen 2014, 174-175).

In our data, children placed with kin were found to do as well or better when a wide range of emotional and behavioural outcomes were examined, than non-kin-placed children. Relative to those in non-kin foster care, children in kinship care were recognised to display lower levels of externalising behaviours (Cheung et al. 2011) or internalising behaviours (Lawrence 2006). Jones et al. (2011) found in their correlates review that kinship care was related to both less emotional, behavioural and mental health problems and higher levels of good health as adults. Farmer (2010) discovered that when children’s behaviour deteriorated, considerably more of kin placements continued than non-kin placements. In terms of family reunifications, however, kin care has the opposite effect: Malm and Zielewski (2009) state, based on their research, that kin care negatively affects family reunification. Koh and Testa (2008) discovered that matching kin and non-kin placements on certain demographic and social characteristics accounted for reunification differences, which become non-significant in three-year follow-up.
The characteristics of the foster family were also discovered as explanatory factors for child development in foster family care. Jones et al. (2011) discovered, in their review, that there was a negative influence on placement stability if the foster family had birth children. They also found that sibling co-placement positively affected placement stability, as did the classification of ‘professional foster care’. Later on, according to Jones et al. (2011) ‘beneficial contact with a family member’ was increasingly (with fewer reported associations), related to the child’s good health and mental well-being, whereas non-beneficial contact decreased placement stability. A carer’s commitment and motivation ‘to being in an enduring relationship with the children’ was identified as being one of the main factors of good quality placements, both in kin and non-kin placements (Farmer 2010). In good quality placements carers were described to be ‘putting the needs of the children before their own and being determined not to give up, even when problems arose’, which was more common in kin placements, however (Farmer 2010).

Coakley et al. (2007) found several characteristics that promote successful fostering of kin, such as commitment to children, good parenting abilities, flexibility and adequate resources. Characteristics that inhibit successful fostering of kin, according to the interviewed foster parents (ibid.) include poor discipline strategies, inability to deal with ‘the foster care system’, lack of resources, and the inability to deal with children’s emotional, behavioural and physical problems.

The emotional climate of the foster family was discovered to be an effective factor for child development in foster family care. Cheung et al. (2011) measured this by taking the family average of parental negativity and the child’s deviation scores from the family (negativity) mean, implying the difference between parental negativity and negativity that is directed towards the child. Both the family average of parental negativity and deviation scores were significantly associated with externalising behaviours among children in care, denoting that ‘foster families who displayed higher levels of parental negativity were more likely to foster children with higher externalising scores’ (Cheung et al. 2011, 2057). When studying theoretically adoption as a contingency of self-esteem, French (2013) point up the adoptive family’s salience as social environments that can either promote or hinder the adopted persons’ motivation to manage one’s adoptive status as a positive source of self-esteem. Importantly, young people’s combats with oppressed identities in non-supportive institutional foster care settings (Kools 1997; McMurray et al. 2011) made Kools (1997, 269) suggest that ‘strategies to manage difficult behaviors like aggression and defiance of authority should be therapeutic rather than reactive and punitive.’

The child’s relationship with the birth family was discovered to be an effective factor for child development in foster family care. McMurray and her colleagues (2011) discovered that relationships with siblings and extended family were recognised by young people and their social workers as a key feature in how looked-after children see themselves and create their identity. In his small-scale study, Smith (1995) found that behaviorally and emotionally dysfunctional preschool-aged children’s ‘quality of sibling relationship’ with an older, co-placed biological sibling was usually poor and mutual negative behaviour reinforced the pre-
schooler’s internalizing problems in non-familiar care. Nevertheless, the sibling’s behaviour was unrelated to the pre-schooler’s behavioral or emotional problems or social competence (ibid.). Furthermore, Malm and Zielewski (2009) point out that visits made by the birth mother and financial, or financial and other support from the birth father positively influence family reunifications. As results show that child’s relationships with the relatives contributes to child’s developmental outcomes, widening French’s (2013, 147) view of the ‘adoption triad’, the biological family may be understood as one-third of the family foster care environment.

