

LEARNING CENTER

For additional resources visit:
americanspcc.org



FOSTER CARE & ADOPTION



WHAT IS FOSTER CARE?

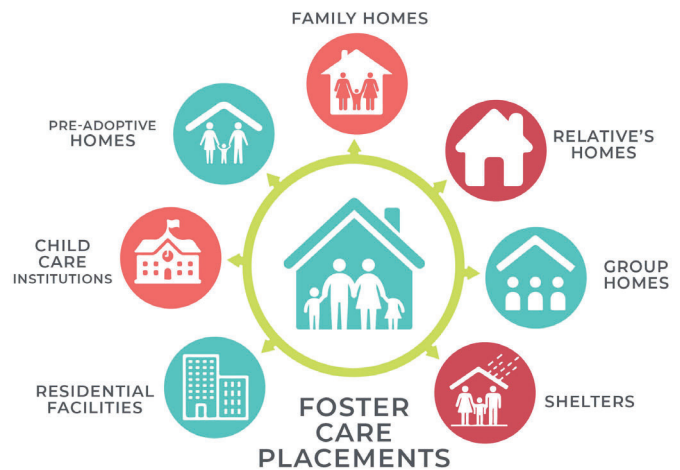


WHAT IS FOSTER CARE?

Foster care is substitute care for babies, children, and youth, placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes.

Foster children usually enter the foster care system due to abuse and trauma in their home. Neglect is the #1 reason children are removed, followed by parental drug use.

This displacement causes a unique set of emotional, social and academic challenges for them. They often experience grief, guilt, anger, sadness, loneliness, anxiety, low self-esteem, mental and physical health issues.



WHAT IS ADOPTION?

Adoption is the legal process by which a child becomes a full, permanent and legal member of a new family. Adopted children and adoptive parents both benefit from the same legal, social and emotional rights as biological children and parents.

When children in foster care cannot be safely reunited with their biological families, mainly due to the parent's abuse and neglect, adoption is often the most desirable goal. While many children are adopted by relatives, many are still searching for their forever home.

Parents who open their homes and hearts make a beautiful commitment to nurture and protect children in need.

GET THE FACTS: FOSTER CARE & ADOPTION



FOSTER CARE STATISTICS



OVER 437,000 CHILDREN
AND YOUTH ARE IN FOSTER
CARE.



NEGLECT IS THE #1 REASON
CHILDREN ARE REMOVED
FROM THE HOME



CHILDREN IN FOSTER CARE
WAIT 3-4 YEARS OR MORE
TO BE ADOPTED.



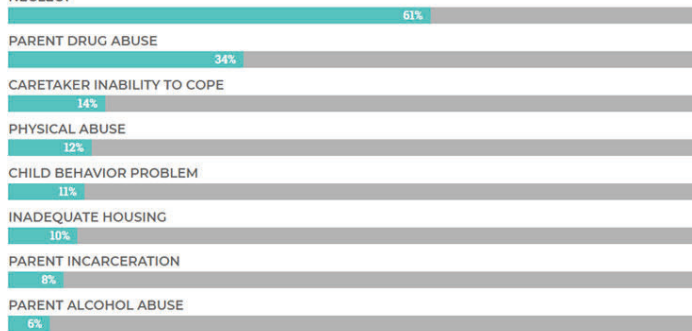
118,000 CHILDREN AND
YOUTH IN AMERICA ARE
WAITING TO BE ADOPTED.

MORE FOSTER CARE STATS

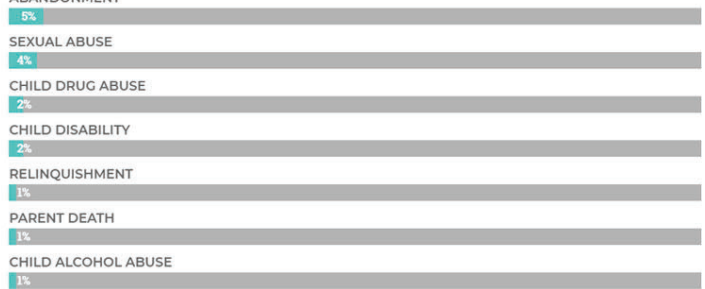
- Over 437,000 children and youth are in foster care.
- 45% of foster children live in non-relative foster family homes.
- 32% of foster children live in relative foster family homes.
- 23% of foster children live in institutions, group homes, trial and pre-adoptive homes.
- 118,000 children and youth in America are waiting to be adopted.
- Children in foster care wait 3-4 years or more to be adopted.
- On average, a child can spend almost 12 to 20 months in foster care.
- 10% of foster children spend more than 5 years in foster care.
- The average age of a foster child entering foster care is 7 to 8 years old.
- The average age of a foster child exiting foster care is 7 to 9 years old.
- 51% of children in foster care reunify with their parents or primary caregivers.
- 52% of foster children are adopted by a foster parent.
- More boys are in the foster care system than girls (52% to 48%).
- 44% of foster children are White, 23% African American, 21% Hispanic.
- 26% of children entering foster care are under the age of one.
- About 22% of youth in foster care are age 13 or older.
- 61% of children removed from their home due to abusive neglect.
- 34% of children removed from their homes due to parental drug abuse.
- 14% of children removed due to the inability of the caregiver to cope.
- 12% of children removed from their home due to physical abuse.

