

FACTS *for* FAMILIES

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FOSTER CARE

Over 500,000 children in the U.S. currently reside in some form of foster care. Placements in foster care have dramatically increased over the past 10 years. Despite the increasing numbers, children in foster care and foster parents are mostly invisible in communities and often lack many needed supports and resources. In situations of abuse and neglect, children may be removed from their parents' home by a child welfare agency and placed in foster care. Other reasons for foster placement include severe behavioral problems in the child and/or a variety of parental problems, such as abandonment, illness (physical or emotional), incarceration, AIDS, alcohol/substance abuse, and death.

African-American children make up approximately two thirds of the foster care population and remain in care longer. Two out of three children who enter foster care are reunited with their birth parents within two years. A significant number, however, can spend long periods of time in care awaiting adoption or other permanent arrangement. Making decisions about the future for a child in foster care is called "permanency planning." Options include: returning the child to his/her birth parents; termination of parental rights (a formal legal procedure) to be followed, hopefully, by adoption; or long-term care with foster parents or relatives. Most states encourage efforts to provide the birth parents with support and needed services (e.g. mental health or drug/alcohol treatment, parent skills, training and assistance with child care and/or adequate housing) so their child can be returned to them. When parental rights have been terminated by the court, most states will try to place children with relatives ("kinship foster care" or "relative placement") which may lead to adoption by the relative.

Being removed from their home and placed in foster care is a difficult and stressful experience for any child. Many of these children have suffered some form of serious abuse or neglect. About 30 percent of children in foster care have severe emotional, behavioral, or developmental problems. Physical health problems are also common. Most children, however, show remarkable resiliency and determination to go on with their lives. Children in foster care often struggle with the following issues:

- blaming themselves and feeling guilty about removal from their birth parents
- wishing to return to birth parents even if they were abused by them
- feeling unwanted if awaiting adoption for a long time
- feeling helpless about multiple changes in foster parents over time
- having mixed emotions about attaching to foster parents
- feeling insecure and uncertain about their future
- reluctantly acknowledging positive feelings for foster parents

Foster parents open their homes and hearts to children in need of temporary care, a task both rewarding and difficult. Unfortunately, there has been a decrease in the number of foster parents (non-relative) available to care for children over the past 10 years. This results in larger numbers of children remaining in institutional settings. The number of relative caregivers (“kinship foster care”), however, has increased.

Reimbursement rates for foster parents are lower in most states than the true costs of providing routine care for the child. Important challenges for foster parents include:

- recognizing the limits of their emotional attachment to the child
- understanding mixed feelings toward the child’s birth parents
- recognizing their difficulties in letting the child return to birth parents
- dealing with the complex needs (emotional, physical, etc.) of children in their care
- working with sponsoring social agencies
- finding needed support services in the community
- dealing with the child’s emotions and behavior following visits with birth parents

Children in foster care who have emotional or behavioral problems may be referred for a psychiatric evaluation. Some child and adolescent psychiatrists provide consultation to Juvenile/Family Courts and child welfare agencies. Child and adolescent psychiatrists also provide comprehensive evaluations including diagnosis and the development of treatment plans. They also provide direct treatment (e.g. psychotherapy, family therapy, psychiatric medication) to a child. Children in foster care have special and complex needs which are best addressed by a coordinated team which usually includes the birth parents, foster parents, mental health professionals (including child and adolescent psychiatrists) and child welfare staff.

For additional information about foster care contact the Child Welfare League of America (CWLA) 440 First Street, NW, Third Floor, Washington, D.C. 20001-2085. For additional information see other *Facts for Families*: #09 Child Sexual Abuse, #05 Child Abuse-The Hidden Bruises, #15 The Adopted Child, and #08 Children and Grief. See also: *Your Child* (1998 Harper Collins)/*Your Adolescent* (1999 Harper Collins).

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The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 7,000 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

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