

EXPLORING THE SOCIAL ISSUE OF FOSTER HOME SHORTAGES: PRIVATE  
FOSTER HOME BREAKDOWN AND RETENTION

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**ABSTRACT:**

Child Welfare Agencies recruit, train, and license foster parents to open their private homes to foster children. Within two years of opening three quarters of these homes close, reflecting a very low rate of private foster home retention. This paper aims to explore common obstacles that generate the breakdown (closing) of safe, effective foster homes under the broader pretext of foster population increase and welfare capacity decrease. The existing foster care system's failure to address the difficulties foster parents face and the resulting home closures, exposes the unaccomplished goal of child welfare involvement: providing desirable outcomes through safety, stability, and low risk exposure for children of high risk environments. Obstacles for foster parents exist in agency involvement, the judicial system, and interactional experiences.

**KEYWORDS:** foster care, foster home retention, foster parents, child welfare, social services

## EXPLORING THE SOCIAL ISSUE OF FOSTER HOME SHORTAGES: PRIVATE FOSTER HOME BREAKDOWN AND RETENTION

Despite increasing demand for private homes that take in foster children, retaining licensed homes and keeping them operating has been largely unsuccessful. After a private foster home is licensed and opens for child placement 25% close (also termed breakdown) within the first 2.5-3.8 months. Another 25% breakdown before the first full year and a total of 75% are closed within 2 years. (Wulczyn, Orlebeke, Hislop, Schmits, McClanahan and Huang 2018) Children, Youth and Family Agencies face increasing foster populations with “shrinking resources available.” (Kulkin and Hebert 2016:136) In 2017 foster care contained over 442,995 children. Parental drug/alcohol abuse (at 36%) was the number one reason for parent and child separation, followed by neglect. (Adoption and Foster Care Analysis and Reporting System 2018) (Degarmo 2017)

Our research on the recent, state-by-state changes suggests there is a national foster care housing crisis in America. At least half of the states in the country have lost foster care capacity in the past five years. Another fifteen were not able to provide enough information for us to even make a determination of their capacity.” (Kelly, Heimpel, Loudonback, Renick, Phagan-Hansel, Green, Pham and Zarate 2017:11)

When private foster homes breakdown, and children are removed (displaced) issues for the child include further disadvantages: loss of stability, rebellion, behavior and education issues, low reunification rates, and premature independent living.

(Vanderfaeillie, Goemans, Damen, Van Holen and Pijnenburg 2018) Understanding the obstacles foster parents face with child welfare processes, the judicial system and personal interactions involving the foster child will expose indicators driving low retention rates.

## SYSTEMATIC OBSTACLES DEBILITATING FOSTER PARENTS

### *Obstacles for Foster Parents in the Child Service Process*

After the rigorous licensing process, foster parents do not receive sufficient information about child placements requests, report lack of agency support and assistance, and many face insufficient financial compensation for services rendered. (Lanigan and Burleson 2017)

During child placement processes (foster care admission and home placement) agencies disclose to the foster parents, at their discrepancy, what is deemed "necessary" for the foster parent(s) to accept/decline the agency's placement request. With no child introduction, paperwork, or sufficient details about welfare involvement and most child needs foster parents are not equipped to properly prepare. (Lanigan and Burleson 2017)

Considering up to 80% of children being placed have at least one medical/mental need and half have significant oral, developmental, and educational issues, ignorant foster parents are at a stressful disadvantage. (Hodges, Manda, Nugent and Simpson 2017)

Nearly all foster parents express the need for more agency support providing transportation, medical attention, documentation, school enrollment, parental, sibling and grandparent visits, court attendance, daily records, home inspections, and more. (Lanigan and Burleson 2017)

Daily or monthly stipends are issued for reimbursement of expenses, and are based on age and diagnosed (at the time of placement) medical issues. Mileage logs are also reimbursed but none of the reimbursements consider foster parent employment leave for

court appearances/transport, medical attention, therapy, parental, sibling and grandparent visits, hygiene issues (most clothing purchases, lice/bed bug treatments, medicine), meetings, school and doctor enrollments, etc. Stipends retain the purpose of reimbursing the child's immediate expenses and not considered income. (Internal Revenue Service 2018) Employment time off, added transport expenses, and time requirements often render foster parents from having compensation break even. The provision of service with consistent net loss to private foster homes is a driving influence for breakdown. (UFMS N.D.)

