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Mental Health of Foster Children

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Abstract

Foster care is one of the many complex systems within the human services field. Although foster care is usually in the best interest of the children, it still causes lasting mental health effects and learning setbacks that the children carry into their adult lives. Some of the negative aspects of foster care and the trauma that comes with children being separated from their family can also be passed on through generations, if foster children are not treated properly.

This essay will dive deeper into studies of the foster system and how it takes a toll on the mental health and development of the children living within the system. The foster system is made up of very complex details that shape the health of children living within it. There are many different mental health disorders that could be linked to childhood trauma, so there will be focus on the health of people specifically involved with the foster care system, because, for most, it is a traumatic experience, even if they are placed with great families. Anxiety, depression, ADHD, PTSD, and other learning disorders are common in foster children.

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Introduction

Children living in the foster care system face many challenges and hurdles regarding their mental health that often follow them into their adult lives. The vast range of mental health disorders and learning setbacks including anxiety, depression, ADHD, and PTSD is what makes mental health studies for foster children so complex. There are many components that are taken into consideration when studying foster children, including the demographics of foster care, different types of foster homes, and foster parents.

Background Information

Foster care started in 1853, when Charles Loring Brace started the free foster home movement ("History of foster care in the United States"). Brace started the movement because of the alarming number of homeless children he was noticing on the streets of New York.

Children are placed into foster care when their parents are deemed unfit to care for them. These children are often placed with other family members, but they may also be placed with other foster parents. The main goal of foster care is to provide children with a safe and stable environment to live in ("History of foster care in the United States"). The biological parents must prove that they are able to provide proper care for their children before they can be reunited.

In the beginning of foster care, a large majority were placed in foster homes due to the loss of parents, poverty, and illness (Racusin et al., 2005). Over 50% of foster

children are placed into the system due to abuse and neglect, today (Racusin et al., 2005). Some studies even suggest that 75% of foster children had been abused and 69% neglected (Racusin et al., 2005). Racusin et al., (2005) believe that the rates of neglect and abuse have significantly increased the number of children who suffer from mental illness as well as worsened the symptoms of their illness.

Foster Care Demographics

There are an estimated 437,500 children in foster care, and 41% of those children are five years old or younger (Carabez & Kim, 2019). According to Carabez & Kim (2019) the estimation is 1 in 170 children in the United States are in foster care. The racial and ethnic demographic is made up of the following:

> "The racial, ethnic makeup of children in foster care were 43% White, 24% Black or African-American, 21% Hispanic ethnicity (of any race), 10% other races or multiracial, and 2% were unknown or to be determined (Carabez & Kim, 2019, p.703)."

Becoming a Foster Parent

It is a fairly simple process to become a foster parent. According to www.adoptuskids.org, a person must be at least twenty-one years of age in order to become a foster parent. Marriage status does not matter when becoming a foster parent. There are basic guidelines that must be met in order for someone to become a registered foster parent, such as proof of financial stability and the ability to support a child financially, physically, and emotionally. Criminal background checks are done to ensure the safety of children, as well. Home checks are also required, to ensure that

adequate living conditions are available for the foster children. Lastly, there will be some informational meetings and training required for anyone aspiring to become a foster parent (*Kentucky foster care and adoption guidelines*).

Good vs. Bad Foster Parents

Affronti et al., (2015) conducted a study to find out what makes foster parents good or bad. 18 foster care alumni were used for this study, ranging from 18 to 25 years old. These alumni gave some first hand information about their experiences with foster parents. One thing that everyone agreed on was that good foster parents never referred to them as “foster children” (Affronti et al., 2015). Instead they were simply referred to as family. They were included in all family activities as if they were a biological part of the family. Even the extended family such as grandparents, aunts and uncles, and cousins made an impact by including them in family activities, which made them feel less of an outcast and more like a part of the family (Affronti et al., 2015). This is a crucial part of any foster child’s life, because they are already going through such a traumatic experience, they do not need any added stress of feeling like a burden or outcast with their new foster family. Several alumni mentioned that patience and understanding from a foster parent was game changing (Affronti et al., 2015). Patience helped them feel welcome in the home and not like a burden to the family. Another important thing that was mentioned was that good foster parents were emotionally supportive of their foster children, but they were never too pushy about personal feelings (Affronti et al., 2015). This is a great way for foster parents to form a strong bond with their children, but it could also create a barrier if they are too pushy or overbearing. Even though it might possibly be difficult at times, good foster parents are

supportive of their foster children maintaining a relationship with their biological parents, and not being judgemental about their situation (Affronti et al., 2015). Being judgemental about the biological parents could create tension between the foster parents and child, because they may feel that they are being judged as well. One more quality that foster care alumni mentioned about good foster parents is being supportive of their personal interests and activities (Affronti et al., 2015). For example, if a child is interested in music or band, the foster parent is supportive of them being in the school band. This may be hard at times because of the added expense of extracurricular activities, but it is important for foster children to maintain as much of their normal life as possible, and sometimes their extracurriculars are their only outlet and way to feel "normal".

On the other hand, some foster care alumni reported their bad experiences with foster parents. One common negative aspect about foster care was that the "bad" parents were only caring for them because they could receive payment from the state (Affronti et al., 2015). They would only provide the bare minimum care, and the living conditions were not kept up with (Affronti et al., 2015). Some even stated that they were not allowed to freely eat groceries in the household, and that the refrigerator was locked (Affronti et al., 2015). Another alumni reported that they experienced very crowded living conditions where they were packed into a small room or closet with several other children, so they had absolutely no personal space (Affronti et al., 2015). Sexual abuse was also reported by the foster care alumni. They experienced sexaul abuse from foster parents and other children who were living with them in foster care (Affronti et al., 2015). One alumni also stated that one of the worst qualities of a foster

parent is judging the child by their past upbringing, or making assumptions about their future based on their upbringing (Affronti et al., 2015). This can be very discouraging for foster children because they cannot help how they were raised and they definitely did not ask to be raised in a chaotic, toxic environment.

Caregiver Challenges

There is a lot of focus on the mental health of foster children, but that raises the question: How does the mental health of foster care providers affect their foster children? "Several studies show that grandparents raising grandchildren experience increased depression compared to grandparents not caring for their grandchildren" (Garcia et al., 2015, p. 467). This could be due to the added stress of raising grandchildren when they most likely weren't expecting to be doing so at that point in their lives. Kinship foster parents who suffer from depression may have negative effects on the children that they take in. If their mental health is not in a good state, they are less likely to provide top quality care to their foster child. With that being said, kinship caregivers can be very beneficial if they are in a good mental health state. Some studies even show that children raised by their grandparents have lower rates of depression. Nadorf (2017) found the following information pertaining to children who are raised by their grandparents:

> "Children raised by their grandparents had significantly lower levels of depressive symptoms than those raised by foster parents. Grandparents also reported significantly higher levels of consistent discipline practices and higher supervision of their grandchildren. Mediation analyses found that the relation between

> caregiver type and children’s depressive symptoms was significantly mediated by both supervision level and consistency in discipline. These results suggest that caregivers’ discipline and supervision are two appropriate targets for interventions on children’s depressive symptoms.” (p.189)

This information lets us know that grandparents who are in good mental health seem to be doing well raising their grandchildren considering the circumstances. Discipline is one of the main reasons that these foster children are living normal and mentally stable lives. Discipline could be easier for grandparents because they already have a personal connection with their grandchild, and do not have to build a relationship from the ground up when the foster child is placed into their care. Non-relative foster parents have to start from scratch and build a relationship with the child, which could make discipline much more difficult, because discipline could place a wedge between the parent and child, causing the relationship to fail.

