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Abstract

This paper examines literature with regard to the advantages and disadvantages of group homes within the foster care system. Group homes are associated with a negative stigma. The bleak narrative of group care stems, in part, to stereotypes surrounding behavioral and psychiatric issues. Researchers have found children in foster care experience poor living standards, are restricted by their environments, and are unhappy in group homes. Conversely, group homes provide a sense of community in a seemingly lonely situation, provide children with safer conditions than those they were removed from, and serve as a means of housing for children with no other place to reside. In an attempt to understand the current opinions of group care, a number of studies are examined, and relevant legislation is also considered. The literature on foster care group homes concludes group care should refrain from being used until all other resources have been proven insufficient; however, current research lacks validity. The need for more reliable and valid data is necessary to reach a comprehensive conclusion, calling for further research in this area.

1. Introduction

The foster care system has provided children with homes to which they may not have otherwise had access. The system is built to support children who have been abused, neglected, abandoned, or do not have a sufficient place to live (Wilcox, 2016). Placements in homes vary depending on the needs of the child and the resources available at the time of removal. Group care is a prevalent option for placement, as "it remains an integral part of the continuum of services for a sizable proportion of children in out-of-home care" (James, 2010, p. 2). Researchers define a group home "as a facility of any capacity which provide 24-hour nonmedical care and supervision to children in a structured environment, with such services provided at least in part by staff employed by the licensee" (CDSS Programs, p. 1). In this review, a group home refers to a home used by the foster care system in which to place children, not adults. Group home culture, level of consideration of population demographics, structural model, and access to resources and staff availability each contribute to the merits and/or pitfalls of group care. This review addresses the variability among these characteristics to both understand the source of negative views of group homes and demonstrate the inability to generalize current research results.

2. A Need to Distinguish Group Care Environments

While some group homes are reserved for children who meet a specific criterion, i.e. those with severe behavioral or psychiatric issues, many group homes are not efficiently differentiated by services they offer, which makes research of them difficult. "By putting all such interventions together under congregate care, the effectiveness of

'Basic Residential Care' is altered by results from higher level care facilities. When group care is put under a broad label it becomes attached to programs of varying design, size, and effectiveness" (Eacret, 2015, p. 2). Thus, group care is a broad category. It needs to be narrowed to complete a productive and valid evaluation of current group home environments to allow social workers to better address the needs of resident children and provide recommendations for universal standards for these homes.

3. Defining Group Home Populations

Lee (2008) includes both troubled youth and dependent youth in her definition of children residing in group homes. Not every dependent child is troubled, demonstrating the need to redefine group home populations to include distinguishing characteristics. The criterion by which youth are admitted to homes does not have the necessary specificity to contribute to a comprehensive definition of the population. Currently, researchers suggest that youth with less behavioral issues are better off being placed in traditional foster homes, or single-family homes, rather than group homes. Youth with more behavioral issues are more often placed in group homes (James, 2010). But because the criterion for the admission process is vague, James (2010) suggests it is wrong to make this assertion. The Department of Children and Families (DCF) of New Jersey provides a more concrete admission qualification. Group home admission is applicable to children over ten years of age who need more intense social services than they can access at home, have difficulty adjusting to their environments, and/or need transitional placements (NJDCF, 2013). Group home placements can depend on gender as well, as the group homes listed in New Jersey, for example, can be single sex homes or coed (Department of Children and Families, 2014). Leloux-Opmeer et al (2016) discuss the need for a more specific assessment tool when placing children within the system, a notion with which researchers collectively agree. If such a tool was available, social workers could then decide which type of group home, if necessary, would best address a child's needs.

