

Foster care in the United States: Systems to improve placement stability for minors

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The notion of fostering children has existed ever since humans could sympathize with their fellow human beings. To demonstrate, photographer Dorothea Lange captured a moment on camera during the Great Depression that attracted and interested the public. The image, titled *Migrant Mother* (Lange, 1936), depicted a woman expressing concern at her situation, accompanied by two young boys. Lange photographed this moment to bring awareness to the plight of the poor who provided for others, including children, with exceptional difficulty. She hoped that the public would respond with sympathy and that they would aid those in need. Also drawing off of this idea, licensed clinical social worker Guitele J. Rahil et al. also expresses the notion of helping the needy. In an article that discusses the resilience of Haitian residents after the devastating 2010 earthquake, Rahil et al. state, “Youth from even the most disadvantaged areas demonstrated Haitian resilience in that they returned ... to help recover survivors or remains of the deceased” (Rahil et al., 2016). These youth helped young children without parents cope with their situations and they provided care for the children who needed it. In some cases, they even acted as parents to these unfortunate youths. Considering these sources, the idea of helping children recover from damaging environments with the foster care system (FCS) comes to mind. Today, the FCS has adapted to modern living conditions and society. Proponents of the FCS in the United States widely acknowledge the system as a reliable method to help minors who need parental care. KVC Kansas, a non-profit organization dedicated to assisting underprivileged children, claims, “Foster families fill a void for these teens, providing care, support, love, and compassion kids need to heal and grow” (Kansas, 2021). However, a recent study shows that the foster care system’s policies do not fulfill the expectations of such an institution. From the *Official Journal of the American Academy of Pediatrics*, MD Mark Simms et al. state, “Although most children enter foster care with medical, mental health, or developmental problems, many do not receive adequate or appropriate care while in placement” (2000). Such evaluations prompt the question: What are effective ways the foster care system can improve systems for placement stability for minors in the US? An analysis from the cultural, economic, and medical lenses shows that the FCS is faulty and requires new regulatory policies. These policies will ultimately assist minors in foster care in adjusting to their situations and adapting to their new environments.

When examining the living conditions of a home, one must consider the ethnic background of the residents. Children in the FCS are highly impressionable due to their young age and past trauma. Therefore, intuitively, a comforting living environment is critical to improving the chances of placement stability. According to Georgia State University, people feel more satisfied in familiar environments “... in terms of values, beliefs, customs, and worldview” (Carmadelle, 2022). This concept applies to minors in the FCS since they are especially vulnerable when considering their living environment. If applied directly to how the FCS places foster children in homes, it logically follows that culture and ethnic matching, which is to say that

a foster child should be with a foster parent of the same ethnic background, should be a common practice. According to a telephone interview study of 61 foster parents, culture matching in foster care has significant benefits, including child security, less stress, and smoother transitions (Brown et al., 2009). All these factors contribute to a higher chance of placement stability, solidifying culture and ethnic matching as a solid practice for the FCS to implement.

However, there are limitations to culture matching that make it inconvenient to implement. A US national study by social worker Catherine LeBrenze et al. found that "... fewer [systems] have explored racial matching in foster care placements and subsequent outcomes" (2022). This information implies that culture matching is not highly prioritized, despite its substantial benefits for foster children. Racial matching is critical to placement stability since LaBrenze's study reported that in 2019, 53% of children in the FCS were of non-White or multicultural descent (2022). Regardless, one must consider that 63% of parents who adopted from foster care were White, 27% were Black, and only 5% were Hispanic (LeBrenze et al., 2022). Such circumstances make it complicated to implement the practice of racial and cultural matching. A solution to this dilemma is to promote programs where the government gives prospective foster parents of multicultural descent benefits for adopting a foster child, such as those benefits given to firefighters or police officers. For example, the California Highway Patrol has benefits for officers such as "... comprehensive medical, dental, and vision health care plans for officers and their dependents" (CHP, 2023). If prospective foster parents of multicultural descent get more benefits, there would be more of a balance in the ratio of the ethnic makeup of foster parents. The practice of favoring individuals who belong to a cultural group is known as affirmative action. With these benefits provided by the government, foster children will have a higher chance of placement stability and more adults of multicultural descent will be inclined to foster a child. If the FCS were to pair these benefits with affirmative action plans for culture matching, foster parents' and childrens' quality of living would improve, and more adults of multicultural descent will foster children.