COMMON REASONS FOR REMOVAL

NEGLECT



ABANDONMENT



WHY ARE CHILDREN REMOVED FROM THEIR HOMES?

Foster children usually enter the foster care system due to abuse and trauma in their home.

Neglect is the #1 reason children are removed, followed by parental drug use.

This displacement causes a unique set of emotional, social and academic challenges for them. They often experience grief, guilt, anger, sadness, loneliness, anxiety, low self-esteem, mental and physical health issues.



NEGATIVE EFFECTS OF FOSTER CARE

- 20,500 youth are emancipated from foster care without reunifying with their families, or being adopted.
- Of youth who age out of foster care, 1/4 are incarcerated within 2 years and only 1/2 graduate from high school.
- Children and adolescents with foster care experience are diagnosed with PTSD at twice the rate of U.S. war veterans. anxiety, low self-esteem, mental and physical health issues.

IMPACT OF FOSTER CARE & ADOPTION

THE RISK OF NEGATIVE OUTCOMES IS REDUCED THROUGH A NURTURING AND STABLE FOSTER FAMILY CARE EXPERIENCE AND ADOPTION.

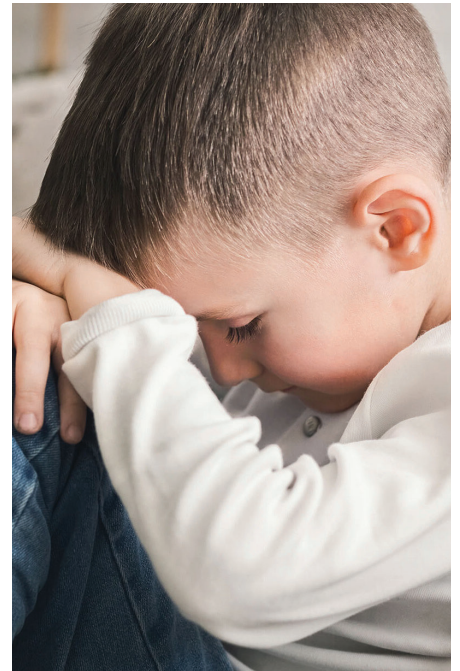
THE IMPACT OF FOSTER CARE

Foster children usually enter the foster care system due to abuse and trauma in their home. Neglect is the #1 reason children are removed, followed by parental drug use.

When children in foster care experience placement instability, this instability has a significant impact on their behavioral well-being. A study showed a 63% increase in behavior problems due to instability alone. It is suggested that interventions that promote placement stability would improve outcomes among youth entering foster care.

Older youth and teens age 15-18 have lower adoption rates than younger children and wait longer to be adopted, often aging out of the system without a stable place to call home.

Displacement and instability causes a unique set of emotional, social, financial and academic challenges for them. Foster kids often experience grief, guilt, anger, sadness, loneliness, anxiety, low self-esteem, mental and physical health issues.



THE IMPACT OF ADOPTION

Adoption affects adoptees, birth parents, and adoptive parents) and other birth and family members throughout life. The adoption experience can contribute to feelings of loss and grief, questions about self-identity, or a lack of information about their medical background.

However, adoption whether formal or informal, has always been a superior method of assuring survival for children whose parents are unwilling or unable to care for them.

Adoption can affect child development in profound ways. Data collected from studies over the past three decades, supports adoption as a superior means of promoting normal development in children permanently separated from birth parents.

Out of calamity and loss, children recover and progress to become functionally and emotionally competent adults. For children suffering severe neglect or abuse in early life, an adoptive family is a remarkable environment for healing emotional and physical trauma and reversing developmental deficits. Adopted persons generally lead lives that are very similar to their non-adopted peers.

