A Literary Perspective on Foster Care in the United States

Celina R. Jacobi, MD, Anne L. Glowinski, MD

ne thing I appreciate about psychiatry is the field's consideration of a patient as a person with a life outside of the doctor's office. Yet, as medical school drew to an end, I knew little about one particular patient population I anticipated serving as a future child psychiatrist: children in foster care. According to the US Children's Bureau, the number of children in foster care served nationally decreased almost 19% (from 797,000 to 646,000 children) between 2005 and 2012, but now is on the rise again with 653,000 served in 2014.1 Approximately 50% of children who enter the foster care system are returned to their parents, but 20-30% of those children will reenter the system within one year.1 In most states, children age out of the system at age 18 with no support and no one to turn to in a crisis; between 11% and 36% of those who age out become homeless, and only 40% find employment.² A recent study in *Pediatrics* showed that former foster children are 2.3 times more likely to report poor general health than economically secure young adults.3 This is congruent with chronic stress research, which shows that exposure to chronic stressors can lead to adverse health outcomes. Studies show that 80% of children in foster care have significant emotional and behavioral problems.4 Tragically, behavioral health service use drops by 60% within a month of discharge from foster care, and 90% of young adults with externalizing disorders who were formerly in foster care are arrested within 1 year of aging out.2 What is the US foster care system that produces these sobering outcomes? To begin to answer this question, I started from a historical perspective to learn how the system developed and how it currently functions.

I previously assumed that the foster care system had been carefully designed to support a child's wellbeing and development; however, I learned that programs have been stacked on top of each other with apparently little evidence of practice success or re-evaluation. Foundling (or orphan) homes were first established in Italy in the 14th century, replacing informal kin care, and only became common in North America in the 1800s.5 At that time, religious organizations opened orphanages, the predominant focus of which was the provision of shelter and food to meet the children's physical needs with less emphasis on the provision of nurturance or interpersonal interaction to meet their psycho-emotional needs. When the first White House Conference on Children was held in 1909, child welfare professionals concluded the following: 1) whenever possible, children should be raised by their own families; 2) when removal of children from their families was absolutely necessary, they should be raised in a family setting; and 3) no child should be removed from parental care due to poverty alone.6 However, those noble mandates were not implemented broadly until the 1970s, coinciding with the decreased prevalence of orphanages and an increase in the availability of foster care. Additionally, the second half of the 20th century saw a shift in the population entering foster care, transitioning from children of ill or poverty-stricken parents to those who were neglected or abused.6

The US federal government funds and has regulatory oversight of the country's foster care system, while state agencies determine the actual structure of the provided services and oversee their implementation. At the community level, private agencies or public child welfare programs are responsible for the recruitment and certification of foster parents, the safety and placement of children, and the rehabilitation of the children's birth parents. Though I was not surprised to learn of accounts of understaffed agencies, I was nevertheless shocked that most child welfare caseworkers are responsible for an average of 14.6 new investigations per month, which is above the Child Welfare League of America's recommendation of 12 active (i.e., ongoing) cases per month.7 Even with the help of guardians ad litem (GALs), who are either community volunteers

or lawyers appointed by the courts to investigate the best interests of a child, such a system cannot but fail to meet the needs of so many children. Also, with the national shortage of foster homes, up to 6 children can be placed in a single home, potentially challenging a foster parent's ability to adequately nurture each child. Federal law requires review of each child's case every 6 months with ongoing efforts to find the child a permanent home.8 However, it may take years for a child to find a stable placement,9 and many never do. The system's priority remains reunification of a child with his or her biological parents, who are given time to take parenting classes, find employment, and maintain a safe household before their parental rights are terminated.¹⁰ While I initially thought favorably of this goal, reading accounts describing toddlers and infants waiting for years as their parents struggle to demonstrate that they are ready to have the children return to their care-all the while becoming increasingly attached to their foster parents—has made me question the appropriateness of prolonged attempts at reunification between children and their biological parents.

After better understanding the history of our precarious foster care system, I wanted to learn about children's experiences in the system. I started off with Another Place at the Table by Kathy Harrison, an experienced foster parent and the adoptive mother of two former foster children.¹¹ Her vignettes about the children who passed through her home gave me insight into the children's emotional experiences of being torn away from their families (even if neglectful or abusive), separated from their siblings, and placed with strangers. I empathized with the children's disappointment when their biological parent does not show up, the anxiety provoked by chronic promise-breaking, and the anger over experiencing abandonment. I understood the children's likely need to act out or break rules to see if foster parents would reject and abandon them like everyone else seemingly had. Through Harrison's book, I learned how the foster care system inadvertently reinforces those emotional and behavioral disturbances that children initially develop due to abuse or neglect.

