'What I really needed was a voice'
Steenbakkers, Annemarie Theodora

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CHAPTER 2.

The needs of children in foster care and how to satisfy them:
A systematic review of the literature

This chapter is based on:

Abstract

Family foster care deeply influences the needs of children and how these are satisfied. To increase our knowledge of the needs of children in foster care and how these are conceptualized, this paper presents a systematic literature review. Sixty-four empirical articles from six databases were reviewed and categorized (inter-rater agreement \( K = .78 \)) into four categories: medical, belongingness, psychological, and self-actualization needs. The results give a complete overview of needs that are specific to children in foster care, and what can be implemented to satisfy these needs. This study shows psychological needs are studied more often compared to the other categories, which specifically relates to much attention for mental health problems. Furthermore, most articles focus on how to satisfy the needs of children in foster care, and provide no definition or concrete conceptualization of needs. Strikingly, many articles focus on children’s problems instead of their needs, and some even use these terms interchangeably. This review illustrates that future research should employ a proper conceptualization of needs, which could also initiate a shift in thinking about needs instead of problems.

Keywords
Foster care ∙ Foster families ∙ Development ∙ Needs ∙ Need satisfaction ∙ Systematic literature review
Introduction

Worldwide, estimates are that 143 million children are separated from their birth families, and for most of these children (about 95%), family foster care is where they find a caring and nurturing home (Courtney, Dolev, & Gilligan, 2009; McCall, 2011). Many children in foster care have a history of maltreatment and are struggling with behavioral problems and complex trauma (Greeson et al., 2011), which often cause placement disruptions (Eggertsen, 2008). In addition, many of them experience out-of-home placement to be a great loss and feel lonely at the start of a foster family placement (Herrick & Piccus, 2005; Schofield & Beek, 2005). Foster parents are vital in providing a secure base for these children (Schofield & Beek, 2005), enabling them to make a positive developmental turn and deal with their traumas (e.g., McLaughlin, Zeanah, Fox, & Nelson, 2012; Nelson et al., 2007). Meeting the needs of children in foster care provides them with a more stable and secure placement in which they can thrive (Berrick & Skivenes, 2012). The needs of these children are therefore a recurrent theme in the literature.

Basic human needs

The literature defines needs as necessities for a healthy development. Satisfying needs is a continuous process; successful need satisfaction leads to (further) growth and well-being, while failing to meet needs can inhibit this (Deci & Ryan, 1985; Maslow, 1943). Need satisfaction is formed by environmental factors, or changes in individual or interpersonal actions, thoughts or feelings (Deci & Ryan, 2012; Maslow, 1943).

Maslow (1943) was among the first to develop a theory encompassing both the biological and psychological needs of humans. According to this theory, people have physiological needs (e.g., the need for water and food), a need for safety, a need for love and belongingness, a need for self-esteem and a need for self-actualization. For any need, frustration results in increased desire, while satisfaction results in decreased desire, with the first needs mentioned being most desired when frustrated. Other need theories focus more on either survival needs, such as the terror management theory (Greenberg, Solomon, & Pyszczynski, 1997), or on psychological and self-actualization needs, such as the self-determination theory (Deci & Ryan, 1985) and the core social motives theory (Fiske, 2003).

This article focuses on how needs are presented in the foster care literature. Maslow’s need hierarchy is used as theoretical framework, because of the broad range of needs it encompasses. That said, researchers have criticized this theory for emphasizing nature more than nurture, and for the inconclusive evidence of the hierarchical structure of needs (Neher, 1991). Nonetheless, recent studies have successfully used Maslow’s hierarchy as a framework to examine children’s needs, such as for children in Kindergarten (Medcalf,
Hoffman, & Boatwright, 2013), children living in poverty (Noltemeyer, Bush, Patton, & Bergen, 2012), and children with disabilities (Lygnegård, Donohue, Bornman, Granlund, & Huus, 2013). This not only indicates the applicability of this theory to the needs of children today, but also for children growing up in specific and vulnerable conditions.