When considering the living conditions of a child in foster care, the economic status of their foster parents is relevant. According to the Massachusetts Institute of Technology (MIT), to live a comfortable life in a family of four with one working adult, the average living wage is \$43.94 an hour, over double the minimum wage set by the District of Columbia at \$17 (Living Wage, 2023). This living wage income equates to about \$88,000 annually. MIT concludes that typical expenses like food, child care, housing, and taxes will consume around 90% of the average adult's annual income (Living Wage, 2023). With the addition of the expenses associated with foster care, there is much financial strain put on the parents to support and feed their biological and foster children. Foster parents need financial support from the government to help care for their foster children (Knotts, 2023). A comfortable living environment is integral in promoting high levels of placement stability for foster children. To support this living standard, foster care agencies such as Knotts Family Agency offer an average of \$1000 monthly to help with expenses associated with each foster child (Knotts, 2023). The United States government

provides this money for the parent to spend on the foster children, not for the personal use of the parents. However, this government assistance can increase. In a study by the University of Pennsylvania, researchers found that increasing the money in foster payments to parents increased the motivation of other prospective parents to foster a child (Marinescu, 2022). Not only would raising the monthly governmental pay for foster parents help with statistics regarding culture and racial matching, as previously mentioned, but it would ease the financial strain put on foster parents, providing a more comfortable environment for foster children.

However, such a solution has its limitations. The government does not have unlimited money to spend on public services. These services provide for the spending in the monthly sponsorship of foster parents. After the 2008 recession in the United States, the US government issued numerous budget cuts to save its taxpayers' money in at least 46 states plus the District of Columbia (Johnson et al., 2010). These budget cuts have negatively affected families throughout the US post-recession and reduced government funding for necessary services, including foster care protection services. In Connecticut, officials have ordered budget cuts for programs "... that help prevent child abuse and provide legal services for foster children" (Johnson et al., 2010). Yet again, evidence shows that foster care services do not hold priority in the eyes of the US government when it comes to spending taxpayer money. Therefore, it is inconvenient for the government to implement a system in which they pay foster parents more money monthly.

When examining placement stability standards for foster care, one considers the medical implications of minors in foster care. As stated by the American Academy of Pediatrics, children and teens, before entering the FCS, received sporadic healthcare with little to no treatment (Pediatrics, 2021). This lack of attention to foster childrens' health means that minors entering the system experience a low standard of health. Of the minors entering the FCS, 50% have a chronic physical illness, and about 10% are mentally fragile or complex (Pediatrics, 2021). These rates imply that the FCS and foster parents must have the resources to treat and heal minors with disabilities. However, a study by California State University, Sacramento, states, "Despite an extreme need, children and youth in foster care often fail to receive preventive and consistent health services due to inadequate medical records and limited access to care" (Sacramento, 1998). This inefficiency means that the FCS commonly overlooks acute health issues in minors in the FCS. This burden falls upon the shoulders of the foster parents, and considering the financial strain mentioned previously, children and teens are unlikely to receive adequate treatment. To solve this issue, individual counties in the United States should have a set amount of public health nurses proportional to the number of foster teens and children in that county. These nurses would specialize in caring for minors in foster care and tracking their medical records to reduce mix-ups and inadequate treatment. These nurses would serve as contact persons for matters concerning their assigned patients.

Regardless, there are limitations to such a practice. As previously mentioned, government funding for the FCS has decreased over recent years. This shortcoming implies that implementing this policy would put a considerable financial burden on the already strained FCS.



If funding is taken from the FCS's current budget to invest in such a plan as the public health nurses, other vital areas of the FCS may receive less money for spending on essential services such as placement assessment, medical care, and foster care protection programs. Therefore, the limitation of inadequate government funding for the foster care system comes to the forefront. Additionally, the education and training of these public health nurses would cost the FCS even more. Formulation of specialized training programs and enrollment in these programs would all take up much time and funding that may be put to better use (Johnson et al., 2010). Therefore, it may not be feasible for the FCS to train and establish a program for public health nurses to care for and specialize in foster child care since inadequate government funding prevents the system from doing so.

In conclusion, the foster care system can be improved through the implementation of policies such as cultural and ethnic matching, increased funding to foster parents, and the creation of a public health nurse program. Most of the limitations of these policies can be solved through increased government funding to the foster care system. Implications for further research include studies into how the government should balance its funding to public services so that foster care receives more precedence in public funding. Foster care remains a prominent subject in everyday life in the United States, and these prospective policies can help improve placement stability and assist minors in foster care in adjusting to their situations.

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