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Risk Factors and Supportive Strategies for Youth in Foster Care

Introduction

Over 680,000 children spent time in foster care in the United States in 2018.[1] Although the average stay in foster care is less than two years, these children have already experienced long periods of neglect, abuse, and a lack of a nurturing and stable environment resulting in long-term negative impacts. Most often, these children have already been exposed to adverse conditions before being placed in foster care. To be clear, children are placed outside of their home, not because of the child but because of the risk factors present in their existing household situation. Therefore, foster parents and parents whose children are returning from foster care to them, have an uphill task of not only providing a safe, supportive, and nurturing environment but also using strategies and skills to combat the negative impacts these adverse experiences have already had on the development of children in the foster care system.

Children in foster care experience disproportionately higher rates of a variety of negative outcomes both in the short and long term. These negative outcomes include high rates of physical, developmental, and mental health problems,[2] parental divorce or separation, parental death, parental incarceration, parental abuse, violence exposure, household member mental illness, household member substance abuse, and adverse childhood experiences, regardless of socioeconomic disadvantage (e.g., children in households with incomes below the poverty line) and across different family structures (e.g., children in single-mother families).[3] This paper starts with a summary of the foster care landscape and then delves into the negative outcomes related to the population of children who are placed in foster care. It concludes with prevention strategies to mitigate these negative outcomes and support healthy development and wellbeing for children while in foster care or when returned to their home.

Defining the population

Foster care or out-of-home care is a temporary service where adults provide for the care of a child or children whose birthparent is unable to care for them. The adults might be relatives of the child or children, or they might be unrelated foster parents. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living. Most children in foster care live in a family setting, with approximately 12% living in group homes or institutions. Foster care arrangements are temporary and can be informal or established through the courts or a social service agency. Common reasons children are removed from their homes are maltreatment, lack of care, or lack of supervision. The goal for a child in the foster care system is guided by what is in the child's best interest, which is usually reunification with the birth-family but may be changed to adoption. While foster care is temporary, adoption is permanent.

At any given time, there are approximately 440,000 children between the ages of zero and 20 in foster care. These children stay in foster care for an average of just under two years before being reunited with their families, adopted, or emancipated. Approximately 6% of children stay in foster care for five years or longer. In 2018, of the children exiting foster care, 49% of them were reunifying with their parents or primary guardians, 25% were being adopted, 11% were being placed with a legal guardian, and 7% were aging out without permanent families. These youth without permanent families (approximately 17,000 youth) experience significantly higher rates of homelessness, incarceration, and unemployment as adults.[4]

Although children can enter foster care at any age between zero and 20, the average age of children entering foster care is eight. Approximately 34% of children in foster care are between the ages of one and five years. A slight majority are males at 52%, and over half are children of color. This overrepresentation of certain racial groups, as well as overrepresentation of people in poverty, will be discussed in the next section.

Disparities

Income inequality and poverty: In a study examining the relationship between county-level income inequality and rates of child maltreatment in 3,142 counties in the U.S., researchers found a strong and significant relationship between income inequality and rates of child maltreatment. Income inequality was also related to a wide range of negative health and well-being outcomes in infants and children. Poverty was also significantly correlated with reports of abuse and neglect, findings of child maltreatment, and foster care placement. Children are more likely to be removed from poorer families. Approximately half (47%) of families who have their children removed from their homes have trouble paying for basic needs.[5] The toxic stress of poverty is linked to the risk of parenting difficulties such as chaotic household, inconsistent discipline, inability to respond to a child's emotional needs, and addressing potential risk factors that arise in the children.[5]

Racial and ethnic disparities: Poor families are disproportionately families of color, and there is a strong association between race and poverty for children entering the foster care system.[6] There are significant differences between the rate of contact with child protective services between children who are Black versus White. Children who are Black are more than twice as likely to be referred to child protective services as children who are White. This disproportionality persists in terms of the number of reports that are substantiated and the number of children who enter foster care, particularly before the age of five.[7] Children who are Native American are also disproportionally represented in the foster care system when compared to their representation in the general population. Asian and Hispanic children are underrepresented in the foster care system, though this could be due to underreporting or due to cultural protective factors.

