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The Social and Emotional Impacts of Children and Adolescents in Foster Care

Raiannamei Gappi Elad

Loyola University Maryland, relad@loyola.edu

Kenneth Tremper

Loyola University Maryland, kmtremper@loyola.edu

Carolyn McNamara Barry

Loyola University Maryland, cbarry@loyola.edu

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Abstract

Foster care is a substitute form of care in which children are placed away from their biological families and/or guardians. The scope of this literature review examines 39 scholarly articles (i.e., journals, reviews, meta-analyses, and reports) ranging from the years 1997-2021 of children and adolescents between the age range of six months old to young adulthood. We explore different factors that contribute to adverse child and adolescent outcomes in foster care, such as physical home environment, placement instability, the role of foster parents, and support systems; all which play a key role in the overall foster care experience of youth. These factors, in turn, have been related to children and adolescents developing an array of mental and social issues such as lack of interpersonal relationships, an increased risk for developing mental health disorders, self-esteem issues, and a lack of stability for future endeavors. Lastly, limitations and future research directions are further discussed along with the implications of the findings.

Keywords: foster care, children, adolescents, mental health, psychosocial

The Social and Emotional Impacts of Children and Adolescents in Foster Care

Foster care is defined as 24-hour substitute care for children who are placed away from their parents and/or guardians and for whom the state agency has placement and responsibility (Font & Gershoff, 2020). In 2019, there was an estimated 423,997 children in the U.S. foster care system (Child Information Gateway, 2019). Foster care comes in many different forms; for example, children can be placed in kinship care (when children are placed with relatives), traditional family foster homes (when children are placed in non-relative homes), pre-adoptive homes (temporary placement for children whose permanency plans for adoption are still pending), and children who may need intensive levels of care due to medical and/or behavioral needs can be placed in residential (congregate) care settings, a highly structured, 24-hour supervision, group home setting for foster children (Font & Gershoff, 2020; Gypen et al., 2017).

Entering foster care is an intensive process in the United States. Each state has its own child welfare system which investigates reports of child maltreatment, determines if children should be removed from their biological homes, and arranges the appropriate substitute care (Font & Gershoff, 2020). One of the main and leading causes of children entering the foster care system is due to reports of maltreatment (e.g., abuse, neglect, abandonment) within their homes, typically with their family of origin (Font & Gershoff, 2020). According to the U.S. Department of Health and Human Services (2022), nearly 600,000 children are confirmed victims of maltreatment in the United States and nearly two million are suspected to be victims at serious risk. This recognition of child abuse and maltreatment has become more prominent today, contributing to the number of increased children entering foster care (Sampson, 2010). Child maltreatment has been found to have serious adverse effects on children's well-being, such as an increased risk of developing mental disorders, which can include post-traumatic stress

disorder (PTSD), anxiety, depression, decreased self-esteem, lack of social support, greater risk of victimization, and engagement in maladaptive behaviors later in life (Jaffee, 2017; Tyler et al., 2007; Wang et al., 2020).

Harden (2004) found that family stability has many positive effects on children's development including greater prosocial skills (e.g., willingness to help others, confidence in engaging in interpersonal relationships) and higher academic achievement; yet, child maltreatment reflects an extreme form of family instability, shown to have adverse outcomes on children's overall development. Although foster care is not an ideal situation, it provides children with a better alternative than continuing to experience maltreatment, abuse, or neglect within their biological homes (Font & Gershoff, 2020). Modern-day foster care and the child welfare system has progressed since the 18th century as the physical environments (e.g., institutional settings), methods of recruiting foster-care parents, record-keeping of eligible foster parents, and prior placements for foster-care children, have overall improved. These modern methods allow for more transparency within the foster care system which aid in ensuring that children and adolescents are placed in a well-suited foster care home environment that meets their needs, including placement with foster parents that understand these needs and who are committed to their role (Sampson, 2010).

