A LOOK AT FOSTER CARE—

WHERE AND HOW IT FAILS

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Abstract

Foster care has its place. At times, it is necessary. But there are significant issues that the foster

care system cannot continue to ignore. The foster care system as it currently operates in Oregon,

contributes to the fragmentation of society rather than improving the quality of children's lives.

Certain risk factors predispose children to becoming wards of the state. Once they do, the

number of placements and the impact of aging out of foster care are directly correlated to the

risks that these children will produce children who also become wards of the state. Unless the

system begins to address the broken relationships it creates, the costs will continue to escalate.

Introduction

It has been demonstrated in the literature that the longer a child is kept in the foster care system the greater the chances a child will develop long-term problems. The primary cause of this issue is the way the system currently works. Some of the typical problems cited are mental health issues, broken relationships in the family and the community, and multiple placements which further deteriorate a child's connection to family and community. The final cost is far more than the cost of paying for foster care provision at taxpayer's expense. It expands into the costs of incarceration, unemployment, and public assistance.

This cycle begins when a child is unsafe and in immediate danger of harm. Child Protective Services (CPS) or law enforcement must step in. It is at this point that change in the system must begin. Right from the start, CPS needs to not only develop a plan that will assure a child's safety, if possible, a safety plan should be developed which will keep a child safe in the home instead of elsewhere. When abuse or neglect is present, this is not possible, but other situations arise that put a family and the children in it at risk which can be addressed with less aggressive measures than the removal of the child(ren) from the home.

When a child is removed from the home, a family is thrust into a world that is set on auto pilot. They lose their parental rights. Jumping through the hoops that Protective Services mandates in order to get their children back is frustrating and draining. Far to many families quickly lose all hope. Any dysfunctional patterns that are present in the home, i.e. anger management, drug or alcohol abuse, poor parenting skills remain unaddressed. When this happens, the child is left to be raised by the foster care system, which opens the flood gates for a lifetime of problems.

In order to improve the prognosis for this critical situation, the foster care system needs to address the family risk factors which can be resolved. It is clear that a home in which a child has been sexually abused may never be safe to return to. Likewise, a home where gross neglect has been the norm may also never be a safe one. But many times the situations that put families and the children in them at risk can be addressed without foster care becoming a part of the picture. Knowing what these risk factors are can help address the length of time a child is in foster care.

The length of time a child is in foster care is distinctly correlated to the long-term potential of that child. When a child faces multiple placements because foster care providers cannot cope with the child's behaviors, the problem is exacerbated.

Another practice that has negative affects upon both the children leaving foster care and society is the practice of aging children out of foster care on the day they turn 18. Unless they are blessed with a family that takes pity upon them, these children are thrown to the mercy of the streets, left to drift without the benefits of a healthy supportive network. The relationships they have with their family have been broken. Their relationships with their foster family is often tenuous at best. Having grown up in an environment where few, if any relationships, last, they are unable to form lasting relationships. The premature launching into adulthood frequently results in pregnancies. These babies often end up in the same foster care system that failed their mothers. The negative impact of this practice will be discussed further.

This leads into the final problem that the current foster care system must deal with—cost. The economic cost of foster care is a tremendous burden on the state. Action must be taken to reduce these costs. This can be done in a manner that offers safety to the child while strengthening the family.

Family Risk Factors

What are the risk factors that contribute to family's losing their children to the state? (The Children's First for Oregon Report Card, 2008) (cffo.convio.net) states, "In Oregon 143,000 children live in very low income homes, thus increasing their risks for negative outcomes." Many of these families suffer from domestic violence, drug and alcohol addiction, mental health issues, and housing placement problems.

Substance abuse and the drug culture account for the majority of young children placed in foster care, while race and socioeconomic status is not a significant factor in the decision to place children into foster care. In some cases, the incarceration of the mother is a factor in separating child from parent. Even in this situation, an infant or young child may be in a lower-risk situation if allowed to remain with the mother. Attachment disruptions in the first year of life have a negative effect on a young child's mental health (Troutman, Ryan, & Cardi, 2000).