It is difficult to identify what contributes to this disproportional over- or under-representation. Possible explanations include the disproportionate and disparate needs of children and families of color, particularly due to higher rates of poverty, racial bias and discrimination exhibited by individuals (e.g., caseworkers, mandated and other reporters), child welfare system factors (e.g., lack of resources for families of color, caseworker characteristics), and geographic context, such as the region, State, or neighborhood (e.g., quality jobs, economic equity, quality schools, public safety concerns) discriminatory laws and policies that maintain these inequities.

Sexual orientation: Several studies have found that LGBTQ young people are overrepresented in child welfare systems. This is despite the fact that they are likely to be underreported because they risk harassment and abuse if their LGBT identity is disclosed. In the regular US population, between 4 and 10% of people identify as LGBTQ, however more than twice the youth in child welfare systems identify as LGBTQ. According to one study, about 26% of LGBT youth are forced from their homes because of conflicts with their families of origin over sexual orientation or gender identity.[8] Physical violence is also a concern for LGBTQ youth. In another study, 30 percent of LGBT youth reported physical violence at the hands of a family member after coming out as LGBT.[9] Of LGBTQ youth experiencing homelessness, an estimated 43% are forced from their homes because of conflicts with their families about their sexual orientation of gender identity; 32% of homeless LGBTQ youth have experienced physical, emotional, or sexual abuse at home over their sexual orientation or gender identity. LGBTQ youth in foster care are twice as likely to report poor treatment and more likely to live in group homes and to have multiple more foster care placements. These data suggest that LGBTQ youth are at risk for overrepresentation in child welfare systems and are disproportionately likely to leave the foster care system without a permanent family.

Negative outcomes related to children in foster care

Mental health and suicide rates: Youth placed in foster care have increased mental health symptoms, for example, they are twice as likely as other children to have a learning disability; three times more likely to be diagnosed ADD or ADHD; six times more likely to have behavioral problems including oppositional defiance and impulse control disorders; and seven times more likely to suffer from depression. These differences in rates of mental health diagnoses remained even after the researchers adjusted for child characteristics, socioeconomic status, and household conditions.[10,11,12]

When comparing suicide rates between children in foster care and those not in foster care, a Canadian study[13] revealed higher rates of suicide, attempting suicide, hospital admission, and physician visits among children and adolescents who were in foster care. Interestingly, within the group of children placed in foster care, the rates of suicide and attempted suicide were higher right before placement and reduced after placement. This finding might suggest that it is not the placement in foster care, but the conditions that result in foster care placement that have the profound negative effect.

Adverse Childhood Experiences: Adverse childhood experiences (ACEs) are negative experiences and stressful events in childhood including trauma, abuse, and neglect that a child may have witnessed or directly experienced.[14] These experiences include emotional, physical, and sexual abuse; emotional and physical neglect; witnessing domestic violence; parental separation or divorce; and living with someone who was misusing substances, had a mental health disorder, or who had gone to prison. Adverse childhood experiences can impact a person's health and wellbeing through their lifespan, including problems with substance use. A child who has been exposed to adverse childhood experiences can be negatively impacted both socially and health-wise.

Data were gathered between 2011 and 2012 through the National Survey of Children's Health (NSCH) from a nationally representative sample of non-institutionalized children ages 0–17 in the United States.[15] The goal was to estimate the association between foster care placement and exposure to an array of ACEs. Results indicated that children placed in foster care or adopted from foster care, compared to their counterparts, were more likely to experience parental divorce or separation, parental death, parental incarceration, parental abuse, violence exposure, household member mental illness, and household member substance abuse. These children were also more likely to experience ACEs than children across different thresholds of socioeconomic disadvantage (e.g., children in households with incomes below the poverty line) and across different family structures (e.g., children in single-mother families). These results advance our understanding of how children in foster care, an already vulnerable population, are disproportionately exposed to ACEs. This exposure, given the link between ACEs and health, may have implications for children's health and wellbeing throughout the life course.

