



Health and well-being of children adopted from foster care [☆]



Nicholas Zill ^{a,1}, Matthew D. Bramlett ^{b,*}

^a Westat, USA

^b National Center for Health Statistics, 3311 Toledo Road, Hyattsville, MD 20782, USA

ARTICLE INFO

Article history:

Received 18 November 2013
Received in revised form 12 February 2014
Accepted 13 February 2014
Available online 22 February 2014

Keywords:

Foster care
Adoption
Child well-being
Survey research

ABSTRACT

Data from the National Survey of Children's Health, 2011–12 were used to compare children in foster care with children adopted from foster care with respect to health, health care and well-being. Children living with both biological parents and children living with never-married biological mothers were included as comparison groups. The findings suggest that adoption confers socioeconomic advantages for children, relative to children who remain in foster care. However, these advantages do not tend to translate into better developmental, academic, or other well-being outcomes. The evidence suggests that children in foster care who are adopted tend to cost the public less than children who remain in foster care or are reunited with their biological families.

Published by Elsevier Ltd.

1. Introduction

Thousands of American children are available for adoption but do not get adopted (Committee on Ways and Means (CWM), 2009, chap. 11). These are often children who have been neglected or abused in the homes of their birth parents or whose parents are unable to care for them, and who have subsequently been placed in the foster care system. Adopting these children from foster care can present challenges for prospective adoptive parents, because of possible long-term effects on the child of the traumatic early experiences he or she may have endured.

Despite the risks involved, there are prospective adoptive parents and childless couples who are prepared to adopt these children.

Abbreviations: ADHD, Attention Deficit Hyperactivity Disorder; AFCARS, Adoption and Foster Care Analysis and Reporting System; ACF, Administration for Children and Families; CAHMI, Child and Adolescent Health Measurement Initiative; CDC, Centers for Disease Control and Prevention; CHIP, Children's Health Insurance Program; CWM, Committee on Ways and Means; IEP/IFSP, Individualized Education Plan/Individualized Family Services Plan; MCHB, Maternal and Child Health Bureau; NCHS, National Center for Health Statistics; NSCH, National Survey of Children's Health; SNAP, Supplemental Nutrition Assistance Program; TANF, Temporary Assistance for Needy Families; WIC, Women, Infants and Children.

[☆] Disclosure: This study is an original work of the authors and the authors have no financial interests in its publication. The work was completed without external funding support. The opinions in this study are those of the authors and do not necessarily reflect the opinions of the National Center for Health Statistics. Its publication is approved by both authors.

* Corresponding author at: National Center for Health Statistics, Division of Health Interview Statistics, 3311 Toledo Road, Room 2111, Hyattsville, MD 20782, USA. Tel.: +1 301 458 4070.

E-mail address: MBramlett@cdc.gov (M.D. Bramlett).

¹ Retired.

Analysis of data from the National Survey of Adoptive Parents indicates that the most commonly reported reason parents gave for adopting children was to provide a permanent home to a child in need (cited as a motivation to adopt by 81% of all adoptive parents and 86% of parents who adopted from foster care, Vandivere, Malm, & Radcl, 2009), and children in foster care certainly qualify as being in need. However, efforts to adopt can sometimes be frustrated by federal laws and child welfare agency practices that give preference to the placement of foster children with relatives, even when the relative is reluctant to adopt and has only meager financial resources (Bartholet, 1999; Jones, 2008). This preference for relative adoption from foster care has developed without the benefit of statistically reliable comparisons of how children fare if they are adopted from foster care as opposed to remaining in foster care or being reunited with their birth parents. Although definitive answers to this question can only be obtained through longitudinal studies—which are not available—and random-assignment social experiments—which would be difficult to carry out in an ethical manner—there is useful information to be gleaned from the National Survey of Children's Health, 2011–12 (NSCH). The purpose of this study is to compare children in foster care with children adopted from foster care in order to characterize the life situations and well-being of children in these groups. Exits from foster care to guardianship, such as subsidized relative guardianship without formal adoption, cannot be observed in the NSCH data and are thus beyond the scope of this study.

1.1. Background and theory

Children enter foster care because their parents are unavailable or unable to care for them, or because the parents are found to be

sufficiently neglectful or abusive to warrant removal of the child from the parental home. According to state agency records submitted to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS), 54% of children entering foster care in the United States in 2007 experienced severe parental neglect. For nearly 23%, parental drug abuse was a circumstance associated with the child's removal from the home. For almost 17%, the parent's inability to cope was a reason for removal (CWM, 2009, pp. 11-161–11-162).

On the last day of the 2011 federal fiscal year, more than 400 thousand children in the United States were in foster care – i.e., they were under the care and control of state-run child welfare agencies (Administration for Children and Families [ACF], 2012a). More than a quarter-million children entered foster care during the year, and nearly as many left the system. Thus, about 650,000 children, or nearly 1% of the total child population of the nation, spent at least some time in foster care that year. These numbers have declined in recent years, from a level of about 800,000 during FY 2002–2006, but remain disquietingly high (ACF, 2012b).

Children removed from their birth families under court authority are placed in the temporary care of foster parents until they can be safely returned to their families, or, if necessary, placed with relatives or in a longer-term foster care situation, or legally adopted. AFCARS records show that of the 400,540 children in foster care on September 30, 2011, 47% were being cared for in a foster family home with foster parents who were not related to the child by blood, marriage, or adoption. Another 27% were placed with foster parents who were related to the child by blood or marriage, 15% were residing in an institution or group home, 5% were back with their parents on a trial home visit, and 4% were in a pre-adoptive home.

