

Foster Care in the United States

Foster Care

In the United States the foster care system consists of a process by which certified caregivers provide a home and family life to minors who have been legally removed from their birth parents or guardians. An individual certified as a foster parent must comply with individual state regulations each year to maintain certification. State guidelines for certification most commonly includes 12 hours of pre-placement training in the legal rights of foster caregivers, policies and procedures, infant and childcare, adoptive procedures and at least one hour in cultural issues and diversity. The foster care system was initially established to protect and provide care for children with a history of abuse, neglect, or abandonment. In this situation, the placement is said to be involuntary because the children are removed against their families will. Children may also be placed in the foster care system if the parents or legal guardians are unable to fulfill their obligations due to the extenuating circumstances of illness, emotional distress, etc; this is typically referred to as voluntary placement. In the case of involuntary placement the children are in the state's custody of the court and are allowed to live with foster parents, in group homes or in residential treatment centers. These children may continue to reside in foster homes until becoming legal adults or they may be placed in an adoptive home with the difference between the two being the legal rights of the caregiver(s). Adoptive families have the same rights and obligations as a birth family would; however, foster families must consult with a state or county social worker before making any decisions concerning the child's welfare (Adamec, 2002).

Placement and Statistics

Reasons for placement into foster care can vary and may include the aforementioned components of neglect or abuse. In order to further examine the reasoning behind placement in foster care, a study was conducted by John Takayama MD who analyzed 749 foster care children in San Francisco in late 1991-1992. The study found that neglect accounted for 30% of the children's placements, physical abuse accounted for 25% and lack of caretaker was the reason in 24% of the children; sexual abuse and failed placement were the reasons for placement in many of the remaining cases. Takayama and his colleagues also attempted to better understand the differences in entry among varying age groups: 0 to 6 years of age, 7 to 12 years of age and 13 to 18 years of age. In the 0-6 age group over 50% had been neglected or abandoned, the 7 to 12 year old age group reported the widest variety of reasons with no particular one predominating and multiple failed placements were the largest contributing factor in children between the ages of 13 and 18. Additionally, findings included the fact that 30% of birth parents had substance abuse problems, 9% had been incarcerated and 5% were dealing with psychological issues. An additional reason for placement occurs when the parents of sick children are unable to provide adequate medical support and they feel that by placing them in foster care they will be able to attain the care they need. Out of the children surveyed by Takayama and his colleagues, 62% of the children aged 0 to 6 had more than one medical problem with the most common of which being respiratory illness, followed by skin problems. Many of these children also displayed developmental delays (Takayama, 1998).

While foster care optimally functions as a short term answer, it is not uncommon for children to remain in the system for many years. The most current statistics according to the National Department of Health and Human Services suggests that there were about 510,000

children in foster care as of September 2006. The mean age of the children was 9.8 years and median age was 10.2 years. More than half of the foster homes housing the children were non-relative homes (Administration for Children and Families, 2008).

One study which addressed such issue found that the factors of abandonment, African-American, male and physical/mental impairment were positively correlated with increased length of stay in foster care. Alternatively, if there was a potential for reunification with birth parents the children reportedly had shorter stays in foster care. In the case of reunification, social workers function as an integral part of the process by inspecting the parents' home and making sure the issues of concern (physical, social, mental, emotional, etc..) have been resolved. Ultimately it is up to the social workers to decide if it is reasonable to expect the children will be allowed to return home or if advancements need to be made toward the placement with adoptive parents. In regard to legal action, a court hearing is required after a child has been enrolled in foster care for 12 or more of the previous 15 months. At this point it is the responsibility of the court to make a decision in which the choices may be returning the child to their birth family, retain the child in foster care or terminate parental rights of the birth family which in turn allows for the option of adoption (Seaberg, 1986).

Legislation, Function and Economic Issues of Foster Care

In regard to the functional operation of the foster care system, there are many areas of concern which include the assignment with foster parents, the cost of caring for foster children and the education and daily lives of these children. In general, foster parents are required to have a license in order to house the children and there is typically a limit to the number of children which may be allowed to live in the foster home. However, this is viewed more as a guideline than a rule and if a certain geographic area is experiencing an influx of foster children, foster

parents in the area may be asked to care for additional children. The foster parents are generally given a monthly stipend by the state for each child in their care which is meant to be used for basic living expenses. Monthly reimbursement for foster child care varies from state to state but averaged on a national basis were about \$629 for 2-year-olds, \$721 for 9-year-olds and \$790 for 16-year-olds (Associated Press, 2009).

However, common consensus is that this amount is insufficient as is evident in the fact that many foster parents end up spending their personal money to provide for the children's necessities. Additional problems arise due to the fact that foster parents are commonly provided inaccurate or incomplete information in regard to the children's medical and immunization history. As for the expenses of medical needs, foster children are commonly enrolled in Medicaid. While many aspects of the lives of foster children are dissimilar from children who remain with their birth parents, the daily lives and education are generally the same. Foster children attend local schools and are encouraged to participate in all of the activities enjoyed by other children their age (Adamec, 2002).