Unfortunately, exposure to adverse childhood experiences is linked to both short-term and long-term impacts. Examples of short-term impacts include poor health and physical illness, reduced social skills, depression, anxiety, higher levels of stress, inability to concentrate or focus, and being easily distracted. Long term impacts of ACES go well into adulthood and include health outcomes like higher rates of obesity, diabetes, heart disease, cancer, and strokes and increased engagement in risky behaviors such as drug and alcohol use, criminal activity, and an overall reduced life potential.

Children may also have their own characteristics and experiences that protect them and help them develop resilience despite exposure to ACEs. Resilience is positive adaptation within the context of significant adversity. In the face of adversity, neither resilience nor disease is a certain outcome.

Strategies and Interventions to Support Youth in Foster Care

Research on child development is helpful when understanding ways to mitigate the negative impact of being in a foster care system. However, the following strategies appear most frequently in the research as successful ways of reducing the adverse impacts of experiences that children may have had prior to foster care placement. These strategies also apply to parents whose children are returning to them. In this section, the term caregiver is being used to include parents, foster parents, relatives, guardians, or anyone involved in the care of a child.

1. ***Develop caregiver social and emotional skills***

   Children benefit from predictability, nurturance, support, and cognitive or insight-oriented interventions to make them feel safe, comfortable, and loved. In order to provide such an environment, particularly under stress, caregivers (whether parents, guardians, or foster parents) need to attend to themselves and grow their skills before they can adequately attend to others. Social and emotional development is a process where individuals learn skills to identify and manage their emotions, empathize and care about others, make good decisions, behave ethically and responsibly, establish and maintain positive relationships, and avoid negative behaviors.[16,17] Although social and emotional skill development is frequently associated with children, adults too can benefit from developing these skills in themselves.

   For more information on social and emotional skill development, see: https://www.parentingmontana.org/social-and-emotional-development/

2. *Understand child and adolescent brain development*

Child development is the process of changing physically, socially, emotionally, and cognitively from birth through adolescence. Understanding child development, particularly brain development, can help caregivers understand what might be going on for the child, as well as how to help. Children's brains can easily get overwhelmed and need the support of an adult to manage their reactions. Essentially, there are two primary parts of the human brain, the limbic system and the prefrontal cortex. The limbic system is responsible for, among other things, our emotions, quick decisions, social needs, and reward. The limbic system is a reactionary system. The prefrontal cortex is responsible for decision making, thinking through consequences, and controlling impulses. The limbic system processes all stimulus received and communicates with the prefrontal cortex through a relay system. During development from prenatal until mid-twenties, both the limbic system and prefrontal cortex go through massive growth, restructuring, and maturing to create more efficient systems.[18] The limbic system brain is done with this restructuring around the age of 15, but the prefrontal cortex is not done restructuring and maturing until the mid-twenties. Therefore, in times of stress or social pressure, the brain is dominated by reactivity, high emotions, impulsive responses, the need for reward, and meeting social needs and rational decision-making takes a back seat. [19] This disconnect between the limbic system brain and the prefrontal cortex brain is made worse by exposure to traumatic or adverse experiences. Traumatic events can disrupt healthy brain development and slow the development of the prefrontal cortex brain, thereby increasing the likelihood of engaging in problematic, impulsive, and risky behaviors.

If a child does not experience a nurturing relationship, stress hormones rise and negatively impact brain development.[20] The developing brain needs a non-threatening and predictable environment. Parents can help children engage their prefrontal cortex brain by managing their own responses and not escalating the situation, talking calmly, expressing a great deal of empathy, getting down to the eye level of the child, and helping the child re-establish a sense of control.

3. *Support social and emotional skill development in children*

As caregivers, we can support the social and emotional development of children in order to help children learn skills to identify and manage their emotions, empathize and care about others, make good decisions, behave ethically and responsibly, establish and maintain positive relationships, and avoid negative behaviors.[21,22] Helping children build social and emotional skills, helps reduce the likelihood of future behavioral problems,[23,24] decrease the potential for emotional distress, and improve their overall wellbeing.[25]

Social and emotional skills are developed through relationships, interactions, and ongoing social situations. As a caregiver, there are many ways to support a child's social and emotional skill development. Three strategies include: Building Awareness, Modeling the Skills, and Intentionally Practicing. These strategies are explained in Social and Emotional Development.