The needs of children in foster care

Children’s environment plays a significant role in defining the specific needs and how they can be satisfied (Deci & Ryan, 2012; Harper & Stone, 2003). Adverse experiences prior to care, the out-of-home placement and living in foster care cause children to develop specific needs (Berrick & Skivenes, 2012). For example, children in foster care are at risk to develop medical, behavioral and emotional difficulties (Oswald et al., 2010; Smith, Johnson, Pears, Fisher, & DeGarmo, 2007), and their cognitive abilities and school achievements often lag behind (Jacobsen, Moe, Iverson, Wentzel-Larsen, & Smith, 2013; Vacca, 2008). In addition, children in foster care live apart from their biological parents. This disturbs the development of attachment and sense of belonging to their biological family, while they also have to form new relationships with their foster carers (Schofield & Beek, 2005). Moreover, traumas experienced in their childhood can cause post-traumatic stress symptoms and internalizing behavioral problems (Greeson et al., 2011). Despite these circumstances, children in foster care are able to make a positive developmental turn when growing up in a secure and nurturing environment (McLaughlin et al., 2012; Schofield & Beek, 2005). It is therefore important to satisfy children’s needs in an age-appropriate way, with their personal histories kept in mind (Berrick & Skivenes, 2012). To our knowledge, however, there is no overview of the broad range of needs and how these can be satisfied specifically pertaining to children in foster care.

This article therefore focuses on two things: 1) systematically review the needs of children in care and the ways to satisfy them and 2) examine how the literature conceptualizes those needs. The aim is to create a coherent overview of the needs of children in foster care, useful for both researchers and practitioners. This overview can guide future research on the needs of children in foster care, and assist practitioners when trying to meet the needs of these children.

Method

A computer-based systematic literature search was conducted following the PRISMA statement (Moher, Liberati, Tetzlaff, & Altman, 2009). The search was conducted on 14-06-2017, using the databases ERIC, PsychInfo, Medline, PUBmed, Web of Science and Elsevier Science Direct. To identify articles related to children in foster care, the following search terms were included: (“foster child*” OR “child* in care” OR “child* in foster care” OR “foster
care child*” OR “child* in substitute care” OR “substitute care child*” OR “child* in out-of-home care” OR “out-of-home care child*”), wherein ‘child’ was also substituted by ‘youth’, ‘teen’, ‘adolescent’, ‘boy’ and ‘girl’. Moreover, search terms were added that pertained to the needs of children in foster care: (need* OR demand* OR requir*).

The titles and abstracts of 2471 articles were read and a selection of relevant articles was made on the basis of three criteria. First, although there were no constraints on publication date, only peer-reviewed empirical articles were included that were conducted in western countries. The empirical study should focus on cases of children, thus excluding policy analyses or studies inquiring other people (such as professionals and other stakeholders) about the needs of children in foster care as a group. Second, the main target group had to be children living in family foster care between the ages of 6 and 18. Younger children were excluded because self-actualization needs are less prominent for this age category. Articles covering a wide range of ages that also incorporated our target group of age 6-18 were included, but needs specific for younger children will not be described. We chose to focus on family foster care because this reduced the amount of variation between countries and welfare systems. Moreover, differences were expected in belongingness needs between children growing up in a family environment compared to group or residential facilities. Articles that compared children in family foster care to other groups of children were included, as well as studies on children in out-of-home care of which at least 70% of the target group consisted of children in family foster care. Third, the article had to focus on the needs of these children as directly stated in the title, abstract or keywords. This excluded articles that might pertain to the needs according to Maslow’s hierarchy, but do not name it as such. In addition, articles regarding the needs of care leavers and adolescent mothers in care were excluded. After this selection and deletion of duplicates, a total of 218 articles remained.

The full texts of the remaining articles were read by three researchers who again decided whether an article met the inclusion criteria. Most articles that were excluded in this phase did not describe the needs of children, but only mentioned the terms ‘needs’ once or twice without further explanation. Other reasons articles were excluded were because they were conducted in non-western countries, did not adequately describe the sample of participants, were not empirical examinations of child cases, or focused on the needs of foster parents. This final selection process resulted in 64 articles for this review.

While reading the articles, the researchers specifically searched for the term needs, requirements and demands in order to find the relevant information about these concepts. This information was used to summarize and discuss the reviewed articles in the results section. Additionally, the authors extracted from each article the definition of needs, target group (age, N, care setting), country of the study, and the research methods employed to identify needs.
In order to cluster the needs, a categorization system was formulated based on the five needs of Maslow: physiological, safety, belongingness, self-esteem and self-actualization needs. When going through the articles however, these categories were not sensitive enough to incorporate all articles and make a clear enough distinction between the various topics. Medical needs were often encountered within the articles, which pertains to both physiological needs (i.e., for food and water) and physical safety needs. No other needs regarding physiology were identified, thus this category was named Medical needs. The relational aspects of the safety needs were included in the belongingness category, which covered all aspects of relationships of children in foster care. The self-esteem needs, the need for prestige and accomplishment, were combined with other individual psychological needs, such as mental health, autonomy and coping. Therefore, this category was named Psychological needs. Lastly, articles about education, leisure, and employment were categorized within Self-actualization needs. See Table 2.1 for a description of each need category.