The Bureau of Substance Abuse Services (BSAS), Department of Public Health has broken down a set of factors they have found contribute to higher risk for intervention by CPS versus lower risk for intervention in families. The factors that BSAS has identified are summarized in Chart A.

Often, families who have had their children taken have several of these risk factors operating within the family though it is possible for only one factor to be present. A single life-changing event, such as a job loss, can trigger a short-term need for DHS intervention.

The goal of social services should be to address the risk factors that make a family vulnerable to long-term separation from a child. Supporting the family unit, better serves the system because it gives at risk families the tools they need to build more of the protective factors into their family dynamic and decrease the risk factors. Whenever a child can come home to a

healthy family instead of staying in the foster care system, the final outcome for that child is usually far better.

Risk Factors	Protective Factors
• Family members with a history of alcohol or other drug abuse • Family members who don't spend much time together • Parents who have trouble keeping track of teens, who they're with and where they go • Lack of clear rules and consequences regarding alcohol and other drug use • Parents who use drugs, involve youth in their use ("Get me a beer, would you?") or tolerate use by youth • Parents who have trouble setting consistent expectations and limits • Family conflict/abuse • Loss of employment	• Close family relationships • Consistency of parenting • Education is valued and encouraged, and parents are actively involved • Copes with stress in a positive way • Clear expectations and limits regarding alcohol and other drug use • Encourages supportive relationships with caring adults beyond the immediate family • Share family responsibilities, including chores and decision making • Family members are nurturing and support each other

Chart A

Length of Time in Foster Care

Multiple placements

When a child is under the age of three, they usually develop a sense of this being permanent within 12 months. They relinquish their emotional ties to their former home. A child at this age has no perception that the home may not be permanent. Prior to three, a child live in the present and is unable to grasp permanent versus temporary. According to Katz, "Observing placement from the younger child's point of view…no placement can be truly considered temporary if it exceeds the period of time during which the child can conceptually retain previous emotional ties…a later separation will be potentially as damaging as the initial one and will inevitably lead to a diminution of the child's ability and willingness to become attached again."

One of the primary issues with out-of-home foster care placements is the typical number of disruptions children experience. Each time they begin to form a secure attachment with their primary caregiver, the cycle is disrupted. The more frequent the changes in placement, the more likely that these disruptions will result in a disorder known as Reactive Attachment Disorder of Infancy or Early Childhood (Troutman, et. al., 2000). Even when children are too young to remember the multiple placements they experience, the brain wires itself so that it's host child is protected from having to cope with the trauma of separation (Welden, 2001). If the disorder is not recognized and treated early, a child may grow up to be a sociopath along the lines of Ted Bundy.

The problem is exacerbated by the tendency of a child suffering from the trauma of separation to act out with behaviors that are perceived by caregivers as negative and undesirable—oppositional behavior, crying and clinging. Behavioral episodes make maintaining placements even more difficult because many, if not most, of their foster families find themselves unable to deal with the difficult behaviors.

Children exhibiting this disorder exhibit severe disturbances in the relationships with their caregivers. Far too often, the state removes a child from a high-risk situation only to leave them to grow up venting their rage and pain on society (Welden, 2001).

If a child has already experienced abuse and neglect in their lives, enduring multiple placements only escalates a child's emotional trauma. This child is already at an increased risk for delinquent behavior. In fact, children who suffered abuse or neglect have a 47% higher risk of delinquency if they are moved after they enter the foster care system. Male children are especially vulnerable (Ryan & Tesla, 2005).

One interesting finding demonstrates the value of working with families to restore the child to the home. Approximately 16% of the children placed into substitute care because of maltreatment will have a juvenile delinquency petition filed against them. Only 7% of the children who are returned to the home in which the maltreatment took place will have a delinquency petition filed against them (Ryan & Tesla, 2005).

While many of the children entering the foster care system already require higher personal care rates, when multiple placements are added to the mix, the risk that they will need to enter a higher and more costly level of care such as therapeutic foster care or residential treatment increases. Even as the cost of their placement increases significantly for the state, the cost to the child's emotional well-being is equally significant. The effects of multiple placement

continue for the remainder of a child's life, often at great cost to taxpayers. This is an issue that must be addressed.