Types of Foster Care

There are two types of foster care; kinship care and nonrelative care. Kinship care is when a family member takes over the care of a child and gains custody. In cases where children do not have family to take over their care, they are placed in nonrelative foster care, which would be with adults who are licensed by local child welfare authorities (Font, 2019). According to Font (2019), “of the nearly half a million children in out-of-home care in the United States, about one in four reside in kinship care while slightly less than half reside in nonrelative foster care (U.S. Department of Health and Human Services, 2012)” (Font, 2019). There are many reasons that kinship

care is preferred over nonrelative care, but one of the most important reasons is that it provides some sense of normalcy to the child if they are living with someone that they are familiar with, instead of a complete stranger. Kinship care may also allow children to be more involved in their culture (Font, 2019). If a child is placed with someone of a different culture, they are less likely to participate in their cultural rituals. Nonrelative foster parents who do not come from the same cultural backgrounds might have trouble connecting and bonding with their foster child. Font (2019) stated that "Cultural dissimilarity between foster children and their caregivers has been linked to negative psychosocial outcomes, particularly among minority children (Anderson & Linares, 2012; Jewell, Brown, Smith, & Thompson, 2010)". Some studies even suggest that children who are placed in kinship foster care have better outcomes than those that are placed in nonrelative foster care because of the cultural connection and sense of normalcy (Font, 2019).

Children who exhibit aggressive behavior might not be safe to place in kinship or nonrelative care. In these cases, residential treatment centers are available (Leloux-Opmeer et al., 2016). Residential treatment centers are not to be confused with inpatient psychiatric institutions, which are available to children who display psychotic and/or suicidal behavior (Leloux-Opmeer et al., 2016). Psychiatric institutions provide around the clock care and supervision, to ensure the safety of the child.

Some children experience multiple placements or disruptions during their time in foster care. This can be very difficult, as it is hard for them to get comfortable in their new environments if they are unsure when their next move will be. Sometimes, these placement disruptions can cause behavioral and emotional problems, which may lead to

trouble with future foster families (Leloux-Opmeer et al., 2016). If a child is experiencing troubles with placement disruptions, they may be relocated to a residential care facility, where they can receive more stability in their care. Each child is different, so it is the social worker's responsibility to identify their specific needs and place them in the care that is best suited for their needs.

Transition to Foster Care

The transition to foster care can be a very confusing and scary experience for children who have never experienced it before, and even for the children who have. Racusin et al., (2015) mentions that for most children, it is not a quick process, nor do they stay in one home for long periods of time. Some children move around for years before they are placed with a family or reunited with their family of origin permanently. These children experience a lot of uncertainty when it comes to their daily lives, because they never really know where they will be living next, or how long they will stay where they are. This causes some deep rooted insecurities, according to Racusin et al., (2015). For example, it is hard for them to trust and make themselves comfortable when they are placed into a permanent home, because they are so used to being moved around so often (Racusin et al., 2015). Herrenkohl et al., (2003) studies suggest that the frequent changes in residency causes children to feel very unstable, which leads to serious issues in their later lives, such as negative psychosocial problems such as teen pregnancy, substance abuse, and dropping out of school.

Because the transition to foster care can be a very traumatic experience for children who are new to the situation. Mitchel et al., (2010) conducted a study in which

they held interviews with foster children where they asked for their best advice to children who are going through the transition, foster parents, and other child welfare professionals. These interviews gave some first hand insight as to what is helpful in making the transition as easy and comfortable as possible.

Many of the foster children expressed the importance of letting each foster child have their voice be heard in any situation (Mitchel et al., 2010). During the interviews, Mitchel et al., (2010) also found that it was common for children to be unaware of what was happening during their time of transition, which made things very scary and difficult for them, as they did not know where they were going and oftentimes missed their family. Some people may think that it is best to leave children unaware of their situation, but that only makes things more confusing for them. Being open and honest helps ease the transition to new foster children (Mitchel et al., 2010). Some advice that was offered to new foster children was to be open-minded and understand that the new foster family is probably just as nervous about the new placement (Mitchel et al.,2010).

The interviewees also wanted to let others know that it will be difficult and scary in the beginning, but it gets easier with time, they just have to be patient and understanding with their new family (Mitchel et al., 2010). Another good word of advice was to be open with social workers and communicate, because they do not know your feelings unless they are told (Mitchel et al., 2010). For example, if a new foster child really hates the home that they have been placed in and feels uncomfortable, speaking with their social worker could help them get placed into a new home, but if they do not speak up, the social worker will not know (Mitchell et al., 2010). The children who were interviewed also wanted transitioning children to know that sometimes it takes several

different placements before they find a family that they mesh well with, but not to be discouraged if they are having trouble fitting in with new foster families (Mitchell et al., 2010). They also advised them to be respectful and polite to their foster families as they would want to be treated by them, even if they do not agree on certain things or get along well (Mitchell et al., 2010). The information and advice shared by the experienced foster children would be helpful to foster parents, social workers, and transitioning children.

Family Reunification

The end goal of foster care is to reunite children with their biological parents after they have proven that they are fit to care for their child properly. Many children who become reunited with their family eventually end up reentering the foster care system (Font et al., 2018). Sometimes it is not the safest and best option for children to be reunited with their original caretakers. Each family has their own set of complex needs that caseworkers have to help them resolve before reunification, and that can be a very difficult task for some families (Font et al., 2018). According to Font et al., (2018), a large percentage of foster children are reentered into the foster care system within one year of reunification.

Parental substance abuse and poor mental stability is the leading cause of foster care placement (Font et al., 2018). In fact, in 2016, more than one third of child removals were a result of parental substance abuse, as stated by Font, et al.,(2018). It is often difficult for parents who struggle with substance abuse and mental health to get the help and therapy that they need because it is very expensive and at limited

availability (Font et al.,2018). Short-term services are more readily available for struggling parents, but that leads to the issue of relapsation because of the lack of long term care (Font et al. 2018). Short-term services help the parents get clean and sober or their mental health on the right track, but it usually does not teach the parents how to maintain a healthy lifestyle suitable for raising children. Long-term treatment options help the parents learn coping mechanisms and other things that help them lead a normal lifestyle. Since short-term services are the more common source of treatment, it puts these parents at higher risk of relapsing, which would lead to their children reentering foster care.

Another factor that could play a role in foster care reentry is the effort to limit the amount of time that a child spends in foster care (Font et al., 2018). Ideally, parents who have lost custody of their child would maintain the therapy or other qualifications required for them to prove that they are fit to regain custody. This might be done with short-term services, as previously mentioned, which would help the children get reunited quicker. The problem with that is that sometimes the parents are not ready. The reasoning behind the rush to get families reunited is because after children are in foster care for fifteen of the past twenty-two months, the parents lose all parental rights to their children (Font et al., 2018). Because of this, things could be rushed in order to avoid the loss of parental rights. In some cases, parents have not yet resolved the issues that had their children placed into foster care in the first place.

Each state can make their own decision on whether or not there is a timeline for foster children. Some states choose to revoke parental rights after a certain period of time and others give parents unlimited amounts of time to complete the process of

regaining custody of their children. This could be a negative or positive thing, because if there is a time limit, it would encourage parents to get the ball rolling in completing requirements to regain custody, but that also puts a rush on things and children could be reunited before their parents are fully ready for the responsibility. On the other hand, if there is no time limit, parents might take years before they are ready to complete the steps to regain custody, and by this time the children have settled into their new life and routine, so that could be hard on the children and cause some issues with their mental health and learning.