Two authors independently coded the final selection of articles according to these categories. An article had to be placed in at least one category, but could have as many as four category labels. The inter-rater agreement was calculated on the selected articles (90%, \( p < .0001, K = .78 \)), and could be considered as good (Altman, 1991), indicating similar coding and straightforward categories. Coding differences were subsequently discussed between the two researchers and resolved. As can be seen in Table 2.1, there was an uneven distribution of articles across the four need categories, with psychological needs being the most frequently mentioned. In the result section, the needs and how these can be satisfied will be described for each category, as well as common challenges mentioned in the literature. In line with human need theories, needs were considered as necessities for a healthy development, while satisfying needs can be accomplished by environmental factors and individual or interpersonal actions, thoughts or feelings that lead to a change in the level of need satisfaction (Deci & Ryan, 1985; Maslow, 1943). Furthermore, a section regarding challenges was added because many of the articles represented problems and other challenges as (an indication of) the needs of children in foster care.
Table 2.1. Overview of the Four Needs Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical needs</td>
<td>21</td>
<td>Needs regarding physical health, physical development, and treatment and identification of medical conditions.</td>
</tr>
<tr>
<td>Belongingness needs</td>
<td>17</td>
<td>Needs regarding relationships with others, such as (foster) parents and peers, and related constructs, such as attachment and permanency.</td>
</tr>
<tr>
<td>Psychological needs</td>
<td>43</td>
<td>Needs about (individual) psychological phenomena such as self-esteem, mental health, autonomy and coping.</td>
</tr>
<tr>
<td>Self-actualization needs</td>
<td>14</td>
<td>Needs about learning, education, leisure and employment.</td>
</tr>
</tbody>
</table>

Note. Multiple categories per article are possible. $N_{\text{total}} = 64$

Results

As Table 2.2 depicts, the majority of the articles were written between 2000 and 2017 and conducted in Anglo-American countries. Other western countries are not or barely represented in the retrieved articles. Regarding the age of the children, 45% of the articles only included children within the age categories of 6-18, while 55% of the articles included a broad range of ages including younger children. To identify the needs of children, various methods such as standardized questionnaires (e.g., Child Behavior Checklist), case file analyses, and interviews with people involved in foster care were employed. Most articles did not conceptualize or elaborate on the term needs (84%), but some provided an operational definition (e.g., scores on a questionnaire), defined children with high needs (those with physical handicaps or medical conditions), or provided a definition of specific needs (secure attachment).

Medical needs

The medical needs of children in foster care are described in 21 articles and are commonly researched in combination with psychological needs (66%).

Needs. Although many articles indicate that children in foster care have more complex medical needs compared to their peers, the articles neglect to describe actual needs, but instead focus on medical problems and diseases. What can be concluded from the articles, however, is that children need to be physically and developmentally healthy, or at least as healthy as their specific medical conditions allow them to be. One study comments on this aspect, indicating that health screenings can only be effective when promoting health rather than screening for diseases (Hill & Watkins, 2003).
Chapter 2

Table 2.2. General Characteristics of the Articles in this Review

<table>
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<td></td>
<td></td>
<td>6</td>
<td>21</td>
<td>36</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of conducted research</th>
<th>United States of America</th>
<th>39</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Australia</td>
<td>8</td>
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<tr>
<td></td>
<td>United Kingdom</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Canada</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>The Netherlands</td>
<td>3</td>
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<tr>
<td></td>
<td>Sweden</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Ireland</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Multiple (meta-analysis)</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age range</th>
<th>6-12 years old</th>
<th>12</th>
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<tbody>
<tr>
<td></td>
<td>12-18 years old</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>6-18 years old</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>0-12 years old</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>0-18 years old</td>
<td>30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Method of need identification *</th>
<th>Standardized questionnaire(s)</th>
<th>23</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Interview/survey children</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Interview/survey professionals</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Case files</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Interview/survey foster parents</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Child assessment</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Open-ended questionnaire(s)</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Other</td>
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</table>

<table>
<thead>
<tr>
<th>Definition of needs</th>
<th>No definition</th>
<th>52</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Operational definition</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Broad definition of high need children</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Specific need defined</td>
<td>1</td>
</tr>
</tbody>
</table>