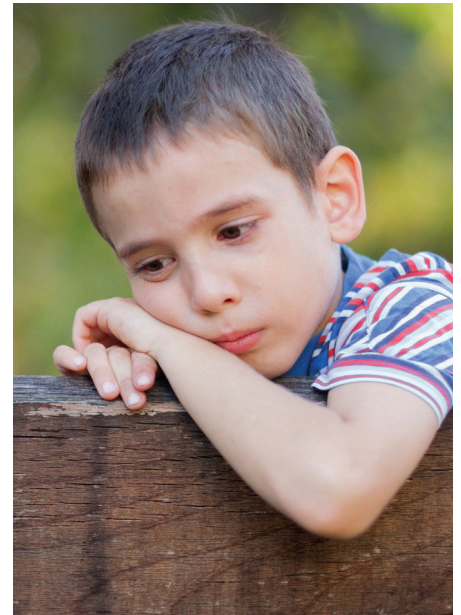
IMPACT OF FOSTER CARE



NURTURING AND STABLE FOSTER FAMILIES INCREASE THE LIKELIHOOD OF POSITIVE OUTCOMES.

PHYSICAL & MENTAL HEALTH

- Several studies suggest that compared to the general population, former foster children have poorer physical health.
- Children in foster care may have mental health problems, anxiety, depressive symptoms or general mental difficulties and the overall health care of children who have been established in care for more than six months is significantly worse than for those living in their own homes
- They have poorer mental health, as determined by the fact that psychiatric referral and use were higher for them than for adoptees or persons in the general population.
- They had less self-esteem, less happiness, and less satisfaction with life as a whole than did former foster-home residents and persons in the general population.
- Individuals from group settings-particularly whites-scored lower on measures of life satisfaction.



EDUCATION

- When youth enter foster care, they are more likely to be “old” for their grade level (i.e., have been held back one or more years) and to perform more poorly on standardized assessments than other students their age.
- The schools that youth in foster care attend are often among the lowest performing.
- While they are in foster care, youth continue to lag behind their peers academically.
- Youth in foster care are less likely to graduate from high school than their peers.
- Although a majority of youth in foster care aspire to attend college, they are less likely than their peers to enroll in college.
- Compared with their peers, college students who had been in foster care are less likely to earn a college degree.

RELATIONSHIPS

- Problems may exist for former foster children in forming stable cohabiting situations, in parenting, and in establishing integrated social relationships in their community.
- The risks are heightened if the child enters foster care at an older age, if the child has social or behavioral problems, is placed in a group setting, and has ongoing ambiguous contact with biological parents.

SOCIAL

- Several studies suggest that compared to the general population, former foster children have poorer physical health.
- Former foster children are likely to have higher numbers of teen pregnancies, more marriages to spouses who failed to provide emotional support, and greater social isolation than the general population.



FINANCIAL

- A majority of former foster children (between 64% & 92%) are self supporting adults.
- About 25% of former foster children receive public assistance at some point as adults.
- Those discharged from foster family homes do better than those from group settings, and adoptees do better than foster children.
- Foster families, and to a lesser extent, biological families, appear to provide economic support for a significant portion of adult former foster children.
- 60% to 70% of former foster children were living independently in adequate housing.
- Sizable numbers of subjects were found to be still living with their foster parents or friends and relatives.



CRIMINAL

- Arrest rates for male former foster children are between 25% & 35%, but have been reported to be over 40%.
- Of those arrested, one-quarter to one-half are subsequently convicted.
- Arrest rates for women are much lower-about 10%.
- Adults who had received foster family care participated in less criminal behavior than those who had been in group care or had been living with relatives.

HOMELESSNESS

The number of former foster children among the homeless may suggest that efforts have fallen short to provide some sort of transition to independence for those who age out of foster care. Or it may suggest something else entirely, such as that children sent to foster homes have severe problems that make them vulnerable to homelessness, or that the foster care experience is debilitating in a way that leaves them unable to function independently, or that they lack family support networks to provide them with housing in a crisis. The exact link between foster care and homelessness is not known.

IMPACT OF ADOPTION



LIFELONG IMPACT OF ADOPTION

Adoption affects adoptees, birth parents, and adoptive parents and other birth and family members throughout life. The adoption experience can contribute to feelings of loss and grief, questions about self-identity, or a lack of information about their medical background.

However, adoption whether formal or informal, has always been a superior method of assuring survival for children whose parents are unwilling or unable to care for them.

Adoption can affect child development in profound ways. Data collected from studies over the past three decades, supports adoption as a superior means of promoting normal development in children permanently separated from birth parents.

Out of calamity and loss, children recover and progress to become functionally and emotionally competent adults. For children suffering severe neglect or abuse in early life, an adoptive family is a remarkable environment for healing emotional and physical trauma and reversing developmental deficits.