In contrast, Gay Courter's I Speak for This Child: True Stories of a Child Advocate chronicles the full longitudinal course of children in the system from entrance to exit.12 As a guardian ad litem, she interacts routinely with children's biological parents and describes the frequent challenges of family reunifications. I was most struck by Courter's conclusion that it sometimes is better to leave a child with his or her biological parents if the abuse towards or neglect of the child is not life-threatening and if, at its core, the parent-child relationship seems to be positive and one of love. After witnessing children change for the worse with repeated moves and placements, Courter takes the position that we are choosing between two evils. I initially was horrified by the idea of leaving children with their abusers, but, given her witnessed experiences, can understand her perspective: she describes that, ten years down the road, many of the kids with whom she worked had never found a stable home, many were institutionalized, and many had had their own children who subsequently had been removed from their care due to abuse or neglect. Courter anticipated my doubts about the utility of her efforts when she wrote that even though it does not always feel like she is able to make a readily recognizable difference, she knows that, in attempting to help each child with whom she works, she does-even if just for moments, minutes, or hours.

Lastly, I read *Three Little Words: A Memoir* by Ashley Rhodes-Courter, the adopted daughter of Gay Courter. In this autobiography, Rhodes-Courter writes about her experiences as a foster child and about her eventual adoption.¹³ After she was removed at age three from her mother's care due to neglect, Rhodes-Courter spent nine years moving between fourteen different foster homes. She was separated from her brother, who developed behavior problems, and was eventually adopted without him. In several ways, her story was similar to others I had read. However, an aspect of Rhodes-Courter's story that differed from others' involved her experiences living in a group home prior to her adoption. She describes the experience of growing up in what effectively resembled a dorm with rotating

supervision. Although she developed a few close relationships, she repeatedly was left devastated when the caregivers to whom she had grown close found new jobs and left her. I originally had considered group homes to be a potential ready solution for more independent. older kids but now realize that I had underestimated the continued need for safe, stable, and constant relationships that teenagers have. Rhodes-Courter writes that, when she was adopted by Courter, she simultaneously was wracked by guilt (feeling that she perhaps was giving up on her biological family) and constantly worried that her new adoptive family might decide they no longer wanted her and "give her back." She describes that it took years for her to trust them, to expect stability, and to finally say, "I love you." Rhodes-Courter's story is a testament both to the potential negative sequelae of years spent in the foster care system and to the resiliency that some children demonstrate despite significant early life adversity.

While I can never fully appreciate what children in foster care experience first-hand, through my exploration into the history of the foster care system and my sampling of several narratives of both the workers and children who have been a part of the system, I have imagined their situations and shed tears. My readings still weigh heavily on my mind. With the goal of protecting the wellbeing of children, we remove kids from homes deemed to be unsafe and place them in a system with inherent limitations that cannot always ensure that the diffuse needs of these children will be adequately met. Though learning about the foster care system and some of the children who have been in the system has raised many concerns for me, I now better understand some of the complexities of this system and realize that there is no ready solution. Fully restructuring the US foster care system would be a monumental task.

In the course of my reading, I did think of two ideas that I believe could improve the outcomes of foster care graduates. One would involve the establishment and maintenance of a much stricter time limit of 2 years for attempts at parental reunification. While the Adoption and Safe Families Act of 1997 requires a state to file to terminate the parental rights of children who have been in foster care for 15 of the preceding 22 months, there are a number of exemptions to this Act, some of which are more beneficial to the child than others. For instance. the exemption clause for children whose best interests are not served by adoption is eminently reasonable, as long as the "best interests" assessment is made in developmentally informed and sensitive ways. Other clauses are meant to protect the rights of parents but end up perpetuating delays in permanent placement.¹⁴ The second idea involves a continuance of benefits, particularly health insurance and job training, until the age of 26 for those who age out of the system—an additional expense that, I anticipate, would ultimately reduce longer-term costs currently associated with the poorer outcomes of those previously in the foster care system.

While I recognize that my current ability to influence the foster care system is limited, after completing my training, I aim to help the foster care population (both those in the system and those who have aged out) by making time to treat and advocate for foster childrenknowing that, in the spirit of Gay Courter's work, I can make a difference in each child's life even if only for a moment, a minute, or an hour.

Take Home Summary

Through an exploration into the history of the foster care system and a sampling of several narratives of both workers and children who have been a part of the system, the author and her mentor outline a complex system with inherent limitations that currently cannot always meet the diffuse needs of the children in foster care. Though there does not appear to be a ready solution, the author and her mentor outline two ideas that could improve the outcomes of foster care graduates. They also underscore that, despite the complexities and inherent limitations of the system, the individual provider can make a difference in a foster child's life, even if only for a moment, a minute, or an hour.

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About the Authors

Celina Jacobi, MD, is a graduate of Washington University School of Medicine in St. Louis and is now in her first year of residency training in psychiatry at Washington University School of Medicine in St. Louis. She plans to pursue a career in academics with interests in child and adolescent psychiatry and palliative care.

Anne L. Glowinski, MD, MPE, a member of the *JAACAP* editorial board, is a professor of Child and Adolescent Psychiatry (CAP) at Washington University School of Medicine in St. Louis. There, she directs the education and training program in CAP. She is a member of the Psychiatry Residency Review Committee (2014-2020) and is a passionate educator involved in the training of medical or research students, as well as postgraduate MD, MPH, or PhD students.

Disclosure: Drs. Jacobi and Glowinski report no biomedical financial interests or potential conflicts of interest.



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