Aging Out

The foster care system in Oregon arbitrarily considers the 18th birthday as the point at which a child is an adult and capable of independence. Frequently these foster care wards are still in their junior year of high school. Reality demonstrates that even children from intact homes are rarely ready to launch out on their own at 18. Yet the foster care system expects more maturity and skills of a child who frequently has not had the benefit of a stable home environment. The costs of this will be discussed in more detail.

According to data drawn from Cook (1989, 1992), 20,000 young people "age out" of foster care in the U.S. each year. Statistics gathered from these young people two and half to four years after they left foster care are grim. See Chart B. Results were worse for those youth who aged out without having made lifelong connection with a care-giving adult. 70% of children raised in the foster care system will spend time in prison.

Outcomes—Transition from care to adulthood	National data
Earned a high school diploma	54%
Obtained a Bachelor's degree or higher	2%
Became a parent	84%
Were unemployed	51%
Had no health insurance	30%

Had been homeless	25%
Were receiving public assistance	30%

Chart B

Broken Relationships

The process of breaking relationships begins early in the foster care process. It is common practice to set up a schedule of visits between children that have been placed in out-of-home dependent care and their parents. The intent is to maintain or improve the child-to-parent relationship while giving the social service agency an opportunity to observe and improve the parent-to-child interaction and to monitor the parents' progress. As typically set up, these visits are frequently only brief encounters which occur on a weekly basis in a neutral setting if possible. The visit is often conducted under the supervision of a caseworker. The neutral setting is usually in an office within the child welfare program.

For younger children, this type of visit is not conducive to optimal child-to-parent interaction and may even be harmful for the child. And unless the parent is severely dysfunctional, this environment only minimally serves the parents' needs for ongoing contact with their child. A young child's trust, love, and identification are based on uninterrupted, day-to-day relationships with adults and fellow siblings. When visits are weekly or sporadic, they stretch beyond a young child's ability to make sense of time. A psychologically meaningful relationship with the estranged biologic parents becomes impossible.

For parent-child visits to be beneficial, they should be frequent and long enough to enhance the parent-to-child and child-to-parent relationship. Longer, more frequent visits also allow social workers to effectively document the parent's ongoing interest and involvement with

the child. Sporadic visits are only appropriate if an older child has established a strong

attachment to the parent before entering foster care or if the visits are sufficient in frequency,

length, and content to contribute to the child's continuing normal development and enhanced

child-to-parent relationship.

A common problem that occurs while a child is in out-of-home care is a loyalty bind

between birth parent(s) and foster parents. This can result in behavioral problems in foster care.

A child may also experience doubts regarding their parent's ability to care for them safely and

efficiently. This may also manifest as behavioral problems in foster the care setting. Both a

loyalty bind and distrust of the biological parent can disrupt placement and birth parent/child

attachment. This leads parents to become further discouraged about their capacity to

successfully parent their children and ultimately delays or prevents reunification from occurring.

When these family ties are broken, then it becomes all the more important that foster care

ties are strong. If, as in the case of so many children, these ties are not established, serious

problems will arise for this child in the future, especially at the date of aging out of the system

occurs. When a life-long connection has not been made with a caring adult, older youth are

vulnerable to the adverse situations, as shown in Chart B, as well as other adverse outcomes

which are not included in the chart (Cook, 1992). These adverse outcomes not only have a price

for the child/adult. They have an adverse impact on state budgets.

Cost/Economics

From an economic position, we are swimming in debt already. We need ways to save

money today and tomorrow. "According to statistics from the National Child Protection Reform,

each child that is in the system generates an estimated residual economic development figure of

$250,000.00 or more per year" (Caldwell, 2008). The state would be much better off spending

less money up front to heal the family and get the child home as quickly as possible to their own family—not bounce the child from one temporary foster situation to another. When parents are given the right tools to create a better home environment, and the family raises the child, the cost is considerably lower for the state. The longer the child is in care, the more the costs increase. All this money is at the expense of the taxpayers.