"In 1986, Maluccio et al. (1986) defined permanency planning as a movement that established the need to shorten as much as possible the time children spend in temporary care by a return to their birth family, as the preferable solution, by adoption or even by permanent foster care" (Lopez et al, 2013, p. 226). The goal for this was to minimize the amount of time children were placed in temporary care in order to provide the most stable lifestyle.

"In the USA, according to the data provided by the Children's Bureau in 2008, 52% of children leaving the child protection system that year returned home with one or both parents. Other studies in the US context indicate that half of cases returned home within a year of being fostered." (Lopez et al., 2013, p. 227)

There are several reasons as to why some children have a better chance at being reunited with their birth parents. One study found that children with disabilities are more likely to stay in foster care or return to foster care after reunification (Lopez et al., 2013). This could be because of the expenses related to their disabilities. Some

disabilities require extra healthcare and equipment in order for the child to live their life as normal as possible, and considering the vast majority of foster children come from families who live in poverty, it may not be an option for them to receive the healthcare or equipment due to the lack of funds. Children who are placed into foster homes that are distant from their biological family are also at a higher risk of remaining in foster care because of the added inconvenience (Lopez et al., 2013). Lopez et al., (2013) also found the following information pertaining to foster care reunification:

> “Biological families are less likely to be reunited with their children when they are economically disadvantaged (Westat, Inc. 1995; Thomlison et al. 1996), when they are one-parent families (McDonald et al. 2007; Rockhill et al. 2007) and, particularly, when they have problems of alcohol or other drug abuse (Fein 1993; Harris 1999; Brook & McDonald 2007; Mapp & Steinberg 2007; Wade et al. 2010)” (Lopez et al., 2013, p.227)

Lopez et al., (2013) also found that children who are fostered by relatives tend to stay with them longer or even permanently. This could be because biological parents have easier access to their children and they can even co-parent with their relatives (Lopez et al., 2013).

Foster Children’s Mental Health

Oswald et al. (2010) suggests that foster children often face neglect, physical, sexual, and mental abuse at home before they are placed into foster care. This childhood trauma commonly leads to mental health disorders, including, but not limited to, substance abuse and addiction. Racusin et al., (2005) found that because of the

experiences foster children go through, they are “16 times more likely to have psychiatric diagnoses, eight times more likely to be taking psychotropic medications and utilize psychiatric services at a rate eight times greater compared with children from similar socioeconomic backgrounds and living with their families.” (p.203) One of the most prevalent issues leading to foster care placement is the parents’ substance abuse. According to the National Center on Addiction and Substance Abuse of Columbia University, seven out of ten children who are placed into foster care come from a home where their parents suffer from some type of addiction (Oswald et al., 2010).

Stevens et al., (2011) study suggests that certain kinds of abuse lead to different types of mental health issues. The following information was reported in the study conducted by Stevens et al., (2011):

> “A variety of studies have examined the impact of childhood abuse and neglect on psychological and physical functioning in later childhood and adulthood. MacMillan et al. (2001) examined a large probability sample in Canada and found that individuals who had experienced physical abuse in childhood reported higher rates of anxiety disorders, alcohol and substance abuse, and major depression than those who did not report abuse. Sexual abuse in childhood was related to higher levels of anxiety disorders, depression, substance use, and antisocial behaviors. Sexual abuse and physical abuse in childhood have been shown to affect virtually every facet of life and contribute to many types of psychopathology, including posttraumatic stress disorder (PTSD; Kessler, Sonnega, Brommel, & Nelson, 1995; McLeer, Deblinger, Atkins, Foa, Ralphe, 1988; K. M. Thompson et al., 2003; Widom, 1999), difficulties in social and

interpersonal behavior (Abdulrehman & De Luca, 2001; Mullen, Martin, Anderson, Romans, & Herbison, 1994; Noll, Trickett, & Putnam, 2003; Tong, Oates, & McDowell, 1987), eating disorders (Dansky, Brewerton, Kilpatrick, & O'Neill, 1997; Hund & Espelage, 2005; Wonderlich et al., 2001), depression (Beitchman et al.,1992; Finkelhor, Hotaling, Lewis, & Smith, 1990; McHolm, MacMillan, & Jamieson, 2003), anxiety (Briere & Runtz, 1987; Finkelhor et al.; Kendall-Tackett, Williams, & Finkelhor, 1993; M. B. Stein et al., 1996), personality disorders (McLean, & Gallop, 2003; Sabo, 1997; Saunders & Arnold, 1993), and substance use (Acierno et al., 2000; Caviola & Schiff, 1988; Giacona et al., 2000; Kilpatrick et al., 2003)." (p.541)

When comparing foster children to children who were raised in loving homes with their biological parents, foster children are more likely to have undergone prenatal exposure to nicotine, alcohol, and psychotropic drugs (Oswald et al., 2010). Prenatal exposure to the previously listed toxins can lead to developmental setbacks, including, but not limited to, physical growth and learning disorders. It is not uncommon for these children to go without proper healthcare, which prevents them from receiving any therapy or medication that they might need in order to function properly in their daily lives. Improper healthcare for children who have experienced trauma could lead to severe learning disorders and mental disorders. If proper healthcare is provided, the children can learn how to cope with their trauma in a healthy way that will help them thrive.

Oswald et al., (2010) conducted a study to find the correlation between maltreatment and developmental delays. In this study, the researchers narrowed their

focus onto 32 articles that had extensive data regarding the mental health of foster children. In this study, they found that it is extremely common for foster children, especially those who experienced trauma and abuse before placement, to suffer mental illness. Of the 32 articles that the researchers used, only twelve reported the rates of maltreatment, Oswald et al.,(2010) found the following statistics:

> “The highest rates were found for neglect (18–78%), physical abuse (6–48%) and sexual abuse (4–35%). Other placement reasons were emotional abuse (8–77%), no available caretaker (21–30%).” (pp. 463-465)

Minnis et al., (2006) conducted a study by sending out questionnaires and holding in-home interviews to gauge the number of foster children with mental disorders. The study consisted of 182 children, whose foster families and teachers were interviewed. In this study, they found that children who were placed in foster care often had behavioral issues before their placement. This could be from the neglect and abuse that they were experiencing. After extensive research and interviews, Minnis et al., (2006) came up with the following statistics:

> “93 % of the children in the sample had suffered some form of abuse or neglect in the past: 39 % of the children in the sample had been physically abused, 28 % sexually abused, 77 % emotionally abused and 75 % neglected. More than two thirds of the children (72 %) had been in previous placements, 28 % were described as having a learning disability, 69 % came into care because of abuse or neglect and 16 % because of parental mental illness (p.66)”

It is also not uncommon for these children to carry these behavioral issues into their adult life, which could possibly become a cycle for their own children. That being said, it is likely that they had fallen victim to the cycle in their own childhood. Proper healthcare and therapy can help to end these cycles.

Leve et al., (2012) states that it is important to use early intervention with foster children to check for any signs of mental illness. Because most of these children have faced significant trauma, on top of being placed into a new home, they are at a very high risk of developing problems with their mental health, if they have not already had them. If mental healthcare is implemented early on, it could be possible for these children to live normal lives without struggling with their mental health into their adult lives.