The characteristics of the birth family were also mentioned as effective factors when studying child development in foster care. The birth mother’s desirable characteristics, such as a high school diploma, working outside of home, no substance abuse, no criminal background and no unstable living conditions, were discovered as important factors in explaining family reunions, in comparison to other care outcomes, including open cases within at least 30 month follow-up (Malm & Zielewski 2009). Contrary to expectations, Pinderhughes (1998) found that birth family history, i.e. greater birth parent stability comprising parents ‘emotional stability, intelligence and drug use’, tended to relate increasingly to a child’s externalizing behavioural problems after the placement into adoptive families, when months in foster care, child’s age at placement (M=10.8 years), and severity of disability were controlled for. This held up for Caucasian, nor for African American (Pinderhughes 1998). Further, the birth parent’s contribution proved essential in Coakley’s (2013) study: father’s compliance with case plan goals during the child was in foster care lead to shorter periods of stay in foster care and more often to reunions with birth parents or placements with relatives after foster care than those in non-relative placements.

Mesosystemic factors

Mesosystemic factors refers to ‘the linkages and processes’ … ‘between two or more settings containing’ the child, i.e., the relations between microsystemic settings. In our data, the following mesosystemic factors were mentioned as influential in a child’s development in foster family care. Coakley et al. (2007) discovered that strained relations between the birth family and the foster family negatively affected the successful fostering of kin. Similarly, Andersson (1999, 264) found that some children emphasized the ‘importance of foster of family links when returning home’ for their well-being, i.e., continuity in their relationships after the termination foster care. Cheung et al. (2011) indicate that also the relationship between the social worker and the foster family could account for a child’s behavioural problems in foster care: ‘depending on worker education, some workers may be more likely to work with certain families’, and social workers with less education worked also more likely with children experiencing more externalizing behaviors (ibid., 2057). However, the differences between social workers accounted less for the variance on children’s in-care externalizing behaviors than foster family-level factors (9,5% vs. 18,5%), while children’s own characteristics and experiences explained the most of the differences in their behavior (Cheung et al. 2011). Social worker is a more distal actor, representative of the social services
and these results support Bronfenbrenner’s (2001) suggestion that regular processes occurring in the proximal environments, such as in the foster family, would have the greatest influence on child’s development, depending also, on how the child experiences the reality.

Exosystemic factors

A factor is defined as exosystemic, if two or more settings interlink, at least one of which does not ordinary contain the fostered child. Services that fostered children received, or lack of these services, were the most often-mentioned exosystemic factors to a child’s development in foster family care. Garcia et al. (2012) discovered that a child’s access to mental health, drug and alcohol, employment and independent living services, for example, greatly affects their developmental outcomes, although the patterns were inconsistent among Latino, Caucasian and African American foster care alumni, irrespective of controlling for gender and age. They highlight the importance of culturally sensitive, evidence-based interventions to better support youths transition to adulthood (ibid.). Moreover, Munson and McMillen (2009) suggest, based on their results that abrupt termination of formal relationships can cause detrimental psychosocial outcomes to youth, complicating successful transition to adulthood. Having had a non-kin natural adult mentor (through formal or informal pathways) for over a year at 18 was associated with fewer depression symptoms at 18.5 and decreased stress-level and arrests at 19, after controlling for the fostered youths gender, race/ethnic group, history of maltreatment, psychiatric history and custody status. By correlates review, Jones et al. (2011) mapped rather similar factors that potentially affected a child’s physical, mental and sexual health, as well as his or her future employment prospects, achievement and crime and risk-taking behaviour (examples of the outcomes). Services, as independent living programmes, adult mentoring, concurrent planning, transitional planning and a shared parenting programme, and placement choice as treatment foster care could enhance placement stability or decrease child’s emotional or behavioral problems (ibid.).

