



Foster Care

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Background

Children in foster homes is a concept which goes as far back as the Old TESTAMENT, which refers to caring for dependent children as a duty under law. Early Christian church records indicate orphaned children lived with widows who were paid by the church. English Poor Laws in the 1500s allowed the placement of poor children into indentured service until they became adults. This practice was imported to the United States and was the beginning of placing children into foster homes. Even though indentured service permitted exploitation, it was an improvement over almshouses where children did not learn and were exposed to unsanitary conditions and abusive caretakers.

In 1853, Charles Loring Brace, a minister, founded the Children's Aid Society. Brace saw many immigrant children sleeping in the streets. He located families in the West willing to provide free homes for these children. These children were sent by train to these families and were often required to work long hours. Nevertheless, Brace's system became the foundation for today's foster care movement.

In the 1900s, social agencies began to pay and supervise foster parents. The government began state inspections of foster homes. Services were provided to natural families to enable the child to return home and foster parents were now seen as part of a team effort to provide for dependent children.

Federal Child Welfare Programs Today

The Social Security Act contains the primary sources of Federal funds available to States for child welfare, foster care, and [ADOPTION](#) activities. These funds include both nonentitlement authorizations (for which the amount of funding available is determined through the annual appropriations process) and authorized entitlements (under which the Federal Government has a binding obligation to make payments to any person

or unit of government that meets the eligibility criteria established by law). Family preservation services are intended for children and families, including extended and adoptive families, that are at risk or in crisis. Services include: programs to help reunite children with their biological families, if appropriate, or to place them for adoption or another permanent arrangement; programs to prevent placement of children in foster care, including intensive family preservation services; programs to provide follow-up services to families after a child has been returned from foster care; respite care to provide temporary relief for parents and other care givers (including foster parents); and services to improve parenting skills. The Foster Care Program is a permanently authorized entitlement that provides open-ended matching payments to States for the costs of maintaining certain children in foster care, and associated administrative, child placement, and training costs.

Foster Care Funding

The Federal government provides funds to States to administer child welfare programs. State grant programs have their own matching requirements and allocations, and all require that funds go to and be administered by State child welfare agencies, or in some programs, Indian Tribes or Tribal organizations. In most states foster children are eligible for **MEDICAID** cards which cover medical, dental, and counseling services. Foster parents receive reimbursement for the child's food and clothing. Some states provide a clothing **VOUCHER** at the time of the child's first placement. Others provide clothing vouchers at the beginning of each school year. Foster children have the same minimum health benefits as children in the Aid to Families with Dependent Children (AFDC) program. Most Federal funds for AFDC and foster children's health care come through Federal Medicaid (Title XIX of the Social Security Act).

Medical Issues

As wards of the state, foster care children are dependent on government-funded health services. As a group, children in foster care suffer high rates of serious physical or psychological problems. Nearly half of these children suffer from chronic conditions such as asthma, cognitive abnormalities, visual and auditory problems, dental decay and malnutrition, as well as birth defects, developmental delays or emotional and behavioral problems. Over half require ongoing medical treatment. Studies indicate that well over half have moderate to severe mental health problems. These conditions stem from exposure to alcohol and drugs, lack of medical care, poor parenting, **DOMESTIC VIOLENCE**, neglect, and unstable living conditions prior to family removal. The trauma of family separation, frequent moves, and the stress and disruptions brought about by impermanent placements in the foster care system aggravate the situation. Children in foster care typically suffer serious health, emotional, and developmental problems.

Children With Disabilities

Children with disabilities sometimes enter foster care because their parents have not received the type or level of support to meet their needs. In many cases, parents must work and responsible after-school childcare is not available. Sometimes the parents become overwhelmed with the needs of the disabled child and the demands of other children in the family. Children with disabilities are abused at a high rate. Their parents are often frustrated with their children's disabilities or with their own inability to help them. Disabled girls are more often sexually abused than other girls. Children with developmental disabilities have a hard time explaining what happened to the social worker or police. In foster homes, the foster parents are trained to care for these children and given support within the dependency system.

Aging Out of Foster Care

Children age-out of foster care at age 18 or when they graduate from high school, whichever happens first. This event is referred to as [EMANCIPATION](#). Some maintain a continuing relationship with their foster families while others do not. Many face a difficult future when state and federal funding ends, and housing, food, and medical care stops.

The John H. Chafee Foster Care Independence Program (CFCIP), Title I of the Foster Care Independence Act of 1999, provides funds to states to assist youth and young adults (up to age 21) in the foster care component of the child welfare system make a smoother, more successful transition to adulthood. This recent program replaces and expands the Social Security Act and allows states to use these funds for a broader array of services to youth "aging out" of the foster care system, including room and board. Most importantly, the Chafee program enables states to expand the scope and improve the quality of educational, vocational, practical, and emotional supports in their programs for adolescents in foster care and for young adults who have recently left foster care.

Child Abuse

Many children become participants in the Foster Care system due to neglect or abuse by their primary caretakers. Investigations by child protective services (CPS) agencies in all States determine that close to a million children are victims of child maltreatment every year. More than half of all reports alleging maltreatment came from professionals, including educators, law enforcement and justice officials, medical and mental health professionals, social service professionals, and [CHILD CARE](#) providers. Federal agencies have no authority to intervene in individual [CHILD ABUSE](#) and neglect cases. Each State has [JURISDICTION](#) over these matters and has specific laws and procedures for reporting and investigating. Individual States have a Child Protective Services agency set up to investigate complaints and allegations. In some States, all citizens are mandated reporters by State law and must report any suspicion of child abuse or neglect.