  It is common, especially when budgets are tight, to look at short-term costs. It is easier to say, "We currently don't have the capacity to meet the needs of … families. That means far more kids stay in foster care rather than going home safely" (Loew, 2008), than it is to invest in programs that are not always effective. The question to be answered in this case is simple. When the current system of foster care has already proven it is ineffective, and often even damaging, is government taking a greater risk by taking a cutting edge approach or adopting programs that have demonstrated some level of success? Is it irresponsible for government to make "…a determination to study the economy as a social creation and, as importantly, as an institution able to be shaped by collective action." (David George; Vol. 51, 1993).

  All the costs involved in perpetuating a system that fails the very individuals it is claiming to protect must be considered. One of these costs is health care. A study conducted in Australia, where health care is provided by the government, demonstrated that children in foster care consistently scored lower in health assessments than children who were living with their parent(s). Mental health scores were significantly lower than the general population for behavior, mental health, and self-esteem. Children in foster care were also more prone to limitations in their daily activities due to emotional/behavioral difficulties and physical health. They were less likely to participate in family activities (Carone, et. al., 2007, July).

Mental health and behavioral issues don't stop with childhood. They extend into adult life. Not only is an adult with these issues less capable of supporting themselves and functioning within society in a productive way, they are far more likely to end up on the streets or in prison. In Oregon, 27% of males and 10% of females who leave foster care at the age of 18 are incarcerated within 12 – 18 months. All in all, 41% of those who pass through the foster care system will end up in prison in their lifetime (Allen, 2005).

Those foster alumni who do not become part of the prison statistics, are still at risk for joining the 32% who enter the welfare system within their first 12 – 18 months of leaving the program. Many of these individuals become part of a cycle of repeating their own history. Their children are twice as likely to end up in foster care, partly because they are more likely to be homeless and unable to provide a safe environment for their children (Allen, 2005).

Discussion

Having looked at these problems common to the foster care system, it becomes apparent that more efficient programs need to be implemented, if this epidemic of dysfunctional children that come out of the foster care system is to be stopped. The foster care system should be required to mandate more efficient programs that decrease these risks for the child. New innovative programs should also be considered, especially when evidence is present to demonstrate that they reduce the risk that children will emerge from the system as damaged, if not more damaged, as they were when they entered it. We have more than social cost to consider. We also have cold dollar signs to consider as well.

Working toward solutions—Addressing parenting skills

The empirical data is well established. When parents learn to replace ineffective parenting skills with effective ones, youth conduct problems such as substance abuse, poor

school behaviors, poor academic performance, participation in deviant peer relationships at both

the pre– and adolescent stage are either reduced or prevented entirely (Gelfand & Teti, 1990). It

is logical that teaching and supporting parents should be a mainstay of early intervention. When

a child can return to home care, the cost to the state is considerably less.

In the process of educating parents, the technique of motivational interviewing would be

a very useful tool. Motivational interviewing approaches the need for change by approaching the

need for change in a conducive rather than coercive manner. The environment in the "training"

focuses on enlisting the parent's intrinsic motivation. Rather than denying the reality of the

parent's perceptions, goals and values, the teacher uses the positive perceptions, goals and values

that already exist to motivate the necessary changes. Throughout the process, the teacher affirms

the parents right and capacity to direct their own choices. The primary goal is to prevent the

natural resistance that all parents have to being told they are doing things wrong (Miller &

Rollnick, 2002).

Certain parenting practices are well documented to cause problems. These include such

things as low parental monitoring and supervision, use of harsh discipline (bordering on and

including both verbal and physical abuse), failing to discipline at all, neglect, lack of positive

reinforcement, and absence of parent-to-child mentoring. Parental involvement in substance

abuse may contribute to the above shortcomings (Chamberlain, et. al., 2006).

