The science of attracting foster carers

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ABSTRACT

Across the world the number of children needing a foster home is increasing; however, the number of individuals willing to foster a child is decreasing. It is therefore critical to gain insight into the barriers preventing people from fostering a child. Using data from a 2009 survey of 756 Australians, combinations of barriers are investigated by conducting *a posteriori* segmentation analysis within the market of potential foster carers. Four segments are identified and profiled to determined significant differences in terms of psychological and socio-demographic characteristics. Findings, including the fact that almost one-third of respondents indicated that they had not considered foster caring before because no one had ever asked them to, have practical implications. Improved marketing strategies tailored to the characteristics of each segment are required to harvest the full potential of individuals willing to foster a child and thus contribute to solving one of the most difficult social challenges facing developed nations.

INTRODUCTION

In 2009, the Victorian Shadow Minister for Community Services stated that 'The number of foster carers has plummeted from 3250 in 2001 to 1000 in 2009, a decrease of 69%; foster care agencies report that the overwhelming reason why children referred to foster care are not able to be placed is that there are just not enough foster carers' (Wooldridge 2009).

While this statement pertains to the State of Victoria, it is indicative of the foster care situation being faced in all States and Territories within Australia. Similar growth in numbers has been experienced in many countries, including the USA (US Department of Health and Human Services 2009), the UK (Department of Children, Schools and Families 2009) and Spain (del Valle 2009). It is not an overstatement to say that we are in the midst of a foster care crisis.

There are two possible solutions to the problem: either the number of children requiring foster care decreases or the number of out-of-home placements increases. The latter is, at least in part, a marketing challenge that cannot be addressed by studying those who are foster carers. Instead, an understanding of the barriers to foster care is required to identify new sections of the general population that may be attracted to fostering through targeted communications.

Specifically, this study aims to investigate why people do not become foster carers and whether certain barriers to foster caring affect particular segments of the population. This will enable foster care organizations to target marketing efforts at specific segments of the market that are not engaging in foster care for particular sets of reasons.

Theoretically, this study contributes to knowledge because (i) it investigates non-foster carers on a large scale; (ii) it applies *a posteriori* segmentation to gain insight into heterogeneity within the market of 'potential' foster carers; (iii) it includes information relevant to foster care marketers; and (iv) it employs psychological constructs hypothesized to be associated with success in the role of foster carer. As such, the resulting segments can be selected on the basis of the

likelihood of being attracted as well as the probability of their suitability for fostering.

Foster care is a unique type of altruistic behaviour because it is far more involved than donating money or volunteering time. While our understanding of donating and volunteering behaviour and ways how we can stimulate it is substantial (e.g. Sargeant & Lee 2004; Randle & Dolnicar 2009), we have little understanding of how to attract foster carers. Gaining insight into this unique behaviour is important in order to address one of the key social challenges of the 21st century.

LITERATURE REVIEW

The consequences of insufficient carers

Internationally, researchers agree that a child's early years are critical to their lifelong development (for a review, see Foley *et al.* 2000). The level of nurturing and support provided fundamentally affects the behaviour and health of that individual over a lifetime. A range of risk factors during childhood – such as parental ability and exposure to abuse and neglect – contribute to poor health and negative social outcomes throughout childhood and later adult life (Springer 2007; Leeb *et al.* 2011).

Most children placed in out-of-home care have been subject to abuse or neglect (Australian Institute of Health and Welfare 2010) and are therefore more likely to suffer from physical and mental-health problems (Hildyard & Wolfe 2002; Dube *et al.* 2003). When entering care, almost all foster children are experiencing physical health problems, such as acute infections, fractures, respiratory disorders and skin conditions (see Simms *et al.* 2000). Typically, foster children also exhibit exceptionally poor social competence and mental-health problems, including attachment difficulties, trauma-related anxiety and inattention/hyperactivity (Barber & Delfabbro 2004; Tarren-Sweeny & Hazell 2006), and more than half of children in out-of-home care require outpatient mental-health services (Leslie *et al.* 2004). Foster children are also more likely to experience health problems in their adult lives, including anxiety disorders and depression, chronic pain and serious illness or accidents (Barth 1990; Kessler *et al.* 2008).