4. Significance of Group Home Culture

While it is a social worker's responsibility to enhance the possibilities for people to function in daily society or assist in creating conditions that allow for functioning to occur, the social worker must recognize the advantages certain residences and their residents have over others. "Involvement of families in treatment during group care placement, availability of after-care services as well as shorter lengths of stay in group care further mitigate outcome and have been associated with a better prognosis or outcome" (James, 2010, p. 2). Children in the foster care system benefit from having close relationships with their family members in their group care plan more so than those who do not have those relationships (James, 2010, p. 2). Residents also need to form good bonds with those around them, specifically with their peers. Peers have the potential to be role models to each other and hold one another accountable for rule following and privileges given in the home for good behavior. Residents may have shared similar experiences or emotions during their time before group care, creating an opportunity for unity and closeness that could be essential to both healing and a positive experience in care. The success or failure of their time spent in the home depends, to a large extent, on the culture of the group home itself (Wilcox, 2016).

Prioritizing the development of close relationships and unity within the home is, thus, essential to a youth's experience. Not every group home is directed the same way nor does every group home have access to the same resources or staff availability. Because of these varying circumstances, priorities across group homes may differ, making current research limited in its generalizability. The standards of foster group homes vary from state

to state as well. States like New Jersey require licenses for group homes in order to receive funding and placements of children (Department of Children and Families, 2014). But there are several unlicensed group homes, nationwide, that operate in unsafe conditions and provide poor services to their residents (Wonnum, 2014).

While many studies focused on group care have face validity, they are not representative of group care in its entirety. Group home structures, resources, staff training, and residents with needs vary. Group care is not currently conducive to meeting individual needs of its residents. Group homes need to meet a standard, which varies by state, with regard to the number of residents required to be recognized as group homes. Thus, some group homes combine residents with behavioral issues and those who do not have them in order to increase their size. Therefore, youths may be subject to negative peer contagion (Wonnum, 2014). Negative peer contagion refers to "a mutual influence process that occurs between an individual and a peer and includes behaviors and emotions that potentially undermine one's own development or cause harm to others" (Dishion and Tipsord, 2011, p. 190). Aggression, bullying, and depression are results of negative peer contagion. Not accounting for the combination of children with varying needs leads studies to incorrectly generalize the characteristics of group care populations.

5. Effects of Stigmatization

When a social worker decides a child should be sent into the foster care system, that child is labeled as a "foster child." Anais J. Penninck explains the theory and effects of labeling: "Labeling theory focuses on the social and psychological impact of labels including perceived discrimination, negative self-concept, and poor quality of life" (Penninck, 2013, p. 10). Crabtree, Postmes, Haslam, and Haslam (2010) summarize Farina (1982) regarding the stigma surrounding mental health, "There is a considerable amount of research that documents the prejudices against individuals with mental health problems. They are disliked, derogated, negatively stereotyped, and discriminated against" (p. 554). When assigned to a group home, this typically means that child is experiencing behavioral, emotional, and/or mental health issues, which in themselves, come with a series of labels and stereotypes as demonstrated by Crabtree et al. Group home residents who are in fact working through mental health issues are at risk of falling victim to labeling and therefore, stigmatization, leading to additional emotional turmoil.

While in care, children receive new families, new housing, and can often feel a lack of belonging. In group care, family dynamics are not necessarily biological, but rather constructions of comradery between residents. Traditional parental roles may not exist, and "siblings" do not always refer to roommates a child may be placed with in the same home. Penninck (2013) goes on to write, "These children, in many situations, lack certain luxuries that others may take for granted. An example of this may be pictures of their biological family, or pictures of them as a child in their foster home" (p. 14). Not only does this impact a child in his or her placement, but it also portrays that child as one who sits outside of a norm characterized by nuclear, biological families. When a person, regardless of age, is seen as the adversary to a norm, that person is often stigmatized negatively (Penninck, 2013, p. 11).