Nearly half of the over 6,200 children who were investigated by the United States child welfare system showed signs of behavioral problems, according to research done by Leve et al., (2012). Those who were eventually placed in foster care had even higher rates of behavioral issues. Leve et al.,(2012) also stated that the rates of mental disorders were exceptionally higher in children whose parents were abusive “49% of the children in such families were diagnosed with a psychiatric disorder (vs. 17% of the full sample)” (p. 1198). These psychiatric disorders may also lead to other hurdles for the child to cross, such as difficulty finding placement (Leve et al., 2012, p. 1198). These problems could carry on into adolescence and young adulthood, as the National Survey of Child and Adolescent Well-Being found that 17% of adolescents had been arrested, making the arrest rates almost four times the national average for arrests in 18-24 year olds (Leve et al., 2012, p. 1198).

Brain development is also a concern for foster children. “children and comparison children reared in low income, non maltreating biological families, the foster children experienced deficits in a variety of neurocognitive functions, including poorer visuospatial processing, poorer memory skills, lower scores on intelligence tests, and less developed language capacities” (Leve et al., 2012, p. 1198).

The deficits in neurocognitive functions cause major issues for children who are going to school, because they often fall behind other kids their age. According to Leve et al., (2012), more than half of children who are on welfare assistance fall behind in basic education such as language and alphabet knowledge.

Foster children face many challenges, and their mental health is one of the main hurdles that they must cross throughout their lives. Clausen et al., (1998) found the following when studying the mental health of foster children:

> “Two major factors lead one to expect that children in foster care would exhibit significantly higher risk for mental health problems than children who are not in foster care. First, most of these children have experienced one or more forms of maltreatment sufficiently severe to bring them to the attention of Child Protective Services. For example, of the 93,294 children who received public social services in the state of California from January to March of 1987, 87% had experienced some form of documented child maltreatment (California State Department of Social Services, 1988). The short term (Browne & Finkelhor, 1986; Downs, 1993; Friedrich, 1993) and long term traumatic effects (e.g. Briere & Runtz, 1993; Finkelhor, Hotaling, Lewis, & Smith, 1990; Saunders, Villeponteaux, Lipovsky,

> Kilpatrick, & Veronen, 1992) of child maltreatment are well documented. Second, children in foster care are at heightened risk for mental health problems due to the negative effect of separation from their family. When an abused child, who has likely experienced difficulty developing appropriate attachment to his abusing caretakers, is removed from home and placed in foster care, he/she suffers further due to an inability to separate in a healthy way (Charles & Matheson, 1990; Kadushin, 1980). Indeed, the movement from his own home to the foster home engenders feelings of rejection, guilt, hostility, anger, abandonment, shame and dissociative reactions in response to the loss of a familiar environment and the separation from family and community (e.g., Katz, 1987). Clearly, a child who is abused or neglected and is subsequently removed from home is at great risk for the development of mental health problems." (Clausen et al., 1998 p. 284)

Woods et al., (2013) conducted a study to determine whether or not children in long term foster care have higher rates of chronic illness and delinquency. They also studied whether or not depression has any significant links to child delinquency. In this study, they learned that on average, foster children have much worse health than children who are raised in traditional families (Woods et al., 2013). Children with health issues have a harder time finding foster placements, as well (Woods et al., 2013). Behavior issues are 2.5-3.5 times more likely to occur in foster children (Woods et al., 2013). This makes things even more difficult for them, as their behavioral issues create a barrier between them and the people who are trying to help them, such as foster parents, teachers, and law enforcement. Another thing that Woods et al., (2013) found is that foster children with mental health disorders often end up abusing substances

such as drugs and alcohol, making them more susceptible to committing crime (Woods et al., 2013).

30% of foster children suffer from a chronic illness (Woods et al., 2013). This high rate of illness could be related to the inconsistency in preventative healthcare and vaccinations, according to Woods et al., (2013). Chronic illness and disabilities inevitably place a strain on families' physical, mental, and financial well-being. This could also be a reason that the rate of chronic illness is so high in the foster child population, because their parents could not handle the added stress and responsibilities that are associated with the illness. “Rubin, Halfon, Raghavan, and Rosenbaum (2005) found that an estimated one in every two children in foster care has chronic medical problems unrelated to behavioral concerns” (Pecora et al., 2009, p.6). Chronic medical problems may be linked to the development of mental and emotional issues (Pecora et al., 2009). Giving these children easy access to quality healthcare is key in helping them maintain good physical and mental well-being. According to Pecora et al., (2009), there are not enough mental health screenings for the mental health of foster kids, and there needs to be more training on how to identify mental illness in adolescents. The American Academy of Child and Adolescent Psychiatry (AACAP) and the Child Welfare League of America (CWLA) took action and created some guidelines to follow in order to help prevent and identify mental illness in the children.

When studying homeless adults, Patterson et al., (2015) found that “One of the earliest identifiable precursors to homelessness may be placement in out-of-home or foster care.” (Patterson et al., 2015, p.2) Youth who age out of foster care often find themselves homeless, living either on the streets or with friends and family (Patterson et

al., 2015). Patterson et al., (2015) states that childhood trauma, including sexual, mental, physical, and emotional abuse, along with other traumatic experiences, lead to severe psychological abnormalities that may affect their adult lives in many ways, such as difficulty finding employment, homelessness, and even social issues.

Bruskas (2010) wrote about the importance of treatment for children experiencing mental and physical health issues. It is important that things get taken care of early on because she has found that it is not uncommon for untreated illness to cause major health issues in adulthood, such as heart disease and premature death (Bruskas, 2010). Bruskas, (2010) states the importance of healthcare workers being able to identify developmental problems, because they could potentially save the child from having long term effects from their trauma. Also, Bruskas (2010) brings up the fact that most children who enter foster care are infants, and are nonverbal. A lot of these infants go untreated because they are too young to understand the situation, so people assume their mental and developmental health is unaffected. Infanthood is a time of extensive brain development, and if they have been living in neglectful or abusive environments, their brain development suffers (Bruskas, 2010). Proper treatment and therapy may allow the infant to get back on track for their brain development, so it is important that they are assessed in a timely manner after being removed from their family of origin. If taken care of soon enough, these infants may not have any long-term effects, because they will not remember the trauma of being separated from their family like older children do.

Hypothalamic-Pituitary-Adrenal Axis

One reason Leve et al., (2012) found for neurocognitive setbacks is the neuroendocrine stress response system, which is the job of the hypothalamic-pituitary-adrenal (HPA) axis, is different when compared with foster children and children who are not in foster care. Neglect and abuse causes a hormonal imbalance, which takes a toll on the HPA. HPA is activated when an infants' needs are met (Laurent et al., 2014). When an infant is being nurtured and his or her needs are being met, the HPA releases a hormone called Cortisol, which helps with brain development. When foster children experience neglect, especially as infants, their brain is being deprived of Cortisol, which results in learning delays and mental health disorders (Laurent et al., 2014).

Early intervention

Foster children are at a higher risk for learning disorders, as previously stated. Because of this, it is imperative that foster parents know about early intervention. Early intervention is crucial in helping these children learn to the best of their ability. Attachment and Biobehavioral Catch-up for Toddlers (ABC-T) is an early intervention method that helps children improve their vocabulary (Raby et al., 2019). A study was done for children aged 24-36 months where foster parents were given a number at random which would determine if they received the ABC-T (n=45) or (n=43) (Raby et al., 2019). N=45 was the intervention method that was produced to help children learn, and n=43 was the control group. After each child completed intervention, it was clear

that the ABC-T (n=45) had great results and had helped tremendously with the children's vocabulary (Raby et al., 2019).