To some degree, physical and mental ill-health can be minimized if children at risk can be identified and placed into care at younger ages (Tarren-Sweeny 2008). Once in care, the quality of care factors, including placement stability and the quality of the carers,

has been postulated to account for a reasonable proportion of the variation in the child's health outcomes (Rubin *et al.* 2004; Fernandez 2008; Tarren-Sweeny 2008). In addition, agencies that are able to provide such high-quality foster care placements have been found to produce better health outcomes for the children in the long-term (Kessler *et al.* 2008).

Providing such high-quality care environments is in no small part reliant on finding individuals who are highly suited to the role of foster carer. This requires effective recruitment strategies, which result in greater numbers of carers who have the skills and ability to provide nurturing environments in which children can develop to their maximum potential. To develop such strategies, we require greater understanding of the 'market' of potential foster carers and the marketing messages that will be motivating for them.

Reasons for, and for not, foster caring

Numerous studies have attempted to capture the reasons why people *do* become foster carers. These have included a genuine interest in helping a child in need and wanting to improve long-term outcomes for young people (McHugh *et al.* 2004). Others have acknowledged that carers gain benefits of value to themselves, such as putting their religious views into practice and having company after their own children leave home (Kirton 2001; Goughler & Trunzo 2005). In recent years, as a result of modern social trends such as couples waiting longer to have children and a growing public acceptance of same-sex relationships, an increasing number of foster carers are couples and individuals who are unable to have children of their own and are looking to fill a gap in their lives.

The monetary allowance provided has been hypothesized to be a motivating factor for some carers. However, in many countries, including Australia, the allowance paid to carers contributes to covering the financial costs of supporting the foster child, but is insufficient to be considered a viable alternative to paid work (McHugh 2007). In their US study, Duncan & Argys (1997) estimated that by increasing foster carer payments by \$100 per month, the number of children in group homes would be reduced by 28.7% and the average number of placements per foster child would decrease by 20%. This suggests that the level of financial remuneration for foster carers is a key factor in not only attracting but also retaining foster carers.

Far less attention has been paid to the reasons people *do not* consider foster caring. The few studies

that have examined this issue have listed reasons, such as the costs associated with having to care for a child, insecurities regarding their ability to manage a foster child and lack of time because of other commitments in their lives (SA Department of Family and Community Services 1997).

Others hypothesized that the increasing number of women engaging in full-time work has contributed to the difficulties in attracting foster carers. Bebbington & Miles (1990) suggested that the result of this labour market trend has been changes in the profiles of typical foster families to include more biological children in the household because the families who are in a position to consider foster caring are those that already have a stay-at-home parent looking after children full-time.

All of the above studies consider motivations or barriers at the aggregate level and simply count the most frequently cited reasons. They do not consider that these frequencies might differ significantly if we compared particular segments of the market – e.g. different age brackets or different cultural backgrounds. One exception is an Australian study conducted by Randle *et al.* (2010), which investigated reasons for not having considered foster caring before and determined that differences do exist within the market by conducting a series of *a priori* segmentation analyses. Based on a sample of 897 respondents, they identified significant differences in the barriers preventing different groups from fostering. This study provides initial evidence for the existence of heterogeneity within the foster care market and highlights the potential for further and more sophisticated segmentation analyses to gain more in-depth understanding of the structure of this market.

Foster care and marketing

In many ways, the challenges faced by providers of foster care are similar to the marketing challenges faced by commercial organizations. They need to identify the right consumers (individuals likely to be good foster carers), design marketing campaigns to attract them (reach them and motivate them to begin fostering) and then keep them loyal to the agency (keep fostering for as long as possible).