More children suffer neglect than any other form of maltreatment. Investigations determined that about half of children victimized suffered neglect, 22 percent physical abuse, 12 percent [SEXUAL ABUSE](#), 6 percent emotional maltreatment, 2 percent medical neglect, and 25 percent other forms of maltreatment. Some children suffer more than one type of abuse. Unfortunately, maltreatment is rarely the only issue of families who enter into the child welfare system. Substance abuse and other addictions, serious physical or mental illness, domestic violence, and HIV/AIDS are often critical factors. Poverty is pervasive, and inadequate or unsafe housing are significant problems. These serious difficulties can result in extremely complex family situations that need multiple and coordinated services.

Foster Parent Requirements

Generally, foster parents must be over 21, have a regular source of income, have no record of [FELONY](#) convictions, submit to a home [ASSESSMENT](#) of all family members, and agree to attend parent training sessions. Foster parents can usually work outside the home, however, if the foster child requires day care, the foster parent is typically responsible for that expense. Foster parents need not make a certain minimum income, nor even own a large home. Foster children can usually share a bedroom with another child of the same sex. Both single persons and married couples are generally accepted as foster parents, however, some states do not certify homes in which unmarried adults are living together unless they are relatives.

The length of time a child may remain in foster care varies. The Adoption and Safe Families Act of 1997 requires states to seek a permanent placement for the child as quickly as possible, be it reunification with the birth parents, kinship care, or adoption.

Group Homes

Group homes have a history of being problematic in the Foster Care system. Initially, there was a shortage of experienced operators, the industry was unregulated, and a few took advantage of it. While many were run by competent social workers or those in religious communities who, though without formal training, were instrumental in having a positive impact on these children. Unfortunately, in others, children were abused, forced to participate in the beliefs of their caretakers. Sometimes untrained workers tried behavior modification techniques that were cruel and inhumane. With little monitoring by the government, it was possible to cut back on food, clothing, education and program to make a profit for the operators.

Group homes are now subject to a number of federal regulations. Any care facility that houses six or more children is considered a group home. Most group homes are small and try to integrate the children into the community. The residents attend local schools, are closely supervised, have a structured life, with a counselor on duty around the clock in most cases, and a schedule of counseling, tutoring, and other services.

Kinship Care

Kinship care is the full time care of children by relatives, godparents, stepparents, or any adult who has a kinship bond with a child. The expansion of kinship foster care is, perhaps, the most dramatic shift to occur in child welfare practice over the past two decades. Informal kinship care is when a family decides that the child will live with relatives or other kin. In this informal kinship care arrangement, a social worker may be involved in helping family members plan for the child, but a child welfare agency does not assume legal [CUSTODY](#) of or responsibility for the child. Because the parents still have custody of the child, relatives need not be approved, licensed, or supervised by the state.

Formal kinship care involves the parenting of children by relatives as a result of a determination by the court and the child protective service agency. The courts rule that the child must be separated from his or her parents because of abuse, neglect, dependency, [ABANDONMENT](#) or special medical circumstances. The child is placed in the legal custody of the child welfare agency, and the relatives provide full time care. Formal kinship care is linked to state and federal child welfare laws. Federal legislation impacting kinship care includes The Adoption Assistance and Child Welfare Act of 1980, Title IV of the Social Security Act, and The Indian Child Welfare Act. Thus, kinship caregivers may be able to access Social Security Funds for the child, Temporary Assistance for Needy Families (TANF) funds for the child, and medical assistance for the child.

The Adoption and Safe Families Act

The Adoption and Safe Families Act of 1997 established time lines and conditions for filing termination of parental rights. The Act provides a new legislative framework that sets the direction and parameters for the operation of state and local child welfare agencies and courts. States must file a petition to terminate parental rights and concurrently, identify, recruit, process and approve a qualified adoptive family on behalf of any child, regardless of age, if the child has been in foster care for 15 out of the most recent 22 months. Exceptions can be made to these requirements if a relative is caring for a child. The Act requires notice of

court reviews and an opportunity to be heard is sent to relatives, foster parents, and pre-adoptive parents. A relative, foster parent or pre-adoptive parent caring for a child must be given notice of an opportunity to be heard in any review or [HEARING](#) involving the child. This provision does not require that any relative, foster, or pre-adoptive parent be made a party to such a review or hearing. The Act also mandates that the Federal Department of Health and Human Services (HHS) complete a study on kinship care.

The Indian Child Welfare Act

The Indian Child Welfare Act (ICWA) of 1973 described the role that Native American families and tribal governments must play in decisions about the protection and placement of their children. It strengthened the role of tribal governments in determining the custody of Native American children and specified that preference should be given first to placements with extended family, then to Native American foster homes. The law mandated that state courts act to preserve the integrity and unity of Native American families.

Adoption of Foster Children

If a child has been in placement with a foster care family for a significant period of time and the parental rights of the natural parents have been terminated, the foster parents may seek an adoption under the state law.

See .

Additional Resources

Grandparents Raising Grandchildren: A Guide to Finding Help and Hope. Takas, Marianne, The Brookdale Foundation, 1995.

Relatives Raising Children: An Overview of Kinship Care. Crumbley, Joseph & Robert L. Little, Child Welfare League of America, 1997.

The Strengths of African American Families. Hill, Robert B., R & B Publishers, 1997.

Organizations

Child Welfare League of America

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