The Ages and Stages Questionnaire: Social Emotional (ASQ-SE) and the Ages

and Stages Questionnaire (ASQ) are two tools that help with early intervention. ASQ-SE helps identify emotional problems that foster children might have, and the ASQ helps find other developmental delays that include communication disorders, gross motor delay, fine motor delay, problem solving, and personal-social problems (Jee et al., 2010). The ASQ and ASQ-SE are non-diagnostic tools, but they do help physicians determine their next steps in helping children get on the right path (Jee et al., 2010). These two screenings are now routine for well- child visits of foster children and help doctors detect learning and mental disorders early on, so that they can begin early intervention techniques for the child.

PTSD in Foster Children

Haselgruber et al., (2020) performed a study that dived into the details of PTSD and CPTSD in foster children. They state that PTSD (Post Traumatic Stress Disorder) is different than CPTSD (Complex Post Traumatic Stress Disorder). These two disorders are made up of three common symptoms: “re-experiencing the trauma here and now (Re), avoidance of traumatic reminders (Av) and persistent sense of current threat, manifesting in startle and hypervigilance (Th) (Haselgruber et al., 2020, p. 61). The difference between PTSD and CPTSD is that CPTSD also accompanies disturbances in self-organization, which includes the following symptoms: “affective

dysregulation (AD), negative self-concept (NSC) and disturbances in relationships (DR) (Haselgruber et al., 2020, p. 61).

Due to foster children undergoing childhood trauma, they have high rates of PTSD, and their chances of developing CPTSD are also high. Solva et al., (2020), raised the question, are there different categories of abuse and trauma that are more likely to lead to PTSD and CPTSD? Their studies suggest that there are different classes and subcategories of maltreatment, characterized by physical, emotional, and sexual abuse, along with physical and emotional neglect (Solva et al., 2020). Their study aims to find if different combinations of maltreatment cause higher risk of PTSD. For example, does a child who experienced physical and sexual abuse, but not neglect, have a higher or lower chance of developing serious mental disorders?

Using the Childhood Trauma Questionnaire (CTQ) and the International Trauma Questionnaire- Child and Adolescent Version (ITQ- CA), Solva et al., (2020), assessed 147 children for the different types of maltreatment and their relation to PTSD and CPTSD. These studies concluded with the following data:

> “23.1% reported no maltreatment, 20.1% reported having experienced one subtype of maltreatment, 23.1% reported two different types of maltreatment, 12.7% reported the experience of three subtypes, 12.7% reported having experienced four subtypes and 8.2% reported the experience of all five subtypes of childhood maltreatment. In total, 56.7% of children and adolescents reported having experienced more than one experience of maltreatment according to the CTQ” (Solva et al., 2020, p. 5).

These screenings also came to the conclusion that 8.7% of the children were highly likely to suffer PTSD, and 8.2% CPTSD. In regards to the question whether or not different types of maltreatment lead to higher risk for mental disorders, the study conducted by Solva et al., (2020) reported the following information:

> “The cumulative maltreatment class showed the highest PTSD, DSO, and CPTSD symptom severity and functional impairment. The high neglect class showed the lowest post-traumatic symptom severity in PTSD, DSO, and CPTSD. The limited maltreatment class showed medium symptom severity in PTSD, DSO, and CPTSD and the lowest values for functional impairment.” (pp. 5-6).

Solva et al., (2020) came to the conclusion that different categories and combinations of maltreatment do lead to different severity risk for children developing PTSD and CPTSD.

ADHD in Foster Children

Attention deficit and hyperactivity disorder (ADHD) is a common neurodevelopmental disorder (CDC). Childhood trauma is linked to the development of ADHD, according to Vrijsen et al., (2017). Though ADHD is most commonly found in children, it even follows up to 60% of diagnosed people into their adult life (Vrijsen et al., 2017). The main and most common symptom of ADHD is the inability to hold attention on something for periods of time, which can be very detrimental to children who are in school, as it is hard for them to stay focused and learn. Vrijsen et al., (2017) states that ADHD links to other psychosocial disorders, such as issues with memory. The childhood trauma that foster children undergo creates a higher risk of ADHD lasting into

adulthood, and it is often accompanied by severe anxiety and depression (Vrijsen et al., 2017). ADHD in adults may even lead to more serious issues, such as unemployment, which then causes more potential issues, such as homelessness.

Poor Mental Health Leading to Risky Behavior

Stevens et al., (2011) conducted a study that researched the correlation between the poor mental health of foster children with risky behavior, such as unprotected sexual activity at a young age and substance abuse. In this research, 56 children ages 12 to 17 years old were studied. Some of the children were living in traditional family settings, which would be used as the “control” group and others living in foster care settings, to determine if the adverse effects had any relation to poor decision making (Stevens et al., 2011). Adolescents go through rapid changes in multiple aspects of their lives, including emotionally, physically, socially, and cognitively (Stevens et al., 2011). According to Stevens et al., (2011), they also begin to make decisions for themselves and become more independent than they were as young children. Their friends and peers also become a bigger part of their life, whereas before they were mainly surrounded by either their biological family or foster family. Stevens et al., (2011) also stated that these changes are accompanied by “increased risk for developing emotional and behavioral disorders, such as depression, anxiety, conduct problems (such as aggression and oppositionality), and substance use” (p. 539). Stevens et al., (2011) study found the following statistics about mental health in teens:

> “Rates of depression in adolescents between 15% and 20% (Kessler, Avenevoli, & Merikangas, 2001; Lewinsohn & Essau, 2002), while anxiety disorders such as

> social anxiety and generalized anxiety disorder have rates of 0.5% to 3% and 0.4% to 4%, respectively (Beidel, Turner, & Morris, 1995; Chorpita & Southam-Gerow,2006). Conduct problems (and disorders like oppositional-defiant disorder and conduct disorder) have a prevalence rate between 1% and 10% and are frequently seen comorbidly with anxiety and depression (Angold & Costello, 2001; Loeber & Keenan, 1994). Finally, rates of adolescent substance use and abuse are also quite high, with more than half of high school seniors reporting having used at least one illicit drug in their lifetime and close to 11% of 12- to 18-year olds meeting current criteria for substance abuse or dependence (Johnston, O'Malley, Bachman, & Schulenberg, 2005; Winters, Leitten, Wagner, & O'Leary-Tevyaw, 2007)" (pp. 539-540)

Ideally, these adolescents that are experiencing poor mental health would receive support and guidance from their family. That is not the case for many children, especially those in foster care, because in most cases, their family played a huge role in their trauma to begin with (Stevens et al., 2011). This makes things more difficult for foster children, leading them to be at higher risk to make poor decisions, especially self-medicating that leads to substance abuse (Stevens et al., 2011).

Self-Harm and Suicide

Children and adolescents experiencing mental health crisis are at risk to self-harm or even attempt suicide (Gabrielli et al., 2014). A study conducted by Gabrielli et al., (2014) found that out of 135 children, ages 8-11 years old, 24% of them stated that they wanted to die or hurt themselves. In another study pertaining to children in foster

care found that 25% of the children had frequent suicidal thoughts and thoughts of harming themselves (Gabrielli et al., 2014). Though some children have thoughts of suicide and self harm at a young age, it is most common in adolescents and teens who are closer to entering adulthood (Gabrielle et al., 2014). This could be caused by the stress of becoming an adult and having to provide for themselves, without help from family. Most teens who live in a traditional family setting have plenty of support as they enter adulthood, but foster children often do not, especially those who age out of foster care before being placed with a permanent family for adoption. Teens are also at a different developmental stage that causes them to act on impulse, and not take future consequences into consideration before making decisions (Gabrielle et al., 2014). This also sheds light on why young adults and teens fall into addiction, because they are only acting on impulse and seeking immediate relief, instead of weighing the benefits and risks involved for their future self.