It could be argued that the problem is actually one of employee recruitment. However, the reality confronting foster care agencies in Australia is that in most cases the allowance paid to foster carers is well below the minimum wage and cannot be considered a viable alternative to paid employment. There is

general agreement that there is a strong altruistic component to the behaviour of foster caring which involves a significant investment of financial, emotional and time-based resources (McHugh 2007), often far greater than that required for one's biological children (Forbes *et al.* 2011). Hence, we approach the challenge of foster carer attraction from a marketing perspective.

The few recruitment-related studies of foster care provide initial support for the importance of developing effective marketing strategies. In Australia, one strategy that has been acknowledged as effective is using word-of-mouth to attract carers (Higgins *et al.* 2005). Broad-based communications have also generated public interest in fostering. In 2010, a 3-month government advertising campaign resulted in nearly 20 000 people visiting the government website, 1960 calls made to the call centre, and an average of 52 foster care applications received each week (NSW Government 2010). This represented a significant increase from the usual level of interest throughout the duration of the campaign. However, in this context, findings also indicate that although community-wide media strategies are effective in raising awareness of foster care they are less effective in translating enquiries into approved carers (McHugh *et al.* 2004).

Considering the magnitude of the problem being faced, there is a dearth of knowledge about foster care marketing. The present study aims to fill this gap by conducting a large-scale, national study investigating the reasons people do not consider foster care.

METHODOLOGY

Fieldwork administration

Fieldwork was conducted in November–December 2009. The sample of 756 Australian adults was recruited through a nationally representative online research panel. Panel members were recruited through a number of avenues – e.g. online, through newspaper advertisements and in shopping centres – to overcome the bias that can occur when only one recruitment method is used. Hard quotas were used to ensure representativity for age, gender and state of residence, and soft quotas were used for other socio-demographic variables, including education, income, employment status and marital status. Individuals were included if they indicated they had not considered being a foster carer before.

Questionnaire

As a screening question, participants were asked if they had ever considered becoming a foster carer before; answers could be 'yes' or 'no'. Those who answered 'no' were then asked why they had not considered it and presented with a list of 29 different reasons. This list was derived following a literature review and interviews with non-foster carers regarding reasons for not foster caring. Participants indicated if each reason applied to them by selecting 'yes' or 'no'.

For segment profiling, participants answered questions relating to their socio-demographic characteristics, including age, gender, residence, home environment, wealth and education. They were also asked about their experience and knowledge of foster care and people with disabilities. In addition, a number of psychometric and situational factors hypothesized to be relevant to foster caring were included, as well as measures assessing environmental/personal resources and personal characteristics.

Environmental/personal resources

Social support. The multidimensional scale of perceived social support (Zimet *et al.* 1988) was utilized for this measure. Participants rated 12 statements on a seven-point scale ranging from strongly disagree (1) to strongly agree (7). The scale features three subscales, relating to social support from family, friends and significant others.

Perceived wealth. Two questions were asked regarding wealth. The first asked whether they thought their family was very poor (1), quite poor (2), neither rich nor poor (3), well off (4) or rich (5). The second question asked how happy they were with their family's financial position, ranging from very unhappy (1) to very happy (5).

Life satisfaction. Diener *et al.*'s (1985) life satisfaction scale was used to ask participants the extent to which they agree (1) or disagree (7) with each of five statements related to life satisfaction (e.g. 'In most ways my life is close to my ideal').

Relationship quality. This scale measures individual's evaluations of their relationship satisfaction, commitment, intimacy, trust, passion and love (Grigg *et al.* 1989; Fletcher *et al.* 2000). The scale consists of six items (e.g. 'How satisfied are you with your relationship?') and is rated on a scale ranging from not at all (1) to extremely (7).

Personal characteristics

Hope. Hope involves the belief that one can produce 'routes to desired goals' (Snyder 2000, p. 8). High hope individuals believe they can begin and maintain movement towards their goals (agency thinking) and they can produce plausible routes to these goals (pathways thinking). The hope questionnaire consisted of four items that measured pathways thinking (e.g. 'I can think of many ways to get out of a jam') and agency thinking ('I energetically pursue my goals'; Snyder 2000). Items are rated on a four-point scale ranging from definitely false (1) to definitely true (4).