* Note. Multiple categories per article are possible. \( N_{total} = 64 \)

Satisfying needs. When medical problems are identified, personal treatment plans should be written, and treatment and other services should be implemented in order to improve the health outcomes of children in foster care (Rodrigues, 2004; Rubin, Alessandrini, Feudtner, Localio, & Hadley, 2004). What these services are, differs per health problem, but a multidisciplinary team should preferably determine the treatment plan (Kaltner & Rissel, 2011). Adolescents specifically need tailored interventions to stimulate safe sex and to prevent early pregnancy and STD’s (Becker & Barth, 2000). A study among 442 foster parents showed that 83% of the foster parents are convinced that the medical needs of their child are met (Hayes, Geiger, & Lietz, 2015). Foster parents caring for children with complex
medical conditions indicate that training helped them provide the necessary care for these children (Lauver, 2008).

**Challenges.** Many articles report on the increased medical health problems of children in foster care; depicting medical problems as medical needs. Studies differ with regard to the reported prevalence of medical problems, ranging from one third of the children in foster care (Ringiesen, Casanueva, Urato, & Cross, 2008; Sullivan & van Zyl, 2008), to about half of them (Steele & Buchi, 2008; Takayama, Wolfe, & Coulter, 1998), and even up to 90% (Chernoff, Combs-Orme, Risley-Curtiss, & Heisler, 1994; Hochstadt, Jaudes, Zimo, & Schachter, 1987; Nathanson & Tzioumi, 2007). Based on over 30,000 case files, about 6% of children in foster care have so-called complex needs, which means having co-occurring physical health problems, emotional problems and the need for specialized services (Yampolskaya, Sharrock, Armstrong, Strozier, & Swanke, 2014). The most common health problems mentioned in the literature are incomplete immunization (Hill & Watkins, 2003; Kaltner & Rissel, 2011; Kling, Vinnerljung, & Hjern, 2016; Nathanson & Tzioumi, 2007; Raman & Sahu, 2014; Rodrigues, 2004), vision problems (Chernoff et al., 1994; Nathanson & Tzioumi, 2007; Steele & Buchi, 2008; Takayama et al., 1998), and respiratory problems (Nathanson & Tzioumi, 2007; Ringiesen et al., 2008; Rodrigues, 2004; Takayama et al., 1998). Other medical conditions that are also often encountered in the foster care population are obesity, dental problems, skin conditions, STD's, infections, and allergies. A complete list is beyond the scope of this article, so we refer the reader to the above articles and these additional manuscripts (Arora, Kaltner, & Williams, 2014; Becker & Barth, 2000; Lauver, 2008; Ogg et al., 2015; Rubin et al., 2004). While many articles report children in foster care have higher rates of medical health problems (e.g., Ringiesen et al., 2008), a study by Raman and Sahu (2014) did not find any differences between children in foster care and children at-risk living in with their parents. The identified risk factors for developing medical problems are being male, being older, having a longer stay in foster care and having had multiple placements (Ringiesen et al., 2008; Rubin et al., 2004; Sullivan & van Zyl, 2008).

Children should be assessed and screened for medical conditions by a multidisciplinary team of health professionals (Kaltner & Rissel, 2011; Ogg et al., 2015; Rodrigues, 2004), which should be administered as soon as a child comes into foster care (Chernoff et al., 1994; Steele & Buchi, 2008). Nevertheless, not all children receive a medical examination (Rodrigues, 2004). Nathanson, Lee and Tzioumi (2009) argue that screening is not only important when entering care, but also throughout the foster care period. Lastly, many studies have identified a major gap between the medical issues of children in foster care and the services provided (Feigelman et al., 1995; Hill & Watkins, 2003; Kaltner & Rissel, 2011).
Belongingness needs
Seventeen articles on belongingness needs of children in foster care were found. While most articles focus on (foster) family relationships, other adults and peers are also mentioned.