Adopted persons generally lead lives that are very similar to their non-adopted peers, however, they have experiences that are unique to being adopted, and these experiences may have an impact at different points in their lives.

The increasing occurrence of open adoption— and therefore the increased contact adopted persons have with their birth families— has dramatically affected the issues faced by adopted persons over the past two decades. Whereas adopted persons from a past era may have more frequently dealt with issues of secrecy and large gaps in information, persons adopted recently may more often be faced with issues related to having contact with their birth parents. Additionally, the internet allows for greater access to widespread information and resources, which can greatly aid them in discovering information about their birth families or finding resources for support and encouragement.



DEALING WITH POSSIBLE POST-ADOPTION ISSUES

LOSS AND GRIEF

The loss of birth parents as a result of adoption may set the stage for feelings of grief for many adopted persons. The loss experienced by adopted persons may be characterized as ambiguous loss, or the loss of someone who still is (or who may be) alive. This type of loss also may increase the feelings of uncertainty (e.g., “Do I resemble my biological parents?”) an adopted person feels. Adopted persons who feel secure in their adoption and have open adoptive family communication may be better able to manage their uncertainty and grief. Additionally, adopted persons may have difficulty finding an outlet because their grief may not be recognized by others.

Feelings of loss and grief, as well as anger, anxiety, or fear, may especially occur during emotionally charged milestones, such as marriage, the birth of a child, or the death of a parent. Adopted persons may also suffer secondary losses. For instance, along with the loss of their birth mother and birth father, adopted persons may experience the loss of brothers and sisters, grandparents, aunts and uncles, and cousins. There also may be a loss of cultural connection or language (in cases of intercountry or transracial adoption). For those who were adopted as older children, there may be a loss of friends, foster families, pets, schools, neighborhoods, and familiar surrounding

IDENTITY DEVELOPMENT

Identity formation begins in childhood and takes on increased importance and prominence during adolescence. Adoption is a significant aspect of identity for adopted persons, even when they are adults. The task of identity development may be more difficult for an adopted person because of the additional issues related to adoption, such as why he or she was placed for adoption, what became of the birth parents, does he or she have siblings, and whether he or she resembles the birth parents in looks or in other characteristics.

Adoption remains an important aspect of identity throughout adulthood, and one study described the development of adult adoptive identity as having five phases:

- No awareness/denying awareness: The adopted person does not overtly acknowledge adoption issues.
- Emerging awareness: The adopted person views adoption as a positive influence and recognizes some issues, but he or she is not ready to explore these issues.
- Drowning in awareness: The adopted person has feelings of loss, anger, and sadness about the adoption.
- Reemerging from awareness: The adopted person recognizes the issues related to the adoption, but also sees the positive aspects and is working toward acceptance.
- Finding peace: The adopted person has worked through his or her issues with the adoption and is moving toward peace and acceptance

SELF ESTEEM

Often accompanying these issues of identity are issues of self-esteem—that is, how the adopted person feels about him or herself. A number of studies have found that, while adopted persons are similar to non adopted persons in most ways, they often score lower on measures of self-esteem and self confidence. This result may reflect the fact that some adopted persons may view themselves as different, out-of-place, unwelcome, or rejected. Some of these feelings may result from the initial loss of birth parents and from growing up away from birth parents, siblings, and extended family members.

They also may be caused by an ongoing feeling of being different from non adopted people who know about their genetic background and birth family and who may be more secure about their own identity as a result. Additionally, some adopted persons report that secrecy surrounding their adoption contributes to low self-esteem.

THINKING ABOUT THE ADOPTION

The amount and degree of thought an adopted person devotes to his or her adoption may change over time and may vary based on each person's circumstances. For example, the birth of a child to an adopted person, which may be the first experience with a biological family member, may cause the adopted person to revisit earlier issues of identity. The new parent may also be prompted to think about what his or her birth mother experienced in giving birth and what the birth mother and father may have experienced in making the adoption placement decision.

Adopted adults who become new parents may be sympathetic to the difficulties of their birth parents, or they may wonder how their birth parents could ever have placed them for adoption. In a study of adopted adolescents' thinking about adoption, 13 percent never thought about adoption, 54 percent thought about their adoption once a month or more, and 27 percent thought about their adoption once a week or more, with males thinking about their adoption more frequently than females. Adolescents in closed adoptions were no more likely to have increased frequency of thought about their adoption than those in open adoptions.