Problem-solving orientation. The nine-item problem orientation scale consists of three three-item subscales that evaluate cognitive, emotional and behavioural aspects of problem orientation (Frauenknecht & Black 1995). Participants responded using a five-point rating scale ranging from 0 to 4, with high scores indicating a propensity towards negative problem orientation and an avoidance of problems.

Empathy. We utilized the basic empathy scale (Jolliffe & Farrington 2006), which consists of two subscales: affective empathy ('after being with a friend who feels sad about something, I usually feel sad'; 11 items) and cognitive empathy ('When someone is feeling "down", I can usually understand how they feel'; 9 items).

Religious faith. People indicated they belonged to a religion and believed in God. Those with religious faith also rated how important that faith was to them, from strongly disagree (1) to strongly agree (5).

Analysis

To determine for the market as a whole the barriers to fostering, frequency counts were computed on the reasons for not foster caring. We conducted segmentation analysis in a second step. Specifically, we conducted a data-driven (Dolnicar & Leisch 2004) segmentation to investigate whether useful segments could be identified.

RESULTS

Barriers preventing individuals from becoming foster carers

Table 1 contains the agreement levels relating to barriers against fostering a child. Responses were limited to 'yes' or 'no', percentages in Table 1 reflect only those who answered 'yes'.

The two reasons agreed with most frequently are that: (i) nobody ever asked them to foster a child and (ii) taking in a child is too big a commitment to make. While it is unlikely that people holding the latter view could be attracted to foster caring, the fact that 62% identify 'not having been asked' as a barrier to fostering, points to a potential opportunity for communications to increase the number of foster carers.

The fact that 52% of the respondents stated that they do not know anything about foster caring also indicates that more communication is required. An additional challenge is that 29% of people stated that they do not know where to find information about foster care, indicating that not only will the message

determine the success of future communications but so will the communication channels chosen.

However, from Table 1 it is not clear whether the 62% of people who stated that they have never been asked to foster a child also have other reasons – perhaps more compelling – that are likely to prevent them from fostering. For example, some people who say that they have never been asked to foster child may also have no interest in children. These people are likely to be relatively insensitive to a marketing campaign that asks them to consider foster caring. It is therefore necessary to study the stated barriers for segments of the market.

Analysis of heterogeneity of foster caring barriers

The starting point for the segmentation analysis was the question block of barriers. As 29 variables (shown in Table 1) are too many to analyse with a sample of 756 respondents (Formann 1984), a sample of variables was selected for the segmentation base covering a wide range of topics. According to Formann, the number of variables that can be included for segmen-