Needs. Children in foster care generally need continuity of the relationships with their birth family members (Kufeldt, Armstrong, & Dorosh, 1995; Mason, 2008). Especially sibling contact can be a point of continuity in unstable times, as they have lived in the same circumstances and had similar experiences (Kothari et al., 2014; Waid & Wojciak, 2017). Establishing caring and supportive relationships with the foster family is considered a crucial need of children (Bell, Romano, & Flynn, 2015; Kufeldt et al., 1995; Mason, 2008; Quest, Fullerton, Geenen, & Powers, 2012). Preferably, these relationships are characterized by secure attachments, a sense of permanency, mutual trust and emotional intimacy (Ashley & Brown, 2015; Mason, 2008; Steenbakkers, van der Steen, & Grietens, 2016). Schofield and Beek (2009; 2005) illustrate how infant attachment concepts also apply to children and adolescents in family foster care, because they need their foster parents to provide a secure base. Besides (foster) family members, other adults, such as a neighbor or family friend, and professionals can play an important role in the social networks of children in foster care. These people can provide emotional and practical support, and a sense of stability and continuity of relationships (Bell et al., 2015; Clausen, Ruff, Von Wiederhold, & Heineman, 2012). Lastly, friends and positive peer interactions are an important need of children in care (Mason, 2008).

Satisfying needs. In order to establish loving relationships with foster parents, children should be provided with a stable, affectionate and safe home environment (Fernandez, 2008; Kufeldt et al., 1995). Foster parents can create a secure base for children in their care by being available, helping them manage their behavior and feelings, building their self-esteem, helping them feel effective, and helping them to belong in the foster family (Schofield & Beek, 2009; 2005). A high perceived quality of caregiver relationship can lower the risk of depression for children in foster care (Guibord, Bell, Romano, & Rouillard, 2011). Children indicate that at the start of a placement foster parents can help them by showing an understanding of the difficulties of coming into care, and help them to become familiar with their new home, routines and responsibilities (Mitchell, Kuczynski, Tubbs, & Ross, 2010). Conversations with foster parents about their past, when characterized by trust and interest, can contribute to youth finding emotional support from their foster parents (Steenbakkers et al., 2016). A culturally sensitive facilitator to meet the attachment needs of African American youth is by assisting them with their hair care (e.g., braiding), since this provides the opportunity for healthy touching and nurturing (Ashley & Brown, 2015).

Contact with birth family members can repair disrupted ties, and children with more contact tend to view their parents more positively (Kufeldt et al., 1995). To facilitate sibling contact, specific interventions have been established that promote sibling contact
and support (Kothari et al., 2014; Waid & Wojciak, 2017). Lastly, children in foster care sometimes require help to understand and manage the complex family relationships with their birth and foster family (Kufeldt et al., 1995; Quest et al., 2012).

Supportive relationships with other adults should be characterized by a sense of safety, positive regard and commitment (Clausen et al., 2012; Fernandez, 2008; Mason, 2008; Quest et al., 2012). Moreover, these relationships with adults can help youth to learn social skills (Clausen et al., 2012), as well as give them tools to take on future obstacles (Guibord et al., 2011).

**Challenges.** Children in foster care can have difficulties with establishing and maintaining social relationships. They show less prosocial behavior (Fernandez, 2008), and a recent meta-analysis shows that age-appropriate social functioning does not improve during foster family placement (Goemans, van Geel, & Vedder, 2015). Compared to other types of out-of-home care, children in family foster care require specific attention for attachment related difficulties (Leloux-Opmeer, Kuiper, Swaab, & Scholte, 2017). Contact with their birth family can be problematic due to the problems of their birth parents (Kufeldt et al., 1995). Lastly, children are at risk to experience abuse while in foster care by their foster parents, birth parents or other children. Steps should therefore be taken to protect children, especially those who already experienced abuse prior to care (Hobbs, Hobbs, & Wynne, 1999).

**Psychological needs**

In total, 43 articles explicitly focus on the psychological needs of children in foster care, which is about two-thirds of the articles selected for this review.

**Needs.** The well-being and everyday functioning of children in care depends partly on them developing self-esteem (Coholic, Lougheed, & Cadell, 2009; Fernandez, 2008). LGBTQ youth in foster care specifically need to develop a positive self-identity about their sexual orientation (Gallegos et al., 2011). Children in foster care were often exposed to multiple traumas at a young age, and therefore they need to learn how to cope with past experiences and construct a coherent life story (Coholic et al., 2009; Nathanson & Tzioumi, 2007; Steenbakkers et al., 2016). Similar to the medical needs category, articles about mental health needs focus on mental illness and problems, with the exception of one article (Hill & Watkins, 2003).

**Satisfying needs.** Attentive and sensitive parenting is important for satisfying the needs for self-esteem, coping skills and self-regulation skills (Fernandez, 2008; Gallegos et al., 2011; Mitchell et al., 2010; Schofield & Beek, 2009; Schofield & Beek, 2005; Stoner, Leon, & Fuller, 2015). Specifically, children in foster care need the people around them to understand their personal history; so that their environment can be sensitive to the signals they convey (Steenbakkers et al., 2016). This is important because a better adjustment to trauma has been indicated as a good predictor for reduction of depression (Stoner et al., 2015). In
order to satisfy the need for autonomy and individuality, children should be included in the decisions about their care (Mason, 2008).

