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Report # 70

Foster Care: The Need For Further Improvement

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Foster Care In America

More work to be done

Recent reforms have helped, but still fall short

Foster care in America is on the mend. These safe havens, which harbor more than 300,000 abused and neglected children each year in U.S., have recently undergone significant changes for the better, driven by federal reforms that emphasize safety and finding these children permanent homes more quickly than ever before.

Much more needs to be done, however. As two major national reports recently pointed out, too many foster children still receive inadequate care, are too often moved from one temporary home to another, and find their developmental needs unmet.

Foster care is intended to be temporary refuge for children who are victims of neglect, or physical, sexual, emotional or psychological abuse. In 2001, more than 800,000 children spent some time in foster care and 530,000 were in foster care at any one time.

For too many, however, foster care becomes a long-term saga. Almost half spend at least two years in care, 32% stay in the system longer than three years, and 20% spend five or more years in foster care waiting to be placed in permanent homes. Some are frequently moved from one foster home to another. Many spend these years without loving parents, a stable home life, brothers and sisters nearby, and neighborhoods and schools that are familiar to them.

Federal reform initiatives, particularly the 1997 Adoption and Safe Families Act, have focused on child safety and emphasize permanency by setting a

strict timetable for finding dependent children a permanent home.

However, two national reports released in 2004 by The Pew Commission On Children In Foster Care and by The David and Lucile Packard Foundation suggest more works needs to be done, particularly in meeting a child's developmental needs.

The David and Lucile Packard Foundation's The Future of Children report, *Children, Families, and Foster Care*, describes a foster care system that is an inefficient, uncoordinated patchwork of overlapping agencies – one that fails to provide adequate services to many and poorly tracks how well it attends to the educational, health, and mental health needs of foster children.

Neglect is the reason most children enter the child welfare system, according to the National Survey of Child and Adolescent Well-Being (NSCAW), the only large-scale national

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study of foster children. Physical abuse is the second most common reason. Half of abused or neglected children in the child welfare system have experienced more than one type of maltreatment.

The Effect Of Maltreatment

This kind of maltreatment leaves foster children at risk of developmental setbacks even before they enter the child welfare system. These potential setbacks include poor outcomes in health, brain development, cognitive and language skills, and social-emotional functioning.

Developmental problems associated with neglect include cognitive, language and academic delays, anxiety, depression, and aggression. A physically-abused child risks injury as well as cognitive delays, aggressive behavior, and post traumatic stress disorder. Sexual abuse may lead to low academic performance, depression, and inappropriate sexual behavior. Emotional abuse is associated with lower cog-

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nitive and academic functioning and behavioral problems.

Abused children often have trouble bonding with caregivers. In turn, attachment disorders can contribute to poor outcomes such as poor relationships, behavioral and mental health problems. Children are more likely to have attachment problems when raised by caregivers who are inconsistent or use inadequate parenting practices.¹

Abused children also risk changes in healthy brain development that leave them susceptible to heightened arousal and make it more difficult for them to regulate emotions, exercise self control, focus, remember, and learn.

However, some maltreated children overcome such risks and avoid setbacks. Characteristics of these resilient children include high cognitive competence, self-esteem, and persistence. Other resiliency factors include a high IQ, health, a warm relationship with a parent, being engaged in school, and support outside the family.

Foster Children At Risk

Foster children often face multiple risks, such as poverty, abuse, neglect, an unstable home life, poor health, and parents who struggle with substance abuse – all of which can compromise developmental outcomes. For example:

- Foster children are more likely to have perinatal experiences that threaten development, such as fetal exposure to drugs and alcohol.²
- Studies of orphanages and large-group foster care programs suggest children with multiple caregivers are more likely to develop insecure attachments and show indiscriminate friendliness.³
- Foster children are more likely to have untreated health problems and higher rates of mental health issues,

including depression, aggression, and poor social skills.⁴

Although most foster children score in normal cognitive and academic ranges, a higher proportion than would be expected show delayed cognitive development and compromised academic functioning.

Disrupted Home Life

The disruption and uncertainty of being moved from one temporary home to another also contributes to poor developmental outcomes.

- In the NSCAW study, foster children placed in multiple homes had more compromised outcomes across several domains than chil-

dren who enjoyed more stable placements.⁵

- The number of placements a child experiences predicts behavioral problems.⁶
- Placement instability is also linked to aggression, low self-concept, and other emotional problems.⁷

Such findings suggest that tending to developmental needs is a serious shortcoming of the child welfare system, one that must be addressed to ensure the well-being of the children it is charged with protecting.



references

This report is based on the following publications:

The David and Lucille Packard Foundation. *The Future of Children: Children, Families, and Foster Care*, **14**(1), Winter 2004.

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⁴ U.S. Department of Health and Human Services, Administration for Children, Youth and Families. (2003). *National survey of child and adolescent well-being (NSCAW)*. Wave 1. Child Protective Services Report. Washington, DC: DHHS.

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