Table 1 Barriers to fostering a child

| Why have you never considered fostering a child?	Applies to me (%)
No one has ever asked me to	62
Taking in a child is too big a commitment to make	62
Because of my personal circumstances	61
The opportunity never arose	59
I do not know anything about foster caring	52
I do not have enough room where I live	51
I do not think I could cope with a foster child	47
I am too busy with work commitments	42
It would restrict my ability to do what I want to do, e.g. travel	42
I would not be the type of person they are looking for to be a foster carer	40
I do not think that I could do a good job	40
I do not know which organizations arrange foster care	38
I am too busy with family/friend commitments	38
I do not have any experience with children	30
I am already busy with my own children	30
It would be too upsetting if I had to give the child back to their birth family	30
I do not know where to find information about foster care	29
It is likely a foster child would have behavioural problems	29
My own health issues	29
It would negatively impact/disrupt my own family	27
I am worried that if I could not cope with the child I could not give him/her back	26
I am too young	24
I am too old	23
I would rather have an occupation which pays more	21
My family would not support the idea	18
My own children are too young	17
The allowance provided was not enough to cover the costs of the child	16
I have no interest in children	15
There are already enough people providing foster care	6
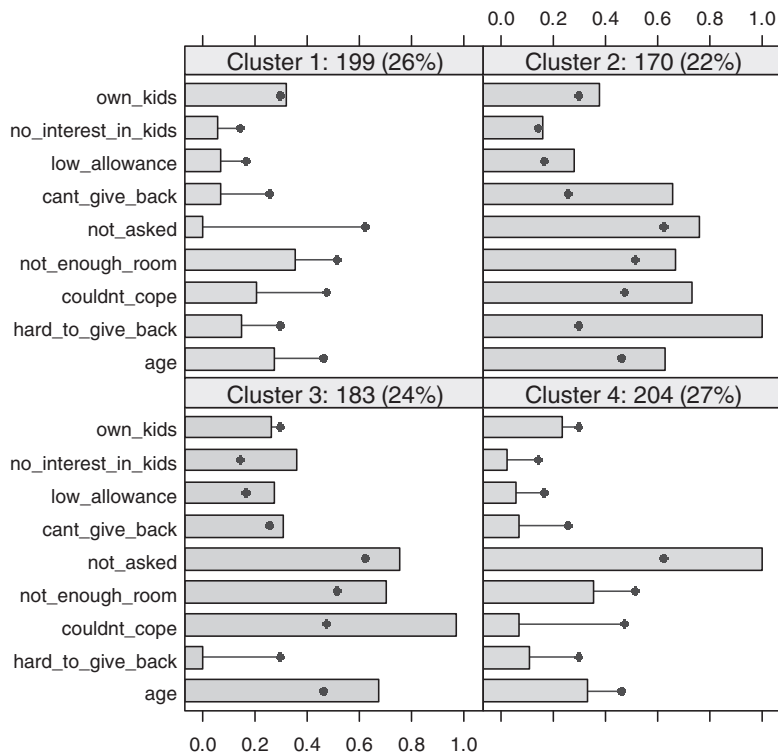
Figure 1 Segment profiles based on variables included in the segmentation base.

tation analysis with this sample size is nine. In order to select nine barriers for inclusion in the segmentation, we revisited the qualitative interviews (with non-foster carers) that informed development of the questionnaire and made a qualitative assessment of the key themes most commonly arising. The barriers chosen that reflected these themes were: I am already busy with my own children; I have no interest in children; The allowance provided is not enough to cover the costs of the child; I am worried that if I could not cope with the child I could not give him/her back; No one has ever asked me to; I do not have enough room where I live; I do not think I could cope with a foster child; It would be too upsetting if I had to give the child back to their birth family; and I am too young/old (this was computed from two variables: too young and too old).

To choose the most suitable number of segments, the framework proposed by Dolnicar & Leisch (2010) was used. The two-segment solution produced the most stable and consistent results; however, it did not provide enough differentiation between segments to enable a marketing strategy to be developed. The second most stable solution was the four-segment solution: the median value was the second highest but it came at the price of some variability in stability over replications. Overall, the four-segment solution

appeared to represent the most viable compromise in terms of interpretability (see below) and stability, and, accordingly, was selected for interpretation.

Figure 1 provides the profiles of the four segments (labelled in Fig. 1 as 'clusters'). The bars indicate the proportion of members that stated their agreement with each one of the variables (listed along the *y*-axis). The horizontal line indicates the proportion of agreement in the entire sample. Segments are interpreted by comparing the difference between the segment and the sample proportions.

Segment 1 (26% of the respondents) is not foster caring because they are busy with their own children and has therefore been labelled the 'Mums & Dads' segment. This segment may have potential in the future when their own children leave home because other reasons did not appear to be barriers for them. It is also possible that this group would be more suited to other types of foster caring, which typically involve periodic investments of time, such as emergency care or short-term care. In this case, communications educating them on the different types of care may contribute to breaking down this barrier.

Segment 2 (22% of the respondents) agrees with almost all barriers and has therefore been labelled the 'Not interested' segment. Their deviation from the overall sample of respondents is largest with respect to

the barrier 'It would be too upsetting if I had to give the child back to their birth family'. They are also concerned about not being able to cope. This segment, therefore, does not appear to be particularly suitable for targeting as potential carers.