When mental health problems are present, children should preferably receive individualized treatment and care in order to meet their mental health needs (Cantos & Gries, 2010; Ringeisen et al., 2008; Rodrigues, 2004; Shin, 2005; Steele & Buchi, 2008; Sullivan & van Zyl, 2008; Takayama et al., 1998). Studies show that mental health service use by children in foster care ranges from 25% to 53% (Bellamy, Gopalan, & Traube, 2010; Petrenko et al., 2011; Rodrigues, 2004). When treatment is provided, it is important to differentiate among children based on their characteristics and maltreatment history (Bell et al., 2015; Reifsteck, 2005). In addition, the required facilities should be close to the foster home and continuously accessible (Arora et al., 2014). Regarding the type of treatment, authors have argued that mental health needs are often treated with multiple psychotropic medications, while the child might be better off with therapeutic interventions (Coholic et al., 2009; McMillen et al., 2004), wherein the relationship with the therapist is key (Clausen et al., 2012). Moreover, adolescents are likely to receive the most invasive and stigmatizing mental health services such as inpatient and residential programs, while not always receiving community based services before this (McMillen et al., 2004). Some authors suggest to not only treat the child as client, but also the family and community around the child (Love, Koob, & Hill, 2008; Yampolskaya et al., 2014). In addition to providing help, youth themselves also seek out help for their mental health issues, which is affected by their expectations of the care system and previous help-seeking experiences (Johnson & Menna, 2017).

Challenges. The articles about mental health needs additionally provide information about the prevalence and types of mental health problems, often named in articles as mental health needs. Although the operationalization differs between studies, prevalence of mental health problems among children in foster care seems to fall between 44% and 66% (Arora et al., 2014; Bellamy et al., 2010; Maaskant, van Rooij, & Hermanns, 2014; McNicholas et al., 2011; Scozzaro & Janikowski, 2014). While this prevalence is high, children in family foster care have fewer mental health issues compared to children living in more restrictive out-of-home placements (Lardner, 2015; Leloux-Opmeer et al., 2017; McNicholas et al., 2011). Around 6% of children in foster care seem to experience a complex combination of medical and mental health issues (Yampolskaya et al., 2014). The mental health issues mentioned are related to dealing with separation and loss (Chernoff et al., 1994; Nathanson & Tzioumi, 2007), exposure to drugs and alcohol (Chernoff et al., 1994), emotion or behavior regulation (Arora et al., 2014; Bell et al., 2015; Bellamy et al., 2010; Fernandez, 2008; Goemans et al., 2015; Guibord et al., 2011; McMillen et al., 2004; McNicholas et al., 2011; Ogg et al., 2015; Ringeisen et al., 2008; Rodrigues, 2004; Steele & Buchi, 2008; Stoner et al., 2015; Sullivan & van Zyl, 2008; Yampolskaya et al., 2014), sexual abuse or inappropriate sexual behavior (Chernoff et al., 1994; McMillen et al., 2004), self-harm and violent behavior (Chernoff et
al., 1994; McNicholas et al., 2011), and substance abuse (Gabrielli, Jackson, & Brown, 2016; Guibord et al., 2011). Mental health problems are positively correlated with the child’s current age, the age at the time of placement, maltreatment history and the number of placements (Cantos, Gries, & Slis, 1996; Gabrielli et al., 2016; Maaskant et al., 2014; Shin, 2005; Steele & Buchi, 2008).

Mental health problems of children in foster care should be regularly screened and assessed in order to provide timely interventions, preferably by multiple informants (Cantos & Gries, 2010; Nathanson et al., 2009). Although many children receive mental health services, some authors warn about a gap between children’s mental health issues and the referral rate (Fontanella, Gupta, Hiance-Steelesmith, & Valentine, 2015; Hill & Watkins, 2003; Kaltner & Rissel, 2011; Ogg et al., 2015; Petrenko et al., 2011; Shin, 2005). Only 23% of foster parents are assured that the mental health needs of their child are met (Hayes et al., 2015). A meta-analysis by Goemans and colleagues (2015) shows that internalizing and externalizing behavioral problems do not improve during placement in a foster family, questioning the effectiveness of treatment and care children receive. That said, a recent study reports adequate service delivery to 128 children in foster care with mental health problems in the United States (Scozzaro & Janikowski, 2014).