Gabrielle et al., (2014) also note that suicidal behavior is often brought on by some type of conflict, usually with someone they love, such as family or friends. Another common trigger that causes young people to have thoughts of self-harm and suicide is having stuggles with academics (Gabrielle et al., 2014). For some of these children, their academic performance is the only thing that they can control and feel proud of, so if they are struggling to meet academic standards and milestones, it could be very detrimental to their mental well-being, causing them to feel worthless.

Foster placement may also play a role in suicidal tendencies, according to Gabrielle et al., (2014). Their studies suggest that children who are placed in family setting foster homes are less likely to have thoughts of suicide, because of the sense of

stability (Gabrielle et al., 2014). Children who are placed into a family setting are able to get more one on one attention, rather than group homes where it is harder for children to get individual attention and care. In some cases, placement setting is determined by the child's mental well-being, for example, if they are in a very poor mental state, it is preferred that they are placed with a family so that they can receive more one on one attention, but if they are seemingly healthy, they may be placed into a group home.

In an attempt to find out whether or not other factors, such as age and gender, play a role in the rates of suicidal thoughts, Gabrielle et al., (2014) created a study to find some answers. They chose to study a group of 135 foster children, ranging from ages eight to eleven years old, with the following characteristics:

> "The majority of the youth were African American (54 %), followed by Caucasian (33 %), Multiracial (11 %), and Other (2 %). Of the youth participants, approximately 79 % lived in home-based settings, and the remaining 21 % resided in residential facilities. The gender distribution of youth approached equality (54 % female). Caregiver reporters were foster mothers (44 %), foster fathers (13 %), staff at residential facilities (16 %), or other reporters (e.g., therapist at residential facility or kinship provider; 27 %). Finally, at baseline assessment, based on caregiver reports, roughly 54 % of the children had received a mental health diagnosis and 54 % had been treated for an emotional or psychological problem" (Gabrielle et al., 2014, pp. 895-896).

To complete the study, caregivers were to answer questions about their child regarding their behavioral and mental health. The questionnaire asked multiple questions

pertaining to thoughts of self-harm and suicide, and the caregiver/child could answer on a scale of “often”, “sometimes”, and “never” (Gabrielle et al., 2014). The following data was collected from the finished questionnaires:

> “29 (22 %) caregiver reporters indicated that the youth participant had said, ‘‘I want to kill myself’’ and 28 (21 %) indicated that the youth participant had said,‘‘I want to die.’’ A combination of these two variables revealed that 32 (24 %) of caregivers endorsed at least one of these two items” (Gabrielle et al., 2014, pp. 897-898).

Medical Services for Foster Children

It is known that foster children are at a higher risk for mental illness, so that raises the question, are they receiving the appropriate health care? Larsen et al., (2018) dove into research to find the answer to this question and found the following:

> “Generally, children and youths in foster care have a high use of mental health services, also compared to the general youth-population. However, relative to their high rate of mental disorders, the service utilization by foster youth seems low, and findings indicate that a considerable part of this population does not receive services according to need (p.1)”

Teens and their caregivers were given questionnaires that asked basic questions about their mental health and also how often they had utilized health care services within the past two years. After assessing the questionnaires, the following statistics were found:

> "Overall, 74.5% of carers and 68.7% of youths reported contact with any service" (Larsen et al., 2018). Further, 61.2% of carers and 58.5% of youth reported Contact with Primary Health Care Services. CPS stands out as the single service most used by carers and youths; 92.1 and 85.3%, respectively, reported having any contact. The second most used service was special education (41.7%), reported by carers, and the school health service (30.8%), reported by youth. (Larsen et al. 2018, p. 5)"

Even though there is a massive need for mental health resources for foster children, there are barriers that prevent some children from obtaining the care that they need (Carabez & Kim, 2019). The foster system is overrun with children who are in dire need of medical attention, particularly pertaining to their mental health. This makes it harder for medical agencies to keep up with the overload of patients. This is a problem because this could mean that some children are being prioritized over others due to the severity of their mental health. With that being said, children with severe mental health issues should be prioritized, but that just makes the process longer for other children, which could potentially lead to their mental health worsening if they are not provided with proper health care and therapy.

Utilization of CAMHS

Child and Adolescents Mental Health Services (CAMHS) provides mental health care services to children in foster care. Studies have found that even though all foster children are provided with CAMHS, the utilization rates are rather low (York & Jones, 2017). York & Jones (2019) state that a study found that only 25% of United States

foster children received mental health services within the past twelve months. Children who go untreated are at a high risk of mental health disorders carrying on into their adult lives, and even worsening as they get older. "For example, it is well established that looked after children will often leave care with poor levels of academic achievement, higher rates of unemployment, homelessness, high rates of teenage pregnancy and drug use" (York & Jones, 2019, p.144). Untreated mental illness can have a severely negative impact on the adult lives of foster children. This could potentially create cycles, if they are not dealt with in a healthy way early on. For example, if the untreated foster child grows up into an adult with addiction problems, it is likely that they will lose custody of their children, if they have them, which creates the cycle. It is crucial that foster parents are making sure that their foster children are utilizing the care that is provided by CAMHS.

Psychotropic Medication for Foster Children

According to Davis et al., (2021), there has been a rise in the use of antipsychotic medication in children over the past two decades. Davis et al., (2021) also states that children who are insured by government assistance programs, such as medicaid, are especially likely to be prescribed antipsychotic medications, along with psychotropic medications. Foster children have an even higher rate of psychotropic and antipsychotic medication use, as much as 30-60% higher than other children (Davis et al., 2021). Considering foster children are at higher risk of experiencing traumatic events in their lifetime, these medications may be absolutely necessary in order for them to remain in a positive and healthy mental state (Davis et al., 2021).

There is a question about whether or not psychotropic medication is worth taking, as it is rather expensive and may also create many different side effects, which could cause long-term issues for the individuals who take it, according to Davis et al., (2021). Some of the side effects mentioned by Davis et al., (2021) are: increases in body mass indexes, obesity, glucose dysregulation, hyperlipidemia, type 2 diabetes mellitus, and fatigue/somnolence (p. 2). Since foster children are already at risk for long-term mental and physical health disorders, this could be an added risk. If a child must have these medications, it is important that they are kept under supervision to ensure that they are not developing any of the side effects listed above (Davis et al., 2021). Foster children should be watched even closer, as they have an even higher chance of experiencing side effects, since most of them are or have experienced toxic situations that create a rocky foundation for their mental and physical well-being (Davis et al., 2021).

Because of the concern about the adverse side effects of psychotropic and antipsychotic medications, states have put monitoring mechanisms into place to ensure the health and safety of foster children who are prescribed these medications (Mackie et al., 2016). Mackie et al., (2016) found the following information pertaining to the efforts to monitor children who are consuming medications that could potentially result in negative side effects:

> "First, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) included provisions to improve health outcomes of children in Medicaid and the Children's Health Insurance Program (CHIP) by developing quality measures for voluntary use by State Medicaid and CHIP programs (Center for Medicare and Medicaid Services 2013). Second, accreditation bodies

like the National Committee for Quality Assurance (NCQA) also have endorsed monitoring measures; NCQA has proposed measures related to antipsychotic use among children in its 2015 Healthcare Effectiveness Data and Information Set (HEDIS; NCQA, 2014). Third, federal legislation is prompting state agencies to develop psychotropic medication monitoring programs to address quality and safety issues among vulnerable pediatric subpopulations, specifically, children in foster care (Child and Family Services Improvement and Innovation Act 2011; Fostering Connections to Success and Increasing Adoptions Act of 2008).” (p. 244)

Foster children are at a disadvantage because they may not have the consistent care that other children who are living in traditional families receive (Mackie et al., 2016). For example, they may be moved around often to different foster placements, which makes it hard for foster parents to pick up on any adverse side effects that the child is experiencing from their medications (Mackie et al., 2016). Also, they may struggle with having access to their medications because of the high cost. Having issues accessing these medications could be harmful to their health if they are not taking them as prescribed.