Font and Gershoff (2020) briefly outline the process of the foster care experience and explain that once in foster care, children are initially given a permanency goal of reunification with their birth parents. The permanency goal can vary in length of time depending on each child's circumstances; however, only half of children will end up reuniting with them due to parents not meeting mandated requirements (Font & Gershoff, 2020). Adoption or guardianship is considered an appropriate alternative when reunification is nonviable. According to the Child

Welfare Information Gateway (2021), 55% of children had a goal of reunification with parents or principal caretakers and only 47% ended up reuniting with them, which is a decrease from the federal fiscal year in 2009. This organization also notes that the average age of a child entering foster care is 7.7 years old, and the median amount of time spent in care was 15.5 months, which has increased from 2009 where time spent in care was 13.7 months. Furthermore, 32% of children were placed in relative foster family homes, while 46% were placed in nonrelative foster homes (Child Information Gateway, 2019).

The experience of being in foster care varies from child to child. It is important to understand the psychosocial impact of children and adolescents in foster care, as being placed in the system is associated with poorer developmental outcomes (Harden, 2007). Geenen and Powers (2007) found that all people who are part of the foster care system, whether directly or indirectly (i.e., current youth in foster care, foster care alumni, foster parents, child welfare professionals) face a variety of challenges such as lack of stable relationships, decreased self-determination, and poor communication skills. Specifically, foster children and adolescents face serious adverse social and emotional outcomes such as higher rates of depression, poorer social skills, and lower adaptive functioning compared to those not in foster care, all of which can become long-term and detrimental to their overall social and mental development (Harden, 2007). Examining the impact that the foster care experience provides a greater understanding of why there needs to be more protective measures to prevent child maltreatment, more resources to help improve family functioning, and an increase in mental health interventions so that children would not have to enter the foster care system in the first place (Font & Gershoff, 2020; Harden, 2007).

Addressing Gaps in Literature

The foster care system has a negative, long-term impact on children's and adolescents' psychosocial well-being, in that, they experience instability in their social relationships and are at risk for mental health issues in the future. This paper will review factors associated with negative, long-term effects on a child and adolescents psychosocial well-being after leaving the foster care system in late adolescence. Then, the psychological and social impacts of being in foster care are discussed.

Method for Literature Review

The scope of this literature review examines 39 scholarly articles (i.e., journals, reviews, meta-analyses, and reports) ranging from the years 1997-2021 of children and adolescents between the age range of six months old to young adulthood. Scholarly articles in this literature review were included based on relevance to the subject matter of children and adolescents within foster care. Articles were read through to ensure quality and reliability. Articles were obtained through Google Scholar and the PsychINFO database through using keywords such as, "children," "adolescents," "foster care," "social-emotional," "psychosocial," and "mental health." The conclusions of this literature review were reached based on the findings of the included articles.

Factors for Adverse Child and Adolescent Outcomes in Foster Care

Physical Foster Care Home Environment

The foster care environment and social support system is central to developing a healthy and stable environment for children and adolescents. The physical quality of the foster care environment is evaluated to determine placement for a child or adolescent into a foster care home. The U.S. Department of Health and Human Services (2019) has outlined those minimum physical health and safety standards, which include: safe drinking water, preventing children's access to substances such as medications and unsafe cleaning supplies, having the inside and

outside home environment free of dangerous conditions, and adequate heating/cooling. These physical foster home standards must be met for any child to be placed within a foster home. If these minimal standards are not met while the child resides in that home, then further consequences may ensue, including the foster care parents being identified as contributors to child maltreatment. When minimal standards are not met, this can be detrimental to the foster care experience as a whole (Font & Gershoff, 2020).