Two additional issues are mentioned regarding the psychological needs of children in foster care. First, the multiple traumas children were exposed to during their youth can have a negative impact on their psychological development (Leloux-Opmeer et al., 2017). Secondly, overprotection and forced support can have a disempowering effect on children, and does not meet their need for autonomy (Mason, 2008).

**Self-actualization**

The literature on children’s self-actualization needs is very recent, with 12 out of 14 articles (86%) written in the last decade.

**Needs.** While all articles in this need category focus on the educational outcomes of children in foster care, most study how this can be accomplished (need satisfaction) and what hinders children to achieve well in school (challenges). The majority of the articles focus on education, except one article that showed that participation in extracurricular activities lowers the risk of substance abuse and depression among children in foster care (Guibord et al., 2011).

**Satisfying needs.** Stability and connection to the same school can greatly assist children with completing their education (Piescher et al., 2014). Foster parents should support children with their school career, and provide stimulation and input for their cognitive development (Fernandez, 2008; Mendis, Gardner, & Lehmann, 2015; Zetlin, Weinberg, & Shea, 2010). In addition to foster parents, other significant adults can stimulate youth to go to school and help with decisions about school, work and college (Hudson, 2013; Mendis et
al., 2015; Quest et al., 2012). When children are experiencing learning difficulties, a range of targeted interventions can be implemented. Although a study looking into the benefits of a home-based tutoring program was unable to find significant improvements (Zinn & Courtney, 2014), other research suggests the benefits of services such as remedial teaching, additional classroom assistance, speech and reading interventions, and an educational support program (Petrenko et al., 2011; Tyre, 2012; Zetlin et al., 2010). Youth themselves indicate a myriad of approaches to meeting their educational needs, indicating that there is not a ‘one-size-fits-all’ solution (Mendis et al., 2015).

**Challenges.** The literature often reports on educational difficulties, specifically in relation to learning difficulties (Leloux-Opmeer et al., 2017; McNicholas et al., 2011), and special education (Geenen & Powers, 2006; Zetlin et al., 2010). Children in foster care seem to lag behind on cognitive measures, such as math and reading (Piescher et al., 2014), or have mental health or behavioral problems that interfere with learning (Zetlin, Weinberg, & Shea, 2006; Zetlin et al., 2010; Zinn & Courtney, 2014). Children with disabilities are argued to be at greater risk to have their educational needs overlooked (Geenen & Powers, 2006), while children in family foster care have lower risks of having unmet educational needs compared to youth placed in residential facilities (Leloux-Opmeer et al., 2017). Authors also comment on the difficulties children in foster care encounter to receive educational services, such as delays in service provision after a school change (Petrenko et al., 2011; Zetlin et al., 2010). This calls for better communication between schools and welfare services to overcome cross-system barriers (Geenen & Powers, 2006; Petrenko et al., 2011; Piescher et al., 2014). Lastly, researchers indicate the importance of comprehensive developmental and educational screening to identify children’s special educational needs (Petrenko et al., 2011).

**Discussion**

The reviewed articles provide a varied picture of the needs of children in foster care, divided into four categories based on Maslow’s theory, and adapted to the specific needs of children in foster care as depicted in the international literature. These four categories give an up-to-date overview of the specific needs children in foster care can experience and how these can be satisfied. Contrary to Maslow’s theory, the foster care literature does not focus on self-esteem needs, but on psychological needs in a broad sense, such as mental health, coping and identity development. Foster parents are often mentioned with regard to satisfying the needs of the children in their care, highlighting the importance of foster parent selection, training and support. Needs in a certain category that are met can positively influence the satisfaction of other needs. For example, sensitive caregiving from foster parents not only satisfies children’s need to belong, but also their psychological needs and learning opportunities, and prevents mental health problems. Likewise, unmet needs in
one category limit opportunities to satisfy needs in other categories, such as mental health problems that interfere with learning. Whether these influences follow Maslow’s proposed hierarchy (in the sense that higher order needs can only be satisfied when lower order needs are met) cannot be deduced from the reviewed articles and requires further analysis.

Regarding the conceptualization of needs, it seems that only a few studies describe needs in a way that aligns with Maslow’s original definition. More often, studies focus on how needs can be satisfied and what challenges children in foster care face to have their needs met. This could be explained by the fact that Maslow’s hierarchy of needs is universal, hence the core needs of children in foster care are of little interest in the international literature, because they may be similar to those of other children. What seems to differentiate children in foster care from other children are the ways their needs are satisfied, and the high amount of challenges they encounter.