While the foster care system serves as a necessary component of the social network in the United States, there are many ways in which the process can be improved. These areas of improvement include the potential for placement of children with their extended family members, the specialized placement of children with appropriate foster families and the resulting decrease in relocations. Many of these problems are encountered due to the overwrought system and yet it remains essential to look for areas of advancement. Many times when children are entered into foster care, the social workers are under time constraints and end up placing children in foster homes quickly before considering the potential alternative of placement with extended family members. Additionally, when children are rapidly placed into foster families there is a

potential for less than optimal cohesiveness among family members. Therefore, one way of combating unsuccessful placements and in turn decreasing the number of relocations by foster children may be accomplished through more stringent screening of foster families and children. While this process may be unfeasible in areas with large foster children populations and a relatively small number of foster families, there remains the possibility that advancements to the placement system would aid in some instances.

In cases where children have been abandoned or reunification with birth parents is judged unfeasible in a court of law (legal termination of parental rights) adoption becomes a valid option for foster children. Federal support of this option was given in 1997 with the passing of the Adoption and Safe Families Act, written by Dr. Cassie Bevan, which aims to encourage adoption in the case that the child is not able to return to their biological family. The act accomplished this by decreasing the amount of time children were allowed to legally remain in foster care before being entered into the adoption process (Adoption for Ohio, 2009).

Once available for adoption, social workers begin pursuing various options. It is not uncommon for foster parents to decide to adopt the foster children in their care. These instances prove successful because the child and foster parents are given a chance to first see how they would function as a unit before the legal adoptive process takes place. The case of adoption by foster parents is typically an optimal option for foster children because there is a decreased risk of relocation which in turn allows them to maintain a stable environment and social structure. However, if foster parents are uninterested in pursuing adoption or if the foster child is unhappy in their current arrangement, social workers may begin recruiting other potential adoptive parents. This recruitment may be achieved through various media related sources including advertising in newspapers, on billboards or in computer databanks. In order to provide a more

personal outlet for interaction between children and families, many state social service agencies encourage social gatherings. As an alternative option, social workers may interview families seeking adoption and then match these families with children they deem appropriate. In this process the children are typically matched into families of the same race in order to promote a sense of belonging in the children. It is important to note that in many states, children over the age of 12 are legally allowed to make personal decisions against adoption.

Issues in Long Term Care

Adoption in many cases is the best option for foster children; however, there remains concern about the various reasons children remain un-adopted. A study performed by Richard Barth in 1994 addressed these issues in 500 children who were previously enrolled in the foster care system and found that various components contributed to a decreased probability for adoption.. He found the variables of abuse (sexual or physical), neglect, older age and behavioral problems to be positively correlated with increased time spent in foster care before adoption. Additionally, non-white children and children with developmental disabilities were found to remain in foster care longer. Another contributing factor to increased time in foster care was the desire of children to be placed with their siblings. This is likely due to the fact that it is difficult to find an adequate family for one child, let alone two (Barth, 1994).

Adoption

Despite the continual need for children to be placed in adoptive care, there remains much controversy in the general public surrounding which individuals have the right to adopt. In the past adoption had been restricted solely to couples who were able to demonstrate a stable relationship. However, times have changed and it is currently possible for single individuals and

gay/lesbian couples to adopt foster children. Yet this process has been noted to be overly difficult for these individuals in comparison to the historically acceptable heterosexual couple adoption.

Foster care, while essential, poses an increasing burden on already limited federal and state funds. In his book entitled, "Assessing the Long-Term Effects of Foster Care," Thomas McDonald reported that 40% of all adults who were previously enrolled in the foster care system were receiving welfare or were in prison. He estimated that only 50% graduate from high school which is in contrast to 78% of the general public. Additionally he stated that the number of homeless among previous foster children was nearly four times that of the general public. These statistics underlie the need for more intense focus to be given to this vulnerable population in the future. While there is obvious reason for concern, it is important to note that some legislation has been passed in regard to the lives of children following foster care. The Foster Care Independence Act, which was also written by the aforementioned Dr. Bevan, was passed in 1999 and was meant to provide support and assistance to the foster youth "aging out" (older than 18 and therefore ineligible for continued foster assistance). The act addressed the ways in which former foster children over the age of 18 may be given help to become self-sufficient. Additionally, the federal government provided funding for the Education and Training Voucher Program which was meant to help these same youth attend college or acquire vocational training at a reduced cost. The money provided by this program is distributed to individual states who then allocate the funding to various individuals as they see fit.

Conclusion

In conclusion, foster care provides essential support and assistance to one of the most vulnerable populations in the United States. Without this form of assistance many children would be homeless, underfed, untreated and invisible to the surrounding world. The work that social

workers, foster families and child rights advocates do decrease this population's marginalization and aids in the advancement of knowledge surrounding their particular situation.

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