State Medicaid questions the excessive use of psychotropic and antipsychotic medications, and argues the possibility of the medications being used instead of therapy treatments (Mackie et al., 2016). There is no doubt that some children must be prescribed medications in order to balance their mental health, but in some cases, personalized therapy could be very useful and prevent the need for prescriptions (Mackie et al., 2016). Personalized therapy allows the therapists to analyze each aspect

of the child’s trauma, and provide therapy that is specifically helpful for their personal experiences. Medicaid is concerned about this because of the alarming contrast between the rates of psychotropic medication prescriptions that are given to children in foster care and children who are not in foster care (Mackie et al., 2016). The rates are 21-52% of children in foster care consuming these medications, and only 4% for the rest of the child population (Mackie et al., 2016). Some data even shows that some foster children are even being prescribed more than one psychotropic medication (Mackie et al., 2016). With the data that has been found about the high rates of psychotropic medication usage in foster children, it raises question about whether or not foster children are receiving the same level of care as the rest of the population, or if they are being given “quick fixes" in places of personalized therapy that could result in long-term success (Mackie et al., 2016).

With the questionable rates of psychotropic medication being given to foster children specifically, the federal government had to intervene (Mackie et al., 2016). They are making the extra effort to ensure that every child who is prescribed these potentially dangerous medications, is legitimately in need of them, and not just being given a quick fix (Mackie et al., 2016). Multi-step protocols were put into place, requiring physicians to take every step to ensure that the child is being rightfully prescribed psychotropic medications (Mackie et al., 2016). If the steps are taken and a physician decides that it is in the best interest of the child to take these medications, they are required to provide continuous close monitoring to ensure that the child is both taking the medication as directed and also experiencing the results that were hoped for.

Larsen et al., (2018) studied whether or not foster children are utilizing the mental health services that are available to them. Their findings show that the rates of service utilization is low in comparison to the rates of diagnosed mental health disorders (Larsen et al., 2018). The low utilization of services may be linked to the high rates of psychotropic medication prescriptions, because if children are prescribed medication to quickly fix their problem, they are less likely to attend therapy or other services, because it takes up more of their time and is more of an inconvenience.

Lohr et al., (2019) also studied the overuse of psychotropic medication in foster children, and the use of polypharmacy, which is when someone is prescribed multiple medications at one time. Lohr et al., (2019) theorize that foster children, specifically, are not receiving behavioral interventions that could prevent the use of psychotropic medications. There are also concerns and questions about whether or not foster children receive the quality of care that other children do. Lohr et al., (2019) mention how important the role of a child welfare professional is in terms of treatment. They can help make the change and advocate for their children to receive the same level of care that all other people do.

The state of Kentucky has particularly high rates of psychotropic medication and polypharmacy use (Lohr et al., 2019). In an attempt to understand the reasoning behind these high rates, Lohr et al., (2019) conducted interviews with child welfare professionals, because they are the people who approve and monitor the usage of psychotropic medications and polypharmacy. The goal of these interviews was to understand why psychotropic medications are seemingly overused, and also find out if there are problems that prevent children from receiving psychosocial treatment instead

of prescription medications (Lohr et al., 2019). After finding the answers to their questions, it is hoped that they can help come to a conclusion to provide better quality healthcare to foster children, and hopefully lower the use of potentially dangerous medications.

After completing the interviewing process, Lohr et al.,(2019) came to the conclusion that there are four major factors contributing to the usage of psychotropic medications: “access to health records, access to mental health services, consent and decision-making about PM use, and training related to PM use” (Lohr et al., 2019, p. 88). The most common issue for child welfare professionals was the difficulty securing access of their clients medical records, followed by the difficulty keeping in contact with medical professionals (Lohr et al., 2019). Another issue, pertaining specifically to mental health, was that child welfare professionals commonly experience difficulty obtaining information about a child’s mental health from their primary care provider, due to the misunderstanding of the professionals rights to the child (Lohr et al., 2019). As the child welfare professional that is assigned to a specific child, they have the right to obtain information regarding their mental health, as it helps them make informed decisions regarding their placement options and treatment (Lohr et al., 2019). If the biological parents are still legally responsible for the child, they may need to sign off on their child’s medical information being released to the child welfare professional, and it is not always easy to convince the parents to cooperate (Lohr et al., 2019). These issues can cause problems for the foster children because their social worker is unable to choose placement based on their mental health, if they do not have access to their medical records. If social workers are informed about their child’s health, they are able

to place them in homes that are equipped and prepared to provide the highest level of care.

Health Related Quality of Life

Carbone et al., (2007) conducted a study to gather information about the health related quality of life (HRQL) of foster children. 326 children participated in this study. Children aged 13-17 years old were about to complete the survey themselves, and children younger than 13 had to have their caregivers complete the questionnaire. More specifically, the Child Health Questionnaire (CHQ) was filled out by the participants. The CHQ contains the following:

> "The CHQ is a multi-domain generic health-related quality of life questionnaire, which assesses children's physical, psychological and social functioning over a 4-week period. The 50- item parent-version of the CHQ (CHQ-PF50) assesses 13 domains of children's functioning, including children's physical functioning, mental health, school and social limitations arising from children's health problems, and the impact of the children's physical and psychosocial health on caregivers/parent." (Carbone et al., 2007 pp. 1158-1159)

The results of this study showed that children who had experienced three or more placements in foster care had lower health related quality of life (Carbone et al., 2007). Altogether, the study found that children living in foster care have a lower HRQL than the general population of children who are being raised in a traditional family setting.

When comparing foster children to those raised in traditional family settings, foster children had worse overall health, higher aggressive tendencies, and some showed

signs of immature behavior for their age (Carbone et al., 2007 p. 1164). Anxiety and depression was also higher in foster children, and the authors found that they even had lower self- esteem than other children (Carbone at al., 2007, p. 1164). These results are alarming because they play a role in how these children live their daily lives. The mental and physical effects that foster care has on children takes a toll on their social lives, schooling, and extracurricular activities.

Foster children are commonly raised in severe poverty and experience family dysfunction (Carbone et al., 2007). Not only are they at risk for mental illness, but studies show that they are also experiencing physical health issues, such as problems with their skin, vision, and teeth (Carbone et al., 2007). The following data was reported after retrieving information from 224 foster children: “37% had skin problems, 27% had dental caries, 15% had vision problems, 14% had abnormal neurological exams, and 11% had short stature” (Carbone et al., 2007, p. 1158).

Foster Children Transitioning into Adulthood

Some studies suggest that older children should have some say in the court-ordered decisions about their future, such as where they will be housed (Shdaimah et al., 2021). The argument is that as children get older, they eventually reach cognitive maturity and are less likely to be influenced by their peers, and more likely to make decisions based on what they feel is best for them (Shdaimah et al., 2021). Letting the youth make decisions for themselves leads to better relationships and a healthier mental state, as they do not feel as controlled by everyone else, and

they can take some control of their own lives. This is empowering to the young adults, and may lead to higher confidence.