When children are demonstrating significant behavioral problems, applying the

Multidimensional Treatment Foster Care (MTFC) model has been proven very effective from

preschoolers to adolescents. According to the program's website, http://www.mtfc.com, the

model takes a multifaceted approach that works with both the foster care family and the

biological family. Specially trained foster care providers work with a child in their home for six

to nine months. A positive and predictable environment surrounds the child at all times. Rules

are clear and fair. Consequences are equally clear and fair. Positive reinforcement is stressed.

Age appropriate skills building activities are built into the child's life. Close supervision is a key

component.

Concurrently, the biological family receives family therapy and parent training. The

program teaches parents how to provide consistent discipline without resorting to violence or

harsh language. It teaches them how to supervise and provide encouragement. The parents are

given opportunities to practice their new skills through home visits from their child. By the time

the six to nine months are up, parents have learned a modified version of the behavioral

management system used in the MTFC program. This program has proven very effective, and

while there is a cost for six to nine months, the many success stories suggest that this initial

intervention pays for itself many times over in the savings reaped from children not ending up in

permanent foster care or juvenile detention (Chamberlain, et. al., 2006).

Working toward solutions—Addressing children's skills

The MTFC program demonstrates that including a child training component into any

solution to the foster care dilemma is vital to preventing a variety of problems. Cognitive

behavioral approaches that use motivational interviewing techniques help children and

adolescents develop accurate beliefs about what peer norms for sex, drug use, and violence

should be. When motivational principles augment the interaction with children and adolescents,

the development of goals and the recognition of how antisocial behaviors and drug use

compromise the experience of those goals is enhanced. Randomized evaluations demonstrate

that employing cognitive behavior approaches to behavioral issues results in more pro-social

bonding with peers, less sexual activity, less substance use, and a trend way from aggression.

(Harrington, et. al., 2001).

Another way of addressing a child's need to develop pro-social skills is through one-on-one peer mentoring. Volunteer programs such as Big Brother/Big Sister have demonstrated the benefits of mentoring for many years. One program run by the Oregon Social Learning Center enlists the aid of recent female college graduates as mentors to the girls in their foster care studies. Results so far have demonstrated an increase in the girls' positive relationships with other females, supporting other research that demonstrates that mentoring engenders better outcomes for those foster children who receive this special nurturing (Chamberlain, et. al., 2006).

Working toward solutions—Family Club

This is a pilot program that is being tested in Oregon. The purpose of the club is to provide a safe, healthy and nurturing environment for continued learning in families that have been DHS or mental health clients. Through connections with other like families in the community the process of continuing to learn how to be a healthy family together is supported. Central to this family to family based mentoring program is the AA model where the "new" family is "sponsored" or "mentored" by another family who has successfully navigated through the system and had at one point been in the shoes of their mentee family.

The program is built on the premise that while there are many wonderful workers in social services who try to help families get better, very few of these workers have truly walked the walk of the family tragedies. Families that have successfully made it through the system and changed their lives, cleaned up and had their children returned home, all say there was a sort of "ah ha" moment where it all finally made sense, and they had the information they needed to get

their "act together".   Without this program, families are left in the dark to figure all the secrets

out on their own. Most of the time they just get lost in the maze and lose all hope.

The Family Club assigns a mentor family to a family in crisis. This mentor family holds

the hands of their mentee family along the way to guide them through the hurdles.

Communications skills are shared. Family time and play skills are taught. The entire family is

included in activities together. Social skills are enhanced. Nutrition information is also shared.

And the new family is connected with additional community resources.

The result is the new family entering the program is strengthened. Families that have felt

isolated, begin to feel a sense of belonging. The family bonds strengthen. Connection with

friends that that model positive behaviors happens. Better nutrition knowledge improves mood

and health. They develop hope along with the ability to make family time and activities part of

their lives and values. The new family becomes stronger and more hopeful, therefore less likely

to give up. And eventually that family become a mentoring family.

The advantage of using a family mentoring family model within DHS is the decreased

time that children remain under DHS custody. This saves the state money both in the short term

and the long term.

Working toward solutions—Enhanced Visitation

This is another pilot program being tested in Oregon in conjunction with the Family

Club. Providing better visitations with children and their birth parents in the intervention process

is the key component of this project.   Closely allied with this goal is the promoting of positive

relationships between foster parent(s) and biological parent(s) because this has been correlated

with successful reunification.