Segment 3 (24% of the respondents) feels that they could not cope with fostering a child, has no interest in children, and feels as though they are too young or too old. This group has been given the descriptive label of the 'Couldn't cope' segment, as this is the most frequently cited barrier. As with segment 2 (Not interested), this segment is considered unsuitable for targeted communication messages.

Segment 4 (27% of the respondents) is of interest: the only barrier they state prevents them from fostering a child is that nobody has ever asked them. They have consequently been labelled the 'Never been asked' segment. This segment does not indicate that they have no interest in children or and is not concerned about not being able to cope. This is a segment that lends itself optimally to a communications and has the potential of attracting new foster carers.

Segment profiles

Table 2 compares the four-segment profiles in Fig. 1 on the basis of age, number of people in the household, personal income, household income, educational level and anticipated retirement age.

A set of analyses was conducted on a number of demographic variables in order to identify whether differences between segments exist for these respondent attributes. Depending upon whether the variables were nominal or at least ordinal, χ^2 tests or analyses of variance (ANOVAs), respectively, were performed. For parametric tests, in cases where the omnibus test was found to be significant, post-hoc testing was conducted using Tukey's honestly significant difference (HSD) method. To reduce the likelihood of type I error, α was set at 0.01. The variables identifying significant differences between groups against this criterion are described below.

There was no significant difference between segments with respect to composition by gender; however, there was a trend that suggested that segment 3 (Couldn't cope) and segment 4 (Never been asked) were more male than segment 1 (Mums & Dads) and segment 2 (Not interested). A significant effect of respondent age was found, post-hoc testing revealed a significant difference between segment 1 (Mums & Dads, youngest) and segment 4 (Never been asked, oldest).

Table 2 Segment profiles and results of between-group analysis

Measure	Segment profiles				Between-group analysis			
	Mums & Dads	Not interested	Couldn't cope	Never been asked	Test	n	Test statistic	P
n	199	170	183	204				
Age (years)	38.21 (12.31)	41.45 (13.86)	39.42 (13.69)	42.36 (12.31)	ANOVA	756	$F(3,752) = 4.14$	0.006
Individual income*	4.46 (2.35)	4.26 (2.30)	4.70 (2.43)	5.14 (2.33)	ANOVA	756	$F(3,752) = 4.88$	0.002
Household income*	4.99 (1.95)	5.10 (1.77)	5.08 (1.89)	5.36 (1.70)	ANOVA	756	$F(3,752) = 1.50$	0.214
Number of people in the household	2.94 (1.36)	2.91 (1.39)	2.68 (1.28)	2.72 (1.34)	ANOVA	756	$F(3,752) = 1.79$	0.147
Level of education*	3.46 (1.71)	3.79 (1.73)	4.23 (1.71)	3.89 (1.76)	ANOVA	756	$F(3,752) = 6.47$	0.000
Trimmed anticipated retirement age n	154	127	146	155				
Trimmed anticipated retirement age	63.28 (5.16)	63.25 (5.05)	62.65 (5.11)	64.05 (5.14)	ANOVA	582	$F(3,578) = 1.90$	0.129

Note: Standard deviations are given in parentheses.
*Higher mean values indicate higher levels of income and educational qualifications.
ANOVA, analysis of variance.