Role of Foster Parents

According to Broady and colleagues (2009), the role of foster parents is central to promoting children's emotional and psychological health by fostering emotion regulation and the ability to make decisions that inhibit them to living fuller and meaningful lives. The researchers identified a recurring theme called the "head and heart" struggle among interviews with foster care parents. This struggle occurs when foster parents recognize the need to provide care to a child. However, when that care continues for a longer period, the foster parents tend to develop an attachment to the child for which they are caring. So, while their hearts become increasingly involved in this child, they realize cognitively (head; relating to the mental process involved in knowing, learning, and understanding) that the child placement is only temporary. This struggle causes self-identity issues, self-doubt, and makes foster parents feel less empowered in their roles, which in turn negatively affects the relationship they have with the foster child by making their role appear to be more threatening through the eyes of the child rather than nurturing (Broady et al., 2009). This head-heart struggle occurs on a case-by-case basis as there are many foster parents who express positive experiences from foster care. However, this struggle of "head and heart" is seen when foster parents realize that the needs of the child challenged the expectations they previously held, the involvement of the child's birth family, the amount of support anticipated from the authorizing agencies, and the type of impact that providing foster

care exercised on their personal lives and relationships (i.e., poor communication, jealousy; Broady et al., 2009).

In addition to the difficulties surrounding the role as a foster parent when caring for children, foster parents are also met with many other challenges such as interference with personal relationships and daily life stressors (Broady et al., 2009; Esaki et al., 2012; Farmer et al., 2005). A one-year prospective study with a sample of 68 adolescents (most ranging between the ages of 13-15 years old) within foster care, and foster parents (mix of couples and single foster parents) found that foster caregivers who experience strains and ongoing stressors had made less effort in their role, had less engagement with foster care adolescents, and were less committed overall, leading to a limited view of their caregiving role (Farmer et al., 2005). When foster parents experience these strains, it may result in poor parenting skills, including inadequate opportunities of play and nurture for children with developmental needs or not setting appropriate limits for children. Overall, this may lead to a less engaging relationship between the child and their foster caregiver (Farmer et al., 2005). Mitchell and Kuczynski (2010) identified that one of the main five events that children within foster care experience, is the formation of new relationships with caregivers. Further, many children expressed that the child-caregiver relationship is established through a sense of familiarity, a foundation of trust, and an investment in time. When foster parents are less engaged and less committed to their role of caring for their child or adolescent it negatively affects the child-caregiver relationship and threatens the personal well-being of the child, which causes them to question their personal significance in life (Mitchell & Kuczynski, 2010). Foster parents are an integral part of developing a healthy environment for a foster child and building a stable relationship in which a foster child needs to grow mentally, physically, and socially, but they do not do it alone. Parents rely on other support systems such as child welfare professionals who are knowledgeable about foster care, provide proper training, and address

concerns during the foster care experience. To gain a deeper understanding of the impact of child welfare professionals, foster care agencies, and caseworkers on foster caregiving, we explore challenges faced by foster parents (e.g., heightened stress levels and lack of preparedness). Additionally, we examine the effects of these factors on the overall foster care system.

Support Systems

Alongside the stressors that foster parents face, an even bigger issue that causes foster parents to discontinue fostering altogether, are the experiences of the challenging and negative relationships with agencies and other child welfare professionals (Geiger et al., 2013). McDonald and colleagues (2003) found that just traditional means of support such as relatives and friends came up short in addressing the complex concerns and difficulties for caring for a foster child and the experience of foster care. Previous literature identified that adequate training, support, and communication between foster parents, child welfare agencies, caseworkers, and other means of support influence foster parents' perceptions of their role and can alleviate the associated strains within their role (Broady et al., 2009; Farmer et al., 2005). Esaki et al. (2012) found that over 75% of continuing parents of foster care found that adequate training, support from resource workers, child's workers, and support from agencies were important in preparation of their role as foster parents. Similarly, McDonald and colleagues (2003) evaluated a support team program (Primary Care and Support Project), which aimed to provide foster caregivers a supportive network of professionals that not only cares about the foster parents' well-being but also the foster children. Foster caregivers found that the in-depth involvement, collaboration, and level of professionalism demonstrated in the program not only made the caregivers feel valued and empowered in their role but when implementing the strategies and advice given, the child responded more positively to those changes such as demonstrating more prosocial behaviors, an increase in participation of school activities, better academic performance, and better overall