Some children are in foster care for only days or weeks before being returned to their birth parent or parents. But more than half – about 347,000 children, or 54% in 2011 – had been in foster care for 12 months or more. And around 8% – or 54,000 in 2011 – had been in foster care for 5 years or more. About 26,000 youth per year remain in foster care until they reach adulthood (ACF, 2012a). These young people represent about 11% of those leaving foster care each year. There were about 51,000 children adopted from foster care during Fiscal Year 2011, but as of September 30th of the previous year, there were about 109,000 waiting to be adopted – that is, adoption was the agency's goal for the child and the parental rights of the biological parents had been legally terminated (Administration for Children and Families [ACF], 2012b)).

Congress has passed laws with provisions aimed at facilitating and encouraging adoption of foster children, such as by providing financial incentives including an income tax credit, subsidized medical care, and regular support payments for less affluent adoptive parents (CWM, 2009). There was an initial upward jump in the annual number of children adopted from foster care following the passage of the federal Adoption and Safe Families Act in 1996, from a base-period level of around 28,000 children per year to a level of around 51,000 children per year in 2000. Since then, however, the number of children adopted from foster care has fluctuated between 51,000 and 57,000 per year. Likewise, the proportion of foster children waiting to be adopted who actually are adopted in the subsequent year has fluctuated between 37% and 47% (ACF, 2012b). The number of children in foster care has gone down in recent years while the number adopted from foster care has stayed fairly constant. Thus, the proportion of foster children adopted has increased. It is not clear that the increasing trend will be sustained, however.

The belief that adoption may be in the best interests of a foster child derives from the commitment that adoptive parents make in order to become the primary caretakers of the child, as well as the human capital and family resources they bring to the job of parenting. Adoptive parents often must go through a trying qualification process and make a legal commitment to raise the child as their own. This process not only works to select couples who are highly motivated to become parents, but also produces motivation for the parent to work harder to

promote the child's welfare than foster parents, social caseworkers, or non-adoptive relatives might work (Hamilton, Cheng, & Powell, 2007; Hartman & Laird, 1990). Indeed, some theorists believe that adoptive parents *compensate* for not being the “natural” (biological) parents of the child by being extra-vigilant to the child's needs and seeking to get the most assistance possible from medical and educational systems (Case & Paxson, 2001; Kirk, 1984). They may even work harder at this than many biological two-parent families would (Bramlett, Radel, & Blumberg, 2007). The commitment that adoptive parents make can provide the adopted child with a sense of security and family identity and the assurance of a stable, continuous relationship with one set of parent figures. Such a relationship is likely to be better for the child's emotional well-being and socialization than an impermanent custodial arrangement or series of arrangements with foster parents or relatives. Prior research has shown that the “turbulence” of having multiple or unstable living arrangements is associated with lower achievement and child well-being (Haveman, Wolfe, & Spalding, 1991; Vandivere et al., 2009).

Human capital and family resources theory (Becker, 1981; Blau & Duncan, 1967; Coleman, 1988) holds that the more parents can provide in the way of knowledge, skills, money, property, and social connections, the better for the health, development, achievement, and well-being of the children they raise. Families with more physical, intellectual, and social resources are better able to furnish their children with a stable home environment, safe neighborhood, high-quality health care and schooling, positive peer influences, and job opportunities than families with less capital and fewer resources (Mayer, 1997; Schneider & Coleman, 1993; Thomson, Hanson, & McLanahan, 1994). Adoptive parents tend to have college educations, adequate incomes, and stable housing arrangements (Bachrach, 1983; Bramlett et al., 2007). They are unlikely to be alcohol or drug abusers or to have psychiatric conditions or criminal records. The same cannot be said for many of the birth families from which foster children come (Bartholet, 1999; CWM, 2009, pp. 11-161–11-162; Needell & Barth, 1998). Foster parents are also screened by agencies, but standards for approval as a foster parent are generally more lenient than those for adoptive parents (Bartholet, 1999, pp. 86–87). And when children are informally taken in by relatives, outside of the foster care system, there is often no screening involved at all.

In addition to these benefits that derive from the adoptive parents, there may also be a very practical reason for favoring adoption of children from foster care, namely, that adoption may cost the public less than either maintaining a child in foster care or returning the child to a high-risk birth family (Barth, 1997; Hansen & Hansen, 2005). If adoptive families have sufficient financial resources, they would not require regular subsidy payments or public assistance such as the Supplemental Nutrition Assistance Program (SNAP) and cash welfare in order to support their children, and if the adoptive family has access to employer-provided insurance they would not need Medicaid. Many formal and informal foster families – and many high-risk birth families – *do* need these forms of public assistance in order to make ends meet (Barth, 1997; Needell & Barth, 1998). On the other hand, subsidy payments for families that adopt children from foster care are available and are used by many adoptive families. Despite this, there is reason to believe that adoption is generally more cost-effective for the public than maintaining a child in foster care (CWM, 2009; Hansen & Hansen, 2005).

While there are theoretical reasons for believing that adoption might be beneficial for foster children, there are also grounds for questioning whether adoption is an adequate solution for the problems that foster children face. The doubts grow out of three areas of study: attachment theory, traumatic stress theory, and behavior genetics.

Attachment theory (Ainsworth, 1969, 1973; Bowlby, 1951, 1969; Rutter, 1981) holds that it is essential for their mental health that infants and young children experience warm, intimate and continuous relationships with at least one adult, usually their mothers. The relationship creates an attachment to the parent that makes the parent a potent agent of socialization and helps nurture feelings of trust and empathy

Download English Version:

<https://daneshyari.com/en/article/6834363>

Download Persian Version:

<https://daneshyari.com/article/6834363>

[Daneshyari.com](https://daneshyari.com)