**Services and support for foster parents** were also mentioned as explanatory factors, for example for the prevention of disruptions in foster family care. Ward (2009) found that insufficient education of and inadequate support given to foster parents, along with insufficient skills to manage problems results in a greater amount of disruptions in foster family care. Similarly, Jones et al. (2011) recognized that enhancing the quality of care, for example, by offering training for foster carers could decrease child’s emotional and behavioral problems. Generally, their (ibid.) review suggests that child’s development in foster family care can be supported by investing in the interventions or modifiable factors that can improve the conditioning meso-, micro- and even endo-systemic situations and contexts. Farmer (2010) points out that placements with kin carers who have been approved as foster carers were considerably less likely to be disrupted than placements with those who had not been approved. Carnochan et al. (2013) continue in the same vein by pointing out in their literature review that children placed in a foster family where the foster parents are supported, prepared and trained to cope with special needs children have been found to experience greater placement stability.
According to Coakley et al. (2007) also church involvement and support from other family members to foster parents promote successful fostering of kin. These results together with Andersson’s (1999) longitudinal study of children placed in foster care under the age of four years support the social service’s role in organizing external support and support in maintaining continuity in the children’s relationships in family foster care. Specifically, her results show that even in the presence of some instability, children’s experiences of protective stability linked with the most positive outcomes where related to continuity in relationships with the ‘extended family’, including ‘grandmothers, foster parents and contact families’ (Andersson 1999, 264).

Macrosystemic factors

Three different kinds of macrosystemic factors were mentioned in our data that influence children’s well-being in foster family care. First, a country’s or a district’s legislation and policies could significantly affect a child’s living conditions. For example, Ward (2009) points out that the presumption enshrined in both law and practice that most children are best off living with their birth families leads to an increasing instability in foster family care because ‘care plans are often temporary, and made with the expectation of a swift return home’ (Ward 2009, 1117). Country-related differences in policies on foster care were also found, such as in a study by del Valle et al. (2009), who mention that Spain stands out from other countries in terms of amount of adoptions in kinship care versus foster care, because of its policy not to allow grandparents adopt their grandchildren. Adjukovic and Franz (2005) discovered that a lack of basic social services and family support were explanatory factors for children’s in-care behavioural and emotional problems in Croatia. Farmer (2010) found some distinctive differences between the authorities in the disruption rates in kin placements. Courtney and Dworsky (2006) point out that a policy available in few areas in the United States, by which a young person can still remain in care after reaching the age of 18 may result in significant benefits for the young person and his or her stable maturation. As a macrosystemic factor, we have also interpreted characteristics of a foster home’s neighbourhood. Problematic neighbourhoods were indicated as one factor that could significantly harm a child’s development in kinship care in Stacks and Partridge’s (2011) study, in which caregivers reported the negative influence of social disorder (as indexed by the number of assaults, presence of gang activity and perceived neighbourhood safety) on children. Family poverty, on the other hand, was not seen as an influential factor (Lloyd & Barth 2011).

The third, more rarely mentioned macrosystemic factor in the data was the prevailing attitudes towards children in care. French (2013) found that the evaluation of one’s adoptive status as a positive source of self-esteem will depend largely on attitudes that are pervasive in the social environment. Kools (1997) discovered that the diminished status of ‘foster child’ and the widely prevailing stereotypical view of the ‘foster child’ significantly influence adolescent identity development in foster care.

Chronosystemic factors
The chronosystem, in other words the time dimension, is a different dimension of the bioecological system compared to the other systems. The chronosystem cuts through all the other layers of the bioecological system, and it can be understood as the impact which life events and experiences have on development and developmental changes (Bronfenbrenner 1988, 83). Therefore, it is not unequivocal to identify factors as chronosystemic. The most reasonable way to chart the impact of a chronosystem is to use longitudinal research methods. In our sample there were few longitudinal studies. However, the factors related to a chronosystem can also be identified from cross-sectional studies, as the chronosystem can also be seen as the impact of a specific life event that took place in the past on a person’s development. **The events before the placement** seem to have a clear connection to a child’s development in foster care (e.g. Levin et al. 2014; Hulette et al. 2011; Rosenthal 1993). Where early psychosocial deprivation (Levin et al. 2014), maltreatment and physical and sexual abuse (Hulette et al. 2011; Rosenthal), and psychiatric hospitalisation (Rosenthal 1993) occur before a placement, this will have a negative effect on a child’s development or adjustment in foster care. However, some findings indicate that the current problems were more connected to current stressors than to unfavourable circumstances prior to placement (Adjucovic & Franz 2005).