The need for enhanced visitation arises from the observations of sociology as it has studied the way humans interact within society. When sociology looks at why we do the things we do in relation to our society and how we respond to things that create negative experiences in our lives, it can be observed that many of the behaviors exhibited within families are total mysteries to the family members themselves. Frequently family members are just reacting to stimuli out of emotions they can't even identify.

When a child is removed by DHS, whatever may be good about the parent-child relationship is disrupted and only the negative is emphasized. The social worker assumes a position of incredible power with the ability to control when and even if visits happen. The more time that passes between the child's removal from the home and parental visitation being established the more likely that the bond between parent and child will be broken, especially if the child is under the age of three.

Enhanced visitation addresses this grave concern. It recognizes that when a child comes into care, the experience is traumatic for child and parent alike.   The enhanced visitation program is designed to give a road map for these families so their visits with their child(ren) are more positive and productive.

Because of this focus, the enhanced visitation program changes the way visitations are scheduled and conducted.   The process currently begins by selecting families that show some desire to keep their child(ren), as long as one of the parents is not a sex offender. These families are assigned a Family Skills Coach during as many of their visits as necessary immediately following the displacement of their children.   More than one coach may work with a family. Each Skills Coach has a unique set of skills that they work with the families on.

Some of the skills that coaches work with families on include:

- Creating structures and routines in the home that ensure safety and stability for the children. This includes developing and maintaining a schedule so that order and a predictable environment prevails in the home. It also includes learning to develop and use positive, proactive behavioral management strategies.

- Educating parent(s) on how to maintain sanitary living conditions. This is often a skill that needs to be learned because it was not part of the parent's upbringing. Teaching parents how to delegate time and incorporate habits of neatness into the lifestyle is emphasized.

- Teaching parents to identify and avoid potentially abusive (physical and/or emotional) situations.   Skills coaches help parents identify the ways abuse can occur and be prevented. Skills coaches also help parents know what to do if abuse does occur in the family. As part of this training, the family learns how to establish appropriate personal boundaries.   They learn what personal boundaries are and why they are important to both the parents and the children

- Helping parents learn and implement age-appropriate expectations.   Frequently, parents do not understand the limitations their children have at certain ages. Family skills coaches teach parents how to interact using age-appropriate daily living skills with their children. The parents learn to play with their child(ren) through age-appropriate toys, materials and activities.

- Building a healthy parent child relationship through learning to listen and communicate respectfully with their children. Family skills coaches help parents recognize how demonstrating respect to their children creates respect from their children. The goal is to

help parents develop a healthy bond with their children and provide emotional nurturing

and respect.

- Teaching parents how to use community resources that help meet their family needs.

  Family skills coaches seek to break down the barriers that may exist against seeking help.

  They seek to help the parent(s) develop and use community resources while enhancing

  their dignity and self-worth.

- Teaching money management skills. This is a skill that is rarely understood by low-

  income families. Family skills coaches teach parents money management skills, such as

  how to budget income and expenses.   Parents are made aware of billing cycles and how

  to be proactive in managing their income.   Family skills coaches help parents identify

  and use community resources that can help them with their finances.

Family Skills Coaches do not replace DHS supervision during these visits. Instead, they

enhance the visit for about 3/4 of the time of the visit. The ultimate goal is to work on the

reunification of child and parent if the parent is a non-sex offending parent.

Working toward solutions—Safe Families

Safe Families for Children is another option that has proven very successful in over seven

states. This program shares some features that are common to the Family Club program. It is a

mentoring program where carefully screened families mentor at-risk families. What makes the

program different is that it is completely volunteer based.

The program, which is described on the official website www.safe-families.org, steps in

to assist families in crisis as an alternative to DHS action. Children are placed in safe, temporary

homes without parents losing custody of their children. Typical crises include financial

problems where parents are struggling to provide for the physical needs of their child(ren). This

can include loss of a home and having no place to live. Safe Families can provide a temporary

solution for a parent's need to enter rehab or provide a solution when a parent is incarcerated.