If this negative stigma is applied to a person at a young age, he or she is more at risk of not being accepted by peers. Tija Ragelienė (2016) summarizes research by Heaven, Ciarrochi, and Cechaviciute (2005): "Research has shown that belonging to the 'normal' or popular peer group is positively associated with better adolescent adaptation to the environment" (p. 98). If a child is unable or chooses not to adapt to a given environment, they may have a harder time navigating social situations. Erik Erikson's theory of psychosocial stages

of development explains adolescence experience a period in which they struggle with their identity and may confuse their roles in life (McLeod, 2008). The main priorities for an adolescent in this stage are discovering who he or she is as a person and gaining insight with regard to the direction in which they would like to see his or her future develop. They consider their own values and beliefs as well as their role in society as a whole. For a child who experiences foster care, society differentiates him or her by labeling he or she as a "foster child." Does this define a child? Do familial and housing circumstances affect identity? Does a child in care need to adhere to societal standards to feel the same acceptance as a child who grew up with two parents in a loving home? These are all questions a child in foster care may struggle with due to the negative stigmatization surrounding group care, foster care, and mental health issues. Research surrounding the level of happiness found among residents in group homes need to distinguish the factors contributing to overall satisfaction. Outside factors such as mental health stigma and stereotypes a resident may be subject to can certainly contribute to dissatisfaction but may not be representative of the group home environment. The following sections discuss models group homes can adopt to create more productive and positive environments for their residents.

6. Treatment Care

As the term "group care" can be considered an umbrella term, there are distinct differences in the existing literature between treatment care and traditional group care. Treatment foster care is a less-restrictive, community-based program for children in care (Lee, 2008). These programs are based in a family-style setting, in which parents are treated as primary change agents who facilitate the necessary processes to improve the behavior and emotional issues of troubled youth (Bishop-Fitzpatrick, Jung, & Nam, 2014). Treatment care, although fairly new and not as prominent, has begun to challenge traditional group home placements as it has become a "linchpin service for adolescents" (Bishop-Fitzpatrick et al., 2014, p. 157). There are limitations to the research as many do not contain comparison groups. Also, children in the program come from different backgrounds. Although they may have similar behavioral or emotional issues, children have different personalities, a separate willingness to work hard to improve their decision-making, and unique characteristics that differentiate their learning capacities. Generalizability of research results, for these reasons, is not possible. Despite these limitations, treatment care has been highly regarded (Bishop-Fitzpatrick et al., 2014). Treatment care should be looked to for recommendations for improving group care, ultimately, challenging the negative stigma associated with it.

7. Group Home Models

Once a group home is established, it is essential that staff implement structure within the home. One option is using the Positive Peer Culture model. The foundation of this model rests on the following four principles: group responsibility; group meeting; service learning; and teamwork primacy (James, 2010). Residents work together to foster a safe environment, one in which there is open communication, the act of working as a unified group that tries to avoid and prevent bad behavior, and a responsibility to give back to the community. By doing so, this model intends to create a "sense of belonging" (James, 2010, p. 311). Foster care, regardless of placement, can be lonely. The Positive Peer Culture model helps to replace this sense of loneliness and isolation with inclusivity and opportunities for contribution. By participating in this model, children in care have the unique opportunity to learn the value of working with people they do not know in a close-knit environment. They learn to embrace differences and appreciate diversity, creating closeness.

Another model offered for implementation is

the Teaching Family Model. This model emphasizes family-style living, including utilizing a married couple as the teaching agents within which residents can develop bonds. The Teaching Family Model is grounded in positive interpersonal interactions with peers and parent role models. As the parents act as teachers, the residents learn to live in a positive family environment. The teaching parents play a role in the resident's schooling, as they involve themselves with a resident's teacher and biological parents bridging a communication gap between the two. The Teaching Family Model attempts to create and maintain a support system as well as enhance living skills (James, 2010). Existing research provides evidence that the Teaching Family Model is an effective model for eradicating bad behavior (James, 2010). It is less restrictive than other models as youth have more freedom when deciding how to spend their free time.

The Sanctuary Model was created to assist in the development of structures utilized for children who have experienced trauma. "Sanctuary residential care facilities accommodate children and young people who characteristically are unable to keep themselves safe in the world and can put others at risk of harm" (Clarke, 2011, 83). In order to successfully implement this model, staff must put emphasis on nonviolence, equal authority, and open communication (James, 2010). The goal of using this model is to teach residents how to cope with both the effects of the trauma they experienced and stressful situations at other points of their lives. Developing coping mechanisms will not only help youth when they are young, but these are skills that are advantageous throughout the life course. Staff works with residents to reframe thoughts about traumatic experiences. The staff and their training are highly emphasized in this model (Esaki, Benamati, Yanosy, Middleton, Hopson, Hummer, & Bloom, 2013). Children living with traumatic experiences need help coping with these situations and need support systems. Well-trained staff offer connections to youth as role models, people to lean on, and teachers of positive mental health practices.