4. *Practice intentional parenting and intentional communication*

Although genes influence a child's developmental trajectory, one of the most important factors that impacts a child's development is the relationship the child has with a supportive adult.[26] Through this important relationship, children develop intrapersonal skills like being able to manage emotions, self-regulate, and make good decisions as well as interpersonal skills like being able to get along with others and communicate effectively. Healthy social and emotional development occurs within the context of a nurturing relationship from infancy into adulthood.

Intentional parenting is an approach to developing safe, stable, and nurturing parent-child relationships. Through intentional parenting, parents grow strong social and emotional skills in their children. The intentional parenting approach relies on brain science to provide you ways to stay present and involved with your child. The approach provides consistent structure and guidelines within which your child can find their own way. Intentional parenting uses intentional communication to tackle hard problems in a way that strengthens the parent-child relationship.

For more information on intentional parenting and intentional communication, see: Intentional Ways to Grow a Healthy Parenting Relationship and Intentional Communication.

5. ***Attend to guidance and disciple for skill building***

Guidance and disciple for skill building is frequently fraught with anguish and confusion. There are multiple philosophies regarding discipline, however, understanding that the way a brain develops doesn't always support thinking through consequences is essential to successful guidance and discipline for skill building. Misbehaviors are therefore teaching opportunities to support healthy brain development and ameliorate some of the negative impacts of adverse experiences on the brain. This style of discipline, using discipline as teaching opportunities for skill development, is further explained in Discipline for Skill Building.

6. ***Be trauma informed***

Being trauma informed means having a lens that has a broader explanation for why children might act a certain way, particularly when they have been exposed to traumatic or stressful events.[27] Experiencing traumatic events, whether divorce, fighting in the household, or separation from a parent, has an impact on the developing brain resulting in an overdeveloped limbic or reactionary system and an underdeveloped frontal cortex or thinking system. Being trauma informed does not mean excusing misbehaviors, it means understanding that the misbehavior needs empathy and connection first before the behavior can be addressed or corrected. Being trauma informed also helps caregivers not take misbehaviors personally or as personal attacks, but rather as reactions within a really limited menu of options from which a traumatized brain must choose. This understanding can help the caregiver manage the misbehavior in a way that strengthens the relationship with the child rather than damages it.[28]

7. ***Develop strong and healthy social supports***

Strong social support is correlated with numerous positive outcomes including buffering the negative impacts of stress and trauma, overall health and wellbeing, resilience, and psychological health.[29] Social supports are needed not only for the children, but especially for the caregivers, so that children are surrounded by nurturing and supportive adults. These include friends and relatives, as well as other parents who might be involved in, or touched by, the foster care system. Social media outlets have groups dedicated to parents providing homes for children in foster care. The Annie E. Casey Foundation has a list of resources that can be found at https://www.aecf.org/blog/resources-for-foster-parents/.

8. Attend to cultural sensitivity

Caregivers may be faced with caring for children whose backgrounds are different from theirs.[30] The differences may include religion, race, culture, class, sexuality, and relationship to gender. Training in cultural sensitivity can support a caregiver in developing a safe, nurturing, and welcoming environment for the child and can help bring awareness to any implicit or explicit biases a caregiver might have that could contribute to prejudice, discrimination, or stereotyping. For training resources, see https://www.childwelfare.gov/topics/systemwide/cultural/outofhome/foster-adopt/.

Conclusion

Although children in foster care experience disproportionately higher rates of a variety of negative outcomes both in the short and long term, there are strategies that can be employed by those involved in the foster care system to mitigate these negative effects. This paper started with a summary of the foster care landscape, with special acknowledgement of disparities in foster care placement. Negative outcomes related to the population of children who are placed in foster care were explored including impact on mental health and suicide rates and the exponentially higher incidence of adverse childhood experiences. This paper concluded with strategies to mitigate these negative outcomes and support healthy development and wellbeing, while a child is in foster care and when returned to their home. These strategies included developing social and emotional skills both in the caregiver and child; using intentional parenting, communication, and guidance and discipline for skill building; developing strong social supports; understanding brain development; and being trauma informed and culturally sensitive.

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