One of the primary advantages of Safe Families is the fact that all the volunteers are not

in the program for the money. Volunteers are committed to making a difference in children's

lives. The program encourages a partnership relationship between the volunteers and the

biological parent(s).   The goal is to develop an extended "family" and maintaining a close

relationship with the families that volunteers assist is encouraged.

This program offers a second advantage. It costs the state nothing. The program has

proven to deliver an almost 85% success rate of reuniting children with their biological families.

While it is difficult to compare the success rate of state programs with this volunteer program

because none of the children entering the Safe Family program have a background of abuse or

molestation, it is still worth considering the promotion of this type of program being established

in Oregon.

Working toward solutions—Kinship Care

The organization *Foster Care Alumni* reports that "over 2 million children live with

grandparents or other relatives because their parents cannot care for them." When a child is

placed with relatives, the disruption may be less traumatic than placement in a non-relative

home, especially if the family member lives in the same neighborhood and the child can remain

the same school (Foster Care Alumni.com).

Kinship care is the fastest growing sector in out-of-home placements within the foster

care system (Courtney, 2006).   While kinship care may not seem to be out-of-home care because

the home in which the child is place may have been their informal abode before removal from

the home, it is still care that must be approved by the foster care system. Interestingly, when

poverty is a factor in the child's removal from the biological home, placemen in a relative's home is more likely to be permanent. The assistance that the Federal Aid to Families with Dependent Children (AFDC) program gives to eligible children in the foster care system could motivate poorer families to maintain an arrangement where children live with kin instead of their parents. Adoption by kin is also less likely, so children in kinship care are more likely to remain within the foster care system (Courtney, 2006).

While this would suggest that kinship care does not save the state money in the short term, this is not the only consideration for CPS. Placement stability is also very important. Children that are placed in kinship care are moved around less that those placed in non-relative foster care. In one study, conducted over a 3 – 4 year period, 79% of the children placed in non-kin foster care had been moved at least twice, and 49% had experience at least three moves in four years, whereas 63% of the children who were placed in kinship care had been with the same caretaker for the entire 3 – 4 year period. It is clear that kinship care offers more stability (Courtney, 2006),

Kinship care offers another advantage over non-relative foster care placement. When children who have been in kinship care return to their biological parents, they are less likely to reenter foster care. In one study, only 13.2% of the children who went back to their homes reentered foster care as compared to 22.2% of the children who had been placed in non-relative foster care and 14.3% of the children who had been place in group care (Courtney, 2006).

One of the other advantages of kinship care is the increased probability that siblings will be placed together. Multiple studies indicate the value of placing siblings together. This is a frequent request of children who are separated from their siblings during placement (Tesla, 2001; Chamberlain, 2006). Keeping as much of the family structure intact as possible increases the

stability of the child's world and thus results in fewer behavioral and mental issues both for the short term and the long term. When a child is more likely to say that they have always felt loved, you are also looking at a child who is less likely to become a burden to society.

Conclusion

As we have seen, foster care has its place. It would be unrealistic to expect that we can ever eliminate foster care entirely. But some of the problems that exist in the system, such as failing to address the risk factors that predispose families to losing their children permanently, should not be ignored. There are interventions that can be put in place very early in the evaluation process. Instead of going into auto-pilot when an unsafe situation is identified, DHS workers need to differentiate between the types of family situations they are dealing with. Many families can be funneled into programs that equip them to keep their children.

With so much evidence suggesting that the longer a child is in foster care, the higher the risk they will become a burden to society in some way—be it welfare, birthing more children that end up in foster care, becoming involved in crime and/or drugs, spending time in prison—it is only logical to use programs such as MTFC, Family Club and Enhanced Visitation and Safe-Families to empower families to heal and grow. Even when it isn't possible to repair the biological family, kinship care offers the next best solution because it retains a child's sense of identity within a support network of relatives.

It needs to remain the goal of DHS to seek the best option for the children that come to the department's attention. In the 21st century, taking the time to nurture and help the family become what it was meant to be will become the best cost investment for the state.

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