INFORMATION PACKET:
Emotional and Psychological Well-Being of Children in Foster Care

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Emotional and Psychological Well-Being of Children in Foster Care

**Summary**

Children in foster care are more vulnerable to maladaptive development given their exposure to high risk environments prior to placement, as well as the process of out-of-home placement itself. Children and youth in foster care may have been exposed to neglect, abuse, poverty, homelessness, and maltreatment, prior to placement in the system. Furthermore, foster care placement and home instability, compounded by the potential lack of a consistent caregiver, can lead to an interruption in proper development.

Despite the overwhelming empirical evidence which demonstrates the clinically significant mental health problems that foster care children face, suitable mental health programming and requirements for this population is often overlooked. Moreover, the limited legal statues and policies that focus on emotional and psychological well-being of children in foster care are often left unenforced and less examined.

Children removed from high risk environments and placed in foster care still require mental health services to properly cope with the events the brought them into system. This is compounded by a sense of a loss of control over their own lives, unstable placements, and unpredictable contact and access to their biological family.

As a result of the Adoption and Safe Families Act (AFSA) child well-being has come to the forefront of issues surrounding foster care and out-of-home placement. However, barriers to mental health treatment include: a lack of coordination between child welfare staff and mental health providers, widespread failure to identify mental health needs and provide timely services, lack of properly trained providers which leads to long waiting lists, and a general lack of funding for mental health services. This results in low rates of foster children entering into treatment despite the higher rates of clinical need.

In order to effectively combat the lack of proper mental health services that challenge the emotional and psychological well-being of children in foster care, timely mental health assessments must be conducted so that necessary treatment can begin as soon as possible. Reassessments should be given following adjustment to new placements and foster relationships. Additionally, education and training for foster parents is of utmost importance to provide continuing care.
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Facts and Statistics

The following facts and statistics illustrate the importance of proper, comprehensive emotional and psychological support for good well-being amongst children in the foster care system:

- As of September 2013, there were 399,546 children in foster care in the United States (ACYF, 2013)
- According to a 2004 NIMH survey, nearly 48% of children in foster care were found to have “clinically-significant” emotional or behavioral problems (Burns et al., 2004)
- Only 1/4th of those children in foster care with emotional or behavioral problems received care during the one-year time period of the NIMH survey (Burns et al., 2004)
- Out-of-home placement is associated with disruptions in attachment relationships and interrupt a child’s attempt to form a secure attachment with a primary caregiver (Troutman, Ryan, & Cardi, 2004)
- Psychiatric emergencies among children in foster care are linked with prior attachment relationship interruption (Troutman, Ryan, & Cardi, 2004)
- Disruption in attachment relationships can lead to: oppositional behavior, crying, depression, and Reactive Attachment Disorder (Troutman, Ryan, & Cardi, 2004)
- Children in the foster care system often experience violence and neglect prior to placement, leading to a higher prevalence of mental disorder than children not in placement (Oswald, Heil, & Goldbeck, 2009)
- Children in foster care are at an increased risk of exposure to risk factors, such as: poverty and maltreatment, putting them at greater risk for mental health issues (Fish & Chapman, 2004)
- Placement and home instability adversely affects the psychosocial development of children in foster care (Barber & Delfabbro, 2003)
- More than 50% of former foster children have mental disorders as adults, compared with only 22% in the comparison group (American Psychological Association, 2012)
- 30% of former foster care children suffer from PTSD as adults, compared with the approximately 15% of U.S. combat veterans who suffer from PTSD (American Psychological Association, 2012)
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Policy and Legislation

**Affordable Care Act** (P.L. 111-148): Recent federal statute that was enacted to increase the quality and affordability of health insurance, thereby lowering the rate of the uninsured and reducing healthcare costs.

Nearly all children in foster care are enrolled in Medicaid, and receiving inpatient psychiatric care is one of the most frequently used Medicaid services. The Affordable Care Act (ACA) provides funding to states to expand their early childhood home visiting programs for at-risk families, especially those already involved in the child welfare system. ACA also provides funding for home and community-based waiver services for targeted populations, including children in foster care (Lehmann, Guyer, & Lewandowski, 2012).

**Child and Family Services Improvement and Innovation Act** (P.L. 112-34): Recently passed in 2011, law reinforces the importance of discussing social-emotional and mental health of children who have experienced maltreatment (National Conference of State Legislatures, 2013)

This federal law also details that family services’ service plans must include how emotional trauma for maltreatment and removal from the home will be address.

**Fostering Connections to Success and Increasing Adoption Act** (P.L. 110-351): Federal law which requires states to develop a case plan for the coordination of health care services for children in foster care, while working with Medicaid and other agencies. This includes developing a plan for the coordination of mental health services, as well as psychotropic drug use (National Resource Center for Permanency and Family Connections, n.d.)
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Best Practices and Model Programs

- Children entering foster care should be assessed for physical, developmental, and mental health problems so that interventions can begin early (American Psychological Association, 2012)

- Periodic reassessment is also required as child adapts to new relationships and surroundings (American Psychological Association, 2012)

Tulane Infant Team, New Orleans, LA
http://www.tulaneinfantteam.org/

Tulane Infant Team provides assessment and treatment to families who have children under the age of five in foster care in parts of New Orleans, Louisiana. The program provides individual therapy for parents, children, and family counseling. Additionally, services are provided for foster parents and complete developmental assessments are provided.

NOVA University Model

The NOVA university model is a common foster parent training model used in a variety of locales in the United States. The session content includes: foster care program goals, foster parent roles and responsibilities, the impact of foster families. Training helps prepare foster parents for what is required to provide proper care to ensure child well-being. The model has been empirically tested and found to be reliable.

Kansas Intensive Permanency Project (KIPP), Kansas

KIPP was introduced to improve children’s social and emotional functioning while in foster care. Practices intended to address these well-being issues include: evidence-based interventions to increase parenting capacity, regular use of family and child assessments, and continuous measurement of social and emotional functioning.

The Family Program, Westchester County, NY
http://gucchd.georgetown.edu/products/FCStrategies.pdf

The Family Program is a collaborative program between Westchester Institute for Human Development and Westchester County Department of Social Services. The program is designed to provide developmental and health assessments and services to all children, and foster and biological families, in family foster care in Westchester County.
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Websites and Resources

**Council of Family and Child Care Agencies**
http://www.cofcca.org/

Representative agency for nearly all non-profit organizations in New York State that deal with issues of foster care, adoption, juvenile justice, and family preservation. COFCCA provides support to preventive agencies, as well as out-of-home care agencies. The Council also provides exhaustive resources for those interested in the topic areas. COFCCA’s most recent initiative called, Raising the Bar, meant to focus on the need for more mental health care for children in foster care.

**Georgetown University Child Development Center**
gucchd.georgetown.edu/products/FCStrategies.pdf

Findings of a study that looks for strategies for the implementation of programs to meet the health care needs of children in foster care. The document provides information on the importance of health care- including mental health care- for children in placement, as well as model programs in the field. Key questions of addressing children’s needs are also provided for welfare agencies and workers.

**National Adoption Information Clearinghouse**

This documents provides a database for research articles, model programs, and best practice tips for the emotional well-being of children and youth in foster and adoptive care. This information is provided free of charge and gives a strong foundation for the study of the importance of emotional well-being for children currently in placement. Information about kinship care is also provided.

**National Center for Child Welfare Excellence**
http://www.nccwe.org/is/well-being.html

NCCWE provides a wide variety of resources for those interested in learning more about well-being in the child welfare system. The website also provides practical tips and resources for all subject areas of well-being, as well as state resources.
References