#### *Obstacles for Foster Parents in the Judicial System*

Foster parents do not have custody rights, must carry out court orders as directed, maintain high risk and liability levels, and are limited in available resources due to state and county jurisdiction. With little to no input regarding the child under their care while a large personal risk association foster parents are discouraged from continuing services. (Wulczyn et al. 2018)

Pursuing child/birth parent reunification as a central focus, court favor birth parents who often retain custody even if a guardian ad litem is assigned. (De Maeyer, Vanderfaeille, Vanschoonlandt, Robberechts and Van Holen 2014) Custody rights for visitation and a large degree of access to their child's school, pictorial, medical, religious, and extracurricular involvement are protected and regulated by state courts. (U.S. Dept. of Justice 2001) The potential for birth parents to abuse these rights in response to welfare interference can cause issues for the child and foster parent in and out of court. As family

court orders are issued, foster parents are required to comply by the standard of law whether they feel orders are detrimental, disrupting, or inconvenient. (U.S. Dept. of Justice 2001) Parental visitation, often a right granted in state courts, can occur at a prison or can otherwise involve factors which foster parents must manage the difficult effects of. A return visit to birth family potentially exposes children to more trauma, abuse, head-lice, having items brought from foster care stolen, attachment pain, grief, and confusion/double-mindedness. (Vanderfaeillie, et al. 2018) In the state of Pennsylvania, as an example of one custodial issue, the religious preferences of birth parents are enforced by courts which can result in a foster parent being unable to practice or attend religious activity because the child may not attend. Zero custodial power, court order compliance, and birth family contact contribute to foster home breakdown. On average, over three quarters of foster parents have reported difficulties with birth families in these areas. (Vanderfaeillie, et al. 2018)

Courts require documentation of services completed for the child's welfare while in foster care. (Lanigan and Burleson 2017) Service coordination is delegated to foster parents and include medical treatments/appointments, diagnosis, education, and extracurricular activity to ensure the child's quality of life is standard. Decisions regarding service are determined by negotiation of court, agency, and birth parent(s) while implementation is the responsibility of foster parents. (Lanigan and Burleson 2017) State law and agencies via social workers monitor in great detail the way foster parents provide services to a foster child in and out of the home and red tape poses a lot of liability for foster parents. Accusations, threats, property damage, assault, etc., are some

of the areas foster parents assume liability when providing services to the agency, child, and birth family.

Resources are often nearby but inaccessible due to state and county jurisdiction. This poses a problem when seeking respite care, medical providers, or other resources. (U.S. Dept. of Justice 2001) The Interstate Compact on the Placement of Children (ICPC) assists foster care placements interstate but most of these cases involve kinship (relative of a child) care where the relative lives in a different jurisdiction. ICPC rarely provides resources for acute needs involving school, transportation, crisis intervention, respite care, medical treatment, reporting, etc.

### *Interactional Obstacles Involving Child Welfare*

Interactions around the welfare of a child in foster care has proven to be a challenge for many foster parents because as mentioned earlier, there is unawareness of the child's background, behavioral issues, mental/medical issues, and sexual issues . (Lanigan, and Burleson 2017) These interactional struggles hang in the balance as foster parents simultaneously navigate the demands of the child's needs, birth parents, courts, social workers, doctors, therapists, and schools.

Inappropriate behaviors, sexual advances and false accusations stemming from a foster child with a sexual abuse history increases the chance of home breakdown by 64%.. (Vanderfaeillie, et al. 2018) There's a "compelling argument for assessing behavioral problems of foster children prior to admission, so that foster care workers are aware...and

foster parents can appropriately prepare.” (Vanderfaeillie, et al. 2018:342) Currently, 49% of children in the child welfare system qualify for at least one mental disorder. (Larsen, Baste, Bjorknes, Myrvold and Lehmann 2018) Children that do not receive psychological treatment after placement are over 50% more likely to be displaced, causing long-term issues for the child. (Vanderfaeillie, et al. 2018) These numbers attribute to the difficulties and disadvantages facing children admitted into the foster care system.