The Stop-Gap model offers youth an opportunity to better themselves behaviorally and connect with their families and communities. This model is based on a three-tier system. The first tier focuses on individual residents and correcting their personal behavior. It emphasizes anger management skills as well as social skill development. The second tier is intended to integrate children in their communities, whether it be through recreation or parent management work (James, 2010). The final tier is meant to be used if behaviors are not improved through the first two tiers. The training and support in tier three are much more intense than other tiers (James, 2010). The Stop-Gap model is meant to be short term with a maximum of approximately one hundred and fifty days of residence (James, 2010). Staying in a house with a Stop-Gap model provides positive opportunities to self-reflect, self-correct, and even self-soothe from past experiences.

Positive Peer Culture, Teaching Family, Sanctuary, and the Stop-Gap models, have been tested and utilized within group care environments. Residents' living situations have improved with the use of these structures; however, there are limits to the studies that have been conducted on their efficacy. The number of extraneous variables is high as the studies rely on the progress of people. People develop at different rates, come from different backgrounds, and have various familial circumstances that can hinder or advance progress. Cultural competency is also an essential component in understanding people. Because group care populations are so diverse in their makeup, the studies conducted may not be fully representative of the people included in them, making generalizability more complicated.

8. Negative Effects of Group Care

The existing literature places emphasis on the negative effects of group care because of the con-

sensus that it requires improvement. Group care is treated as a last resort (James, 2010), making it easy to overlook the problems that need addressing. Some researchers have suggested that placing children in group homes leads to attachment issues and negative effects on cognitive functioning (Sanou et al, 2008). An inconsistent rotation of staff can leave a resident without a sole person to rely on. Not securing a proper attachment from a young age could lead to attachment issues and anxiety later in life (Kerns and Brumariu, 2014). As with some children having already experienced broken or insufficient attachments, inconsistent reliability of staff can be very detrimental to their development.

Insufficient attachments are accompanied by a range of negative emotions: sadness, confusion, anxiousness. If attachments are not improved in a child's placement, a child may experience not only these emotions, but a lack of control in how they cope with them, causing children to lash out or perhaps run away from their placement. Amy Dworsky, Fred Wulczyn, and Lillian Huang (2018) discuss Karam and Robert (2013) research on children who run away in foster care: "Studies have found that the likelihood of running away from care is higher among youth placed in congregate care (that is, shelters, group homes, and residential treatment facilities) than among youth placed in foster homes" (p. 103).

Program restrictiveness plays a role in the number of behavioral problems exhibited by residents in group care. The more restrictive the environment, the more behavioral problems (Wilcox, 2016). Group homes may offer behavior programs for their residents to enroll in. If residents choose to enroll, they may be required to stay in homes longer to complete the programs. These delays are viewed negatively as foster care, whether group care or not, is not meant to be long term. It is costly as well. Group care can cost seven to ten times more than regular or traditional placement (AECF, 2015).

9. Group Home Legislation

In partial response to cost efficiency, the Family First Prevention Services Act was passed in 2018, putting a cap on federal funding for congregate care. While there was no cap before, states must discover new ways to keep group homes open for those who rely on them. With just a few exceptions, only the cost of the first two weeks of a resident's stay are covered using federal funds (Brown, 2020). The Family First Prevention Services Act places more emphasis on keeping the family unit together safely, rather than organizing for the child to be put into foster care. The federal government will reimburse states for prevention services for up to twelve months in an effort to help vulnerable families as well as parents in need of intervention and service (Brown, 2020).