GENETIC INFORMATION

Adopted persons often lack birth family genetic and medical history. This information can be vitally important to the diagnosis and treatment of genetically based medical condition. In addition, being asked to supply medical history information at a doctor's appointment may make adopted persons acutely aware of how they differ from those who were not adopted. Finding out later in life that they were adopted as infants puts adopted persons at risk of misdiagnoses or other medical issues due to their long-held assumption of a family medical history that they later find is incorrect. Additionally, when adopted persons plan to get married or become a parent, they may want to know about genetic characteristics their children may inherit. In many cases, nonidentifying information, such as medical history, may be placed in the adoption file by the birth parents or agency at the time of the adoption. Adopted persons are allowed access to this nonidentifying information, which is usually at least as old as the adopted person.

In some States, adopted persons can petition a judge to have their adoption records opened, and some judges will agree to do so in order to provide urgently needed medical information. However, obtaining access to information provided by the birth parents at the time of the adoption may not be sufficient to provide a full medical history. For example, a birth parent, sibling, or grandparent may later develop or be diagnosed with a genetic disease or condition. It is more useful if birth parents regularly update the file that is kept with the adoption agency or attorney. Additionally, those in open adoptions may be able to get this information directly from their birth parents.

OTHER BEHAVIORAL ISSUES

Research on the mental health of adopted adults shows there is a divide about whether adopted adults' psychological well-being is comparable to their non-adopted peers. Many studies report that adopted adults have a higher degree of mental health issues, but some researchers view these differences as minor while others view them as substantial. Additionally, the studies are not always in agreement about what the differences are. For example, some studies cite higher rates of depression among adopted individuals than their non-adopted peers, while others have found similar levels of depression within both groups.

Even with the split in research conclusions about adopted adults' psychological well-being, most of the literature points to adopted adolescents and adults being more likely to receive counseling than their non-adopted peers. Studies comparing adopted persons to their non-adopted peers also indicate that adopted adults have similar rates of suicide ideation and attempts, that adopted adolescents have similar rates of antisocial behaviors, and that adopted persons are at an increased risk of substance use disorders during their lifetime.

LATE DISCOVERY

Adopted persons who find out their adoption status later in life often call themselves an LDA (for Late Discovery Adoptee).

Responses may include anger directed toward the adoptive parents, depression, and issues with trust in other close relationships.

MANAGING OTHER ADOPTION ISSUES

COUNSELING

Some adopted persons may need more help than they find from family and friends or through a support group. In these instances, adopted persons may seek professional counseling. Many mental health practitioners report not having enough training in adoption-related issues, so it is important for adopted adults to find a counselor who has the requisite skills, knowledge, and outlook. Also, support groups may have experience with local counselors and be able to make a recommendation.

SUPPORT GROUPS

There is significant research that suggests that many adopted persons struggle with issues such as grief, loss, identity development, and self-esteem. Many adopted persons are helped by support groups in which they can talk about their feelings with others who have similar experiences. The support group may provide a long-needed outlet for any lingering feelings related to the adoption, such as loss or grief. In addition, support groups may provide help with the decision of whether to search for birth relatives.

EDUCATION

There is significant research that suggests that many adopted persons struggle with issues such as grief, loss, identity development, and self-esteem. Many adopted persons are helped by support groups in which they can talk about their feelings with others who have similar experiences. The support group may provide a long-needed outlet for any lingering feelings related to the adoption, such as loss or grief. In addition, support groups may provide help with the decision of whether to search for birth relatives.



Backed by cutting-edge research from top parenting experts in the field, The Happy Child is a new kind of parenting app to help families forge deeper bonds with their children.

Years of ground-breaking research and findings in Psychology, Neuroscience and Pediatrics have been curated into one easy-to-use app (no in-app purchases!)

REFERENCES & SOURCES

Lifelong Impact of Adoption.

<https://www.childwelfare.gov/TOPICS/ADOPTION/ADOPT-PEOPLE/IMPACT/>

Adoption and the effect on children's development, Dana E. Johnson.

<https://www.sciencedirect.com/science/article/pii/S0378378202000178>

Adoption and Foster Care Analysis and Reporting System #24 | Oct. 2017

<http://americanspcc.org/wp-content/uploads/2018/06/Foster-Care-AFCARS-Report-24.pdf>

A BETTER FUTURE STARTS HERE!



American SPCC is the voice for children in America. We are determined to harness the power of education to end child abuse and give all children the chance to flourish as adults.

Through the generosity of our donors, we make life-saving educational resources available to all through our Learning Center and The Happy Child app. A Better Future Starts Here!

**FOR ADDITIONAL
RESOURCES VISIT:**

AMERICANSPCC.ORG



©American SPCC is a 501(c)(3) top-rated nonprofit organization
(federal tax ID 27-4621515).
Charitable donations are tax deductible.