Strikingly, many studies focus on the problems of children and use the terms needs and problems interchangeably. This can be explained by the high impact of problem behavior on foster parents and the increased chance of breakdowns (Eggertsen, 2008), and the use of instruments that measure current problems. Theoretically, however, these terms are not synonymous, given that meeting needs promotes a healthy development, while problems impede this (Maslow, 1943). Problems can only be indicative of severely frustrated needs for which external satisfaction should most urgently be implemented. As argued by Hill and Watkins (2003), screening for problems can only be effective when it promotes need satisfaction. However, the absence of problems is not an indication of satisfied needs. In order to avoid undue confusion, a proper conceptualization of needs is necessary that differentiates the needs of children in foster care and the ways to satisfy them from the problems they encounter. Research can benefit from applying a holistic approach to children’s needs, by presenting them as necessities for a healthy personal development, and by incorporating both unmet and satisfied needs. This holistic approach can initiate a shift from thinking about problems to thinking about what can be done to meet certain needs.

Strengths and limitations

A strength of this study is that the analyses were based on a theoretical framework, yet adapted to the specific population of children in foster care. Besides presenting an overview of these needs, divided into four categories, we also separately reported needs and how to meet these. This distinction offers additional theoretical insight for researchers, and gives practitioners the possibility to match children’s needs with actions and treatments suitable to meet these needs.

This study’s categorization of the literature was based on Maslow’s theory (1943), because of its broad range of needs specified. However, as indicated in the introduction, this theory has sound critiques, in the sense that it emphasizes nature more than nurture,
and the insufficient empirical evidence for the hierarchical structure of needs (Neher, 1991). Furthermore, the use of the word ‘need**’ in our search terms might have prevented us from including articles that describe necessities for a healthy personal development, but are not naming them as needs. Although we tried to mitigate this by also incorporating the terms ‘requir**’ and ‘demand**’, other related constructs such as well-being, resilience and protective factors were not included in this review. Furthermore, we did not specifically search for terms directly related to the need theories, such as belongingness, self-esteem, self-actualization and self-determination. Although we assume that these constructs would be accompanied by the term ‘need’, we acknowledge that this assumption might not apply to all papers.

Our study spanned several Western countries, but many countries are not represented in the retrieved articles. Moreover, the countries that were included have different child welfare systems, for instance related to permanency planning for children placed out-of-home, and different conceptualizations of foster care, for example the inclusion or exclusion of residential facilities and the focus on kinship or non-kinship care (N. Gilbert, Parton, & Skivenes, 2011). Although the influence of these differences on the needs of children might be limited, it could impact the preferred ways to satisfy needs, since countries have their own laws, policies and preferred interventions when assisting foster families.

Finally, our inclusion criteria allowed for a broad inclusion of studies, which increases the risk of bias in the selected studies. At a minimum, studies had to adequately describe their participant sample and how needs were obtained to meet our inclusion criteria, but we did not differentiate between random samples and convenience samples, the validity of the measures used, or other potential biases (Viswanathan, Berkman, Dryden, & Hartling, 2013).

**Future directions**

In addition to providing a proper conceptualization of needs and initiating a shift in thinking about needs instead of problems, this review reveals three other key points for practice and future research. First, more research is necessary about children’s physiological needs besides medical health, psychological needs besides mental health, and self-actualization needs besides education. While screening at the start of a placement ensures foster families can satisfy children’s basic physiological needs (such as enough food and clothes), the question remains if this is sufficiently monitored throughout a placement. In addition, although mental health problems of children are a great concern for their caretakers, other psychological needs such as identity and autonomy development should be more often researched in order to satisfy these needs. Moreover, while the need to receive an education is important for children, self-actualization includes more than just education, and can be achieved through leisure and hobbies.
Secondly, most articles do not mention children’s own possibilities of meeting their needs (e.g., seeking distraction, using coping skills). This gap devalues the agency and capabilities of children, and might limit foster carers and professionals to explore the possibility of youth aiding in satisfying their own needs.

Finally, many studies use instruments that result in a measure of problems (e.g. problem screening questionnaires). Although interviews with experts, foster parents and children are employed to bridge this gap, these can be time-consuming to use in larger samples. A questionnaire could therefore be developed that validly determines the needs and the level of need satisfaction of children in foster care. Such an instrument not only enables researchers to make more generalized and valid statements about the needs of children in foster care, but could also be utilized in practice as an assessment and monitoring tool.