The Foster Children Bill of Rights and The Foster Parent Bill of Rights exist so that both children and parents of the children placed outside of the home are made aware of their rights in the process. Only fifteen states have enacted a Foster Children Bill of Rights (National Conference of State Legislatures, 2019). Children are to be informed of why they receive their placements, as well as have access to healthcare, communication to family members, and participation in community activities (National Conference of State Legislatures, 2019). In keeping with both Bill of Rights, the placement process becomes more transparent, challenging case workers to solidify reasoning for their placement choices, including group homes.

While The Adoption Assistance and Child Welfare Act of 1980 has emphasized the reunification of children with families since its approval, the emphasis on swift reunification has augmented in recent years. Agencies across the United States have developed, and revamped programs meant to keep children safely at home, rather than remove them. Preservation of the family unit is emphasized through programs such as therapy sessions, parent skills courses, housing assistance, sub-

stance abuse assistance, and counseling, each occurring with the family residing together. Family Preservation Services, a human services agency with locations nationwide, is a leading agency in family preservation. Because group homes do not always reflect a family model, do not include the biological relatives of the child, and are considered "out-of-home" placements, group homes may be looked at as last resorts when considering placements for a child in the context of preservation of family.

10. Positive Effects of Group Homes

Many fail to recognize the positive characteristics of group home settings both for youth and the foster care system as a whole. The setting itself, the models used to operate the home, and adequate staff training can all contribute to a beneficial experience for youth who reside in these homes. The foster care system generally benefits from group care because it helps to house children when there are not enough available foster families.

Group homes are community-based. Community-based living within a group home provides more than just a place to stay; living in a house rather than a facility gives residents a more "normalized" experience. In these homes, youth have the opportunity to become independent. A group home can also provide health care, educational services, advocacy, and the opportunity to acquire independent living skills (Chow et al., 2014). Because children sent into the foster care system typically lack parental figures in their lives, the staff of group homes are often seen as role models by youth. Also, developing a trustworthy relationship with a staff member has proven to positively affect the behavior of a resident, which carries into life after being discharged from the group home (Wonnum, 2014). Group care youth are "more likely to be favorably discharged, more likely to return home, and less likely to experience a subsequent formal placement" (Lee et al., 2008, p. 1), when a sufficient attachment is made.

With the implementation of the right model, group homes increase their chances of developing familial dynamics between residents and staff. By doing so, the home creates potential for the stigma surrounding a lack of biologically related family members to diminish and reinforce a family is not necessarily always related by blood.

11. Agreements in the Existing Literature

There is a consensus among researchers about several points in the existing research. Most group homes accommodate youth with behavioral and/or emotional issues that are much more severe than those of average children. Group homes also do not have a standard admissions criterion. Group care has gained a negative stigma due to the lack of organization and consistency across homes as well as the common practice of assigning children to homes without properly addressing their needs. Stigmatization can occur when placing a child in a group home because of mental health stereotypes as well as the process of labeling. Current foster care legislation makes it difficult to keep group homes open as well as a prevalent option for placement. Access to resources, staff availability and training, as well as multiple models result in vast differences between group homes, affecting the outcomes of youths' experiences. It is important to note that the ultimate goal of all group care experiences is reunification between residents and their families or permanency in a new family.

12. Conclusion

A lack of standards and direction for group care results in ungeneralizable research, preventing definitive conclusions to be made about the efficacy and use overall of group homes. The lack of generalizability and validity in existing research demonstrates the need for further study. Policy creation must be driven to set more universal standards for group homes, with particular

consideration for the needs of residents. So long as group home culture, structural model, and access to resources and staff availability vary among homes, generalizability of results will not be feasible. Negative stigmas surrounding group care and foster care alike will continue to differentiate children, adolescence, and young adults in care from others, putting them at risk of additional emotional and identity issues.

Group homes are in a unique position in that they have the opportunity to provide youth with the resources they need to thrive and grow into healthy adults. It is essential that individual residents are treated as human beings and not defined by their circumstances and the decisions they or their families have made. If group care is treated as an alternative to traditional foster care, youth need to be served in positive living conditions, be given structured environments in which to learn, and the moral support necessary to thrive. Research on group homes needs to be more generalizable and valid, which cannot be accomplished, without first improving foster care standards and relevant child welfare policy.

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