Table 3 Mean values and results of omnibus tests of psychometric variables by segment

Measure†	Mums & Dads	Not interested	Couldn't cope	Never been asked	*F*
Environmental/personal resources					
Social support (MSPSS)	65.20 (12.13)	65.14 (13.43)	63.81 (14.63)	66.49 (12.49)	1.33
Significant other	22.44 (5.44)	22.57 (5.57)	21.85 (6.25)	22.79 (5.89)	0.90
Family	21.46 (4.82)	21.37 (5.52)	21.26 (5.62)	22.17 (4.52)	1.29
Friends	21.30 (4.65)	21.20 (5.34)	20.17 (5.47)	21.53 (4.67)	0.90
Relationship quality	29.10 (5.74)	28.04 (6.15)	29.48 (5.21)	29.06 (5.69)	1.48
Perceived wealth	6.24 (1.28)	6.16 (1.37)	6.22 (1.35)	6.59 (1.13)	4.45*
Life satisfaction	21.78 (6.08)	22.01 (6.54)	21.41 (7.04)	22.99 (6.59)	2.08
Personal characteristics					
Hope-Total	22.85 (3.38)	23.01 (3.07)	22.93 (3.35)	24.34 (2.94)	9.90**
Hope-Pathways	11.72 (1.74)	11.76 (1.66)	11.79 (1.78)	12.40 (1.52)	7.42**
Hope-Agency	11.13 (1.91)	11.24 (1.81)	11.14 (1.94)	11.94 (1.75)	8.81**
Problem-solving orientation	21.34 (6.61)	21.86 (6.10)	21.34 (6.76)	18.91 (6.11)	8.38**
Empathy total (BES)	70.30 (8.43)	72.84 (8.83)	69.66 (9.10)	71.21 (8.71)	4.37*
Cognitive empathy	33.38 (4.98)	33.85 (4.96)	33.54 (4.93)	34.61 (4.53)	2.54
Affective empathy	36.92 (5.34)	38.98 (5.59)	36.12 (6.13)	36.60 (6.04)	8.32**
Importance of religion	3.11 (1.28)	3.39 (1.20)	3.28 (1.22)	3.09 (1.17)	1.38
n‡	199	170	183	204	

Note: Standard deviations are given in parentheses.
*$P < 0.01$; **$P < 0.001$.
†These values refer to the scales outlined in the Methodology section.
‡These refer to the respondent numbers in each segment except for relationship quality and religious faith. Relationship quality had 136, 129, 122 and 140 respondents for segments 1–4, respectively. Religious faith had 103, 96, 88 and 104 respondents for segments 1–4, respectively.
BES, basic empathy scale; MSPSS, multidimensional scale of perceived social support.

Demographic variables associated with the home environment did not vary significantly across segments. However, there was a trend such that segment 3 (Couldn't cope) was found to have more respondents without children than with, while the patterns of frequencies for the other groups were reversed.

A series of wealth measures found personal income to discriminate between segments. Post-hoc testing identified income for segment 4 (Never been asked) to be significantly greater than for segment 1 (Mums & Dads) and segment 2 (Not interested), but not different from segment 3 (Couldn't cope).

A significant effect was found for education level, with significant difference in the mean levels of education reported for segment 1 (Mums & Dads, lowest educated segment) and segment 3 (Couldn't cope, highest educated segment).

A second series of between-groups ANOVAs were performed on the psychometric variables in order to determine whether there were differences between groups on these measures. The criterion of 0.01 was used in significance testing for these variables. In cases where an omnibus test was significant, post-hoc testing using the Tukey's HSD method identified differences between group means. Table 3 reports the group means for the psychometric variables as well as the results of omnibus tests conducted on the data.

In terms of environmental and personal resources, segment 4 (Never been asked) perceived themselves as having greater wealth than the other segments. This perception was consistent with their reported levels of income which was significantly higher than that reported by segment 1 (Mums & Dads) and segment 2 (Not interested).

Regarding personal characteristics, self-directedness and effectiveness of individuals (the hope and problem-solving scales) identified segment 4 (Never been asked) as possessing significantly higher mean levels of hope and a significantly lower mean problem-solving score than the other segments. This pattern reflects a greater capacity amongst this group to generate ways to meet goals, greater belief that they can follow these means towards goal fulfilment, and greater self-rated problem-solving capability.

In terms of the cooperativeness of respondents, segment 2 (Not interested) had greater scores than the other segments, and indicates that this segment has the capacity to share in the emotional states of others to a greater degree than individuals in other segments.