The time aspect also arises in studies that indicate that **time spent in foster care** correlates with a child’s outcomes after the placement. According to Fallesen (2013) and Pinderhughes (1998), a longer time spent in foster care was associated with negative developmental outcomes such as hospitalisation, welfare dependency and poorer educational attainment (Fallesen, 2013), greater externalising behaviour and poorer social competence (Pinderhughes 1998).

![Figure 2. Results of the data review classified in relation to Bronfenbrenner’s systemic levels.](image-url)
Conclusions and implications for research and practice

The literature review resulted in a wide range of factors that either have a positive or negative connection to a child’s development in foster family placements. This was the first attempt – as far as we know – to classify those factors by using Urie Bronfenbrenner’s bioecological perspectives on human development. We interpreted different proxy indicators (for example, placement stability) as potentially indicative to the child’s development. As our results indicate, the direction of the association of unique factors may also differ, because of the child’s development relates to different contextual conditions that can regulate the child’s developmental outcome. For this reason, the results do not imply causality, as for example Jones et al. (2011, 616) advises.

Classifying the results according to their respective “layers” in the bioecological reality, where children grow in the family foster care, can only indicate how different factors and their respective environmental levels potentially contribute to child’s development. We hope the results also point out the importance to assess the growth environment “family foster care” in a larger and systemic framework.

We acknowledge that there are also limitations in our study. Even though large research group, as we had, increases quality in literature review process, it is possible that our information retrieval and selection process did not recognise all relevant research in the field. It is also possible that we did not recognise all influential factors from the data. We also would like to highlight that this kind of classification requires theoretical abstraction and simultaneously it takes the information out of the original context. One challenge in our study was the complexity of systems of child protection, as our data includes studies from many different countries with various kinds of child protection systems. Despite the limitations, our results increase the understanding of the characteristics of the factors that influence a child’s development (e.g. whether they are related to the child him- or herself or the environment), and what kinds of factors we should therefore pay special attention to during foster family care. Keeping in mind these limitations, these results enables us to do certain suggestions to the future focus in the field of long-term foster care.

Our results indicate that good quality foster family care needs to take into account especially child-related factors. Child related factors were the most often mentioned factors in our data influential for child’s development. These are, for example, child’s age, gender, behavioural or mental health problems, racial or ethnic background and satisfaction with the current foster care. Many of these factors had both positive and negative effects, which means that the results were contradictory in the data. Based on these findings we suggest that future research could focus on studying more specifically, how child related factors influence on child’s development in family foster care. Bronfenbrenner’s bioecological theory suggests that the quality of different systemic levels may regulate the child’s developmental outcomes so that they start to follow the trend to dysfunction or to competence (Bronfenbrenner & Morris 1998, 803). This leads us to the fact that also child’s micro-environment involves a lot of
factors, that are important to take into consideration. For example, foster parent commitment, discipline strategies and the emotional climate of the foster family significantly connected to the favourable development of the child in a foster family.

Also according to our results, connection between both the child and the biological family and foster family and the biological family is important to take into account. This may be challenging, since biological parents may face difficult life situations. All these factors combined lead to a conclusion, that foster families would benefit from education aimed at managing aforementioned difficulties. Research also shows that external services and other external supportive networks can support foster family’s coping. This could add development demands to the foster care system, but arguably increasing the self-efficacy of foster parents might improve their coping and commitment as foster parents. It would be important that all foster families independent of placement type could receive education about, for example, effective interaction and child rearing practices. In previous studies, for example cognitive-behavioristic strategies were highly effective and easy to teach (Hurley et al., 2012). The use of cognitive-behavioristic strategies is effective when interacting with, for example, children with behavioral disorders.

Further, education of social workers needs to emphasize the importance of supporting interaction skills of foster parents. In addition, it would be important to highlight numerous factors affecting child’s well-being in foster family. Child related factors, child’s life history, placement type, support to the foster family and interaction with the birth family of the child and wider societal factors all affect to the child’s development in the foster family care. Social workers are key persons in planning, conducting, monitoring and documenting foster family care, and it is their duty – by means of structural social work – to affect also the attitudes of the people towards child protection and children living in foster families.

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Figure captions as a list:

Figure 1. Information retrieval and data selection

Figure 2. Results of the data review classified in relation to Bronfenbrenner’s systemic levels