These youth do need to have a good understanding of what types of decisions they will be making, so that they can have legitimate opinions and input on their decisions. To help with this, the Emancipation Checklist (EC) was created to help guide social workers and other child welfare officers through the decision making process with the child that they are working with (Shdaimah et al., 2021). The EC helps the professionals ask the right questions without leaving anything out, in order to help the children fully understand what is going on in their case and to keep everyone on the same page (Shdaimah et al., 2021). The checklist makes it easier for children to have their own voice about what happens in their life. The EC includes the following questions, according to Shdaimah et al., (2021) (p.63):

- Does the youth have adequate housing?
- Is the youth employed or have other income?
- Is the youth currently attending an educational or vocational program?
- Does the youth have a GED or high school diploma?
- Does the youth have medical insurance?
- Does the youth have permanent family and/or adult connections?
- Is the youth connected to desired community activities?

- Does the youth have all identifying documents, i.e. birth certificate, Social Security card, driver's license, or state ID?
- Are there any outstanding criminal or delinquency cases for the youth?
- Does the youth have a bank account?
- Did the youth complete a credit score check?
- Can the youth identify their core values?

This list also helps the professional adult recognize if the youth is mature enough to make decisions on their own. If some of the questions were answered with questionable answers, it might raise some red flags and let the professionals know that the young adult is not ready to make their own decisions yet.

Some children stay in the foster system long enough that they "age out". This means that they turn 18, a legal adult, while in foster care. When a foster child ages out, they are responsible for themselves, meaning that they are no longer under the care of a foster parent. This does not mean that they are thrown out onto the streets, but they are usually sent to a group-home type setting that teaches them how to live as a functioning adult in society (Affronti et al., 2015). Some of the things they learn are employment skills, money management, and how to take care of their basic human needs (Affronti et al., 2015).

"Researchers estimate that foster children who are eight years or older are more likely to age out of foster care than to be adopted" (Ahmann, 2017, p.43). In 2015, 20,289 teenagers were emancipated from foster care (Ahmann, 2017). Emancipated

teens face many challenges, since they do not have the help from family at home. Reilly (2003) completed a study that focused on 100 emancipated teens who had aged out of foster care to find what the most common struggles are, and found the following information:

- "Limited education (50% of youth left foster care without a high school degree).
- Failure to obtain and/or maintain regular employment (although 63% were employed at the time of the study, 26% had not had steady employment; 24% had dealt drugs at some time since leaving care; 11% had used sexual intercourse for money; and 55% had been terminated from employment at least once).
- Lack of funds to meet basic needs (41% of respondents).
- Early pregnancies (38% of youth had children; over 70 pregnancies had occurred, some miscarried, and some aborted).
- Inability to obtain healthcare services (only 54% of youth rated their health as very good or excellent; 30% reported a serious health problem since leaving care; 32% reported needing health care but being unable to obtain it). (These numbers may have improved in recent years due to the extension of Medicaid to this population in some states [S. Punnett, personal communication, November 11, 2016].)

- Homelessness (almost 33% of young people left foster care without a place to live; since leaving foster care, 36% had experienced periods of homelessness).

- Involvement with the criminal justice system (41% had spent time in jail since leaving foster care)" (Ahmann, 2015 pp. 43-44)

Even though foster teens are put through training to learn how to function as an adult, the outcomes that are listed above are still common.

The statistics prove that no matter the amount of training and preparation that a child has, having a supportive adult relationship can have a major impact on the well-being and success of young adults (Ahmann, 2015). This could be simply because they have someone to go to for advice on day to day things such as how to apply for jobs, or how to pay bills, or even having someone to help out in other ways such as giving them a ride to work or helping out with childcare. A supportive adult can be a game changer for young adults who have aged out of the foster system, as they can help guide them through all of the new experiences that adulthood entails.

It can be a challenge for teens and young adults to establish relationships with supportive adults. They may have social workers that are there to help them on a professional level, but they cannot be there as a friend to guide them through their struggles. To help make establishing supportive relationships a bit easier, there is a program called the Family and Youth Initiative, which is a program that helps foster care youth aged 12-21 form relationships with adults who are willing to support them (Ahmann, 2015). This program hosts events that bring together the teens and adults so

that they are able to bond and create a stable relationship (Ahmann, 2015). These events are also great for families who are interested in adopting an older child, as it gives them a chance to get to know several different children and find who they bond with the most. Some of the events are educational for the youth, such as learning adult life skills like budgeting, but others involve more fun activities such as sports or crafts that just give everyone a chance to get to know each other (Ahmann, 2015). This can make things feel more natural and not like forced relationships. Forming relationships slowly and on their own terms is great for foster youth, as they have most likely been through unstable relationships with past family and friends (Ahmann, 2015). If an adult finds themselves having a strong relationship with one of the youth, they are able to speak with the program director about being a mentor for that child (Ahmann, 2015). When an adult becomes a mentor, they are expected to meet with their child on a regular basis in order to keep the bond strong. In some cases, the volunteers and mentors even end up adopting the teens after getting to know them and forming strong connections (Ahmann, 2015).

Stockdale (2019) discusses the importance of education for foster children, because it lays a foundation for successful work ethic. They state that allowing youth to leave the foster system with low levels of education is like setting them up for failure, because they are more likely to experience unemployment (Stockdale, 2019). Because these young adults who are starting out on their own do not have family to go home to for support, it is imperative that they are able to provide for themselves, and they will not be able to provide for themselves without employment.

Transitional housing is a major benefit if aged-out foster children are able to live in one. Transitional housing offers young adults a place to live while they figure out how to support themselves as an adult in society (Stockdale, 2019). Transitional housing may also give these young adults a chance to go to college, while still having a stable place to live. People who have aged out of foster care without transitional housing may be at a disadvantage, because they will have to provide for themselves on their own, meaning they will most likely need to work a full time job, leaving little time for higher education. Transitional housing softens the transition, as they have more room to be flexible in their finances, and may have the extra time to complete some schooling.

Alumni of Foster Care

Jackson, et al. (2015) states that foster care alumni are likely to pass their psychological baggage onto their own children. Their studies found the following statistics:

> “Approximately 1.1% of children in the USA enter foster care each year, the Casey Family Programs (Casey) Northwest Foster Care Alumni Study found that 8% of alumni with children had a child placed in foster care” (Jackson, et al., 2015, p.72)

For this study, 1582 foster care alumni were interviewed. The alumni ranged from age 20 to age 51, and they must have spent at least one year in foster care as children, and have been out of foster care for at least one year prior to the interview (Jackson et al., 2015). Eight percent of the alumni that were eligible for the study were unable to participate due to death, imprisonment, or mental institutionalization (Jackson

et al., 2015). Interviewees were asked to recall what their living conditions were like before being placed in foster care. This included questions about their biological parents, such as if they had substance abuse problems, psychological illness, and if they experienced poverty. There was also emphasis on the study of father involvement, as it has been proven that a fathers' bond with his children has a huge impact on the child's long-term well-being (Jackson et al., 2015).

The results of this study showed that most alumni recalled their biological parents to struggle with addiction and mental health disorders. It was also common for the alumni to live in poverty before their placement into foster care (Jackson et al., 2015).

Conclusion

This essay dove into the complex details pertaining to foster children and their struggles with mental health disorders. Research concludes that there are many factors that play a role in the mental and physical well-being of foster children, including placement, foster parents, forms of abuse, and much more. Child welfare specialists play a huge role in ensuring the health and safety of foster children.

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