The great needs of children admitted into foster care also affirms the secondary trauma and burnout foster parents experience, rendering foster home operation an impossibility. (Wulczyn et al. 2018) Providing a level of care that is professional, compliant with court/agency guidelines, meets birth parent approval, and constitutes child wellbeing is a taxing responsibility that often leads to self and household neglect. Preexisting household conditions and relational dynamics are shifted during times of change (including placement, reunification, transition) and while coping and counseling services are offered to birth families for these situations they are not provided for foster families. Interactions between foster spouses, birth and foster children, behavior management, distinguishing roles (i.e., who is mom, who is foster mom, etc.) and even coping with grief when a foster child moves out of the home take a psychological toll. (Kulkin and Hebert 2016)

## INCREASING PRIVATE FOSTER HOME RETENTION THROUGH OBSTACLE ELIMINATION

Private foster homes should not be replaced by institutional homes, so finding a solution for our existing system is critical. Reviewing how other countries such as Ireland, Flanders, Netherlands, and Australia approach foster care provides insight and practicality. Reviewing the motivators for choosing to open a private foster home, the system's child-centered approach, maximizing advantages of relative kinship care over nonrelative fostering, increasing financial compensation, and nationalizing the foster system can encourage undue hardship relief. Removing even a few of the aforementioned obstacles may improve private foster home retention and prevent displacement.

Fundamental to child welfare, private foster homes that do not breakdown provide long-term stability with lowered social issue risk after leaving the foster care system as an adult. (Shah, Liu, Eddy, Barkan, Marshall, Lucenko and Huber 2017) A study of 19 year olds aged out of foster care in an institutional (not private) home revealed an incarceration rate of 22.4% and an additional 20.4% had experienced homelessness since aging out. In the same study substance abuse referrals were issued for 14.4% and 12.3% had already birthed or fathered a child. (Shah et al. 2017) Changing to institutional housing will not provide the desired outcome of healthy and functional adults so finding a solution that involves private foster homes is key. (Prince, Vidal, Okpych and Connell 2019)

There are a few success strategies from other countries worth reviewing. Flanders' foster care system is a society-centered approach with secondary focuses on child and personal wellbeing. (De Maeyer et al. 2014) Changing the focus and motivators for foster care

seems to influence a higher retention rate in spite of lower stipends. De Maeyer et al. 2014) (Vanderfaeillie, et al. 2018) Unlike the United States, Ireland does not push for adoption or reunification and birth family interaction is limited. A 2019 report in Ireland stated that maternal and sibling visits for 80% of children in foster care occurred every six months, only 28% had weekly visits. (Gilligan 2019) Ireland and Australia have also found success in promoting relative kinship care with 92% of foster children placed in relative care (more than three times the United States rate). (Gilligan 2019)

Providing foster parents with a sustainable income rather than a reimbursement stipend may be another model of success, though more or less implied. (Gilligan 2019) Offering foster parents an employment opportunity and job description for their services may increase retention by providing incentive and relieving some of the financial burden. As of 2018, Ireland, not listing retention as an issue, offered foster parents a compensation rate over three times more than the United States average stipend. (Gilligan 2019)

(Unwavering Champions for Children and Families. N.D.)

Centralization of the current system from individual states and counties to a nation-wide service would potentially open access to more resources over a broader region, customized allocation of resources, and waste reduction in bureaucracy. A standardized training/licensing process could equip foster families more effectively and bring in expertise not available on the small scale of county governments. Implementing more direct access to resources including mental health care for foster parents, transportation

services, and assistance with child services (medical and educational) would remove obstacles from foster parents to allow a child-centered provision of services.

## SUMMARIZING PRIVATE FOSTER HOME RETENTION UNDER THE CONFLICT THEORY

The current system in place reinforces the status quo by engaging foster parents with a task but allowing red tape to disable any progress. Income disparity causes legislators to be out of touch with the reality of foster care and the role poverty plays. Laws and guidelines posed do not reflect the needs or betterment of the disadvantaged and more often than not produce the same outcome of disadvantaged youth. Even if many obstacles were removed and retention drastically improved, making a comeback from only 25% private foster home retention will likely require a complete system overhaul. The dissolution of family structure and interaction, the judicial system's promotion of poverty and the status quo, and the resource depletion from existing private foster homes will not provide proper incentive for either retention or a decrease in foster population. For these reasons this social issue may be reduced but not solved as long as leaders and legislation are unable to properly dissect the plight of poverty and its effects on the drug/alcohol abuse and child neglect causing the need for foster care.

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