self-esteem (McDonald et al., 2003). The foster parent plays an immense role in how the foster environment is cultivated and their role is to challenge impractical expectations, strengthen realistic hopes, and feel empowered to provide the best possible care for the child, in turn making the child feel physically, mentally, and emotionally secure as they navigate through this challenging transition in their lives (Broady et al., 2009).

Instability in Foster Care Placements

Frequent changes in family or group placement, school changes, and moving homes are all negative predictors of success among fostered youth (Gypen et al., 2017). In foster care, where a child is placed is dependent on several factors. Ultimately, the overall goal is to place the child in a safe, stable, and non-restrictive setting to meet the child's individualistic needs (Font & Gershoff, 2020). Across all 50 states in the U.S., at least 70% of children in foster care experience at least 1 placement change within their time in the system (U.S. Department of Health and Human Services, 2019). Cross and others (2013) examined 53 child welfare cases, and found that the most common reasons for placement changes are: 1) caregiver-related reasons, such as maltreatment by caregivers or changes in caregivers' lives which inhibited them from providing adequate care to the child, 2) child behavior-related reasons such as aggressive behaviors and the mental health needs of that child, and 3) system or policy-related reasons, such as the need to use temporary placements in order to find an adequate caregiver or the aim of placing children with siblings. Leathers and colleagues (2013) found that negative parenting experiences are a critical precursor to placement outcomes and that often these parents who report negative experiences were more likely to be caring for a child with behavioral problems. These reasons can all contribute to children and adolescents experiencing placement instability, which has been associated with negative developmental outcomes for children and adolescents

such as low academic achievement, identity confusion, low self-esteem, higher drug and substance use, and increased mental health care needs (Harden, 2004; Stott, 2011).

Perry and Price (2017) conducted a study among a diverse group of 160 current foster children between the ages of four to thirteen years old and found that higher levels of physical and relational aggression were predicted by a higher number of previous group home placements and placement with a non-kinship foster parents. According to Stott (2011), instability has been shown to have long-lasting, adverse effects after the childhood and adolescent years and into emerging adulthood. The researcher also found that among majority Latinx and White foster youth that aged out of the foster care system (ages 18-21), the higher number of placements each adolescent experienced during their time in foster care, the higher substance use score they had during emerging adulthood.

Aside from the number of placements contributing to instability, the type of placement is also important to take into consideration (Font & Gershoff, 2020). An alternative to traditional foster care placement is congregate care, which is a 24-hour restricted group care setting for children with intensive needs and requires utmost supervision (Alpert & Meezan, 2012). There is evidence suggesting that a congregate care setting adversely impacts the emotional well-being and academic performance of children and adolescents compared to its foster care counterpart (Alpert & Meezan, 2012; Font & Gershoff, 2020). Another solution to foster care is kinship care, which places the child or adolescent into the care of a relative. This type of care is notably prioritized before both congregate care and foster care (Font & Gershoff, 2020). Kinship caregivers are likely to be grandparents, more specifically grandmothers (Lee et al., 2016).

Winokur and colleagues (2008) used a comparative design study that involved a matched sample composed of mainly Latinx and Caucasian infants in kinship care and traditional non-relative foster care. These researchers found that children in kinship care had significantly fewer

placements than children in foster care, were less likely to still be in care, were less likely to have allegations of institutional abuse or neglect, and a higher chance of achieving reunification with their biological parents. In these studies, poor physical home environments, a diminished role within foster parents, and lack of support systems outside of the immediate foster family are associated with unstable placements, all of which are related to foster child and adolescents' lower levels of well-being. Therefore, in this next section we explore the psychosocial impact that foster care has on children and adolescents and how it is related to their development over the years.

The Psychosocial Impacts of Foster Care

Both children and adolescents experience a variety of psychosocial issues that are related to their future developmental outcomes after leaving the foster care system (Harden, 2004). In comparing foster children to non-foster children, Harden (2004) outlined some of the psychosocial issues of children in foster care such as, an increase of having insecure or disordered attachments with caregivers and peers, lower academic achievement, higher rates of depression, poorer social skills, lower adaptive functioning, and higher levels of externalizing behavior.

To help understand these psychosocial issues, Jee and others (2010) aimed to validate a social-emotional screening tool for children in foster care. The sample consisted of 192 children between the ages of six months to five and a half years old, with majority of the sample White and African American; the children were screened for any social-emotional problems that may have emerged from being in foster care. Researchers found that such problems increased with age given their previous placements and experiences of abuse and neglect when they entered foster care during their toddler and preschool years (Jee et al., 2010). A seven-month study was conducted to investigate the physical and mental well-being of children and adolescents (ages

two to 17 years old) in foster care. The researchers revealed that prior to placement in a group home, 9.8% of children had a mental illness. After a seven-month evaluation, this percentage increased to 22.8% (Ferrara et. al., 2013). The types of mental illnesses among the foster children consisted of mood disorders, anxiety, depression, PTSD, and aggressive behaviors. Lehmann and colleagues (2013) found that among their sample of 279 Norwegian children ages six to 12 years old, that 50.9% of children met the criteria for one or more DSM-IV diagnoses. The three main diagnostic groups were ADHD (attention-deficit/hyperactivity disorder), emotional disorders which consisted of anxiety, PTSD, OCD (obsessive compulsive disorder), and depression. Lastly, behavioral disorders which consisted of conduct disorder and ODD (oppositional defiant disorder), in addition they also had a 43.4% on overall comorbidity among all three main diagnostic groups (Lehmann et al., 2013).

Doyle and colleagues (2007) had conducted a study focused on the long-term psychosocial effects of the Illinois foster care system. The researchers found that their sample of majority African American school-aged foster children ($M_{age} = 11$ years), had a great number of previous social-emotional problems before foster care, and an increased risk of adolescent delinquency and teen pregnancy. After conducting a meta-analysis of studies through the scholarly and federal database on longitudinal studies of children and youth that left the foster care system, Gypen and others (2017) found numerous negative outcomes among former foster youth in comparison to the general population. Some of these negative outcomes included a higher chance of substance and alcohol abuse, poorer educational outcomes, increase in interpersonal issues, and higher prevalence of mental health issues (e.g., depression, PTSD).

Traumatic experiences have been associated with adverse social and psychological outcomes for youth (Riebschleger et al., 2015). Specifically, school-aged children and adolescents in foster care are immensely and disproportionately affected by this trauma due to

their past experiences of maltreatment and other related adverse experiences within their home environment (Bramlett & Radel, 2014). Riebschleger and colleagues (2015) interviewed 43 foster adolescents ranging from 15-23 years old about their experience before, during, and after foster care placement. Researchers found that one of the prominent themes that youth experienced while in care was chronic trauma all of which stemmed from horrific experiences such as sexual abuse, rape, murder, abandonment, and several other traumatic events. The most frequent trauma before entering foster care was sexual abuse and unsafe housing. During foster care, the most frequent trauma was abuse and/or neglect and placement disruptions. After leaving foster care, traumas include homelessness and lack of connection with family members, specifically siblings. These traumatic experiences were associated with intense feelings of guilt, anxiety, sadness, fear, and shamefulness among the foster youth. Furthermore, other prominent outcomes once leaving foster care was homelessness, lack of connection with family members, and housing insecurities (Riebschleger et al., 2015).

Fowler (2011) further discussed this high risk for homelessness when transitioning to emerging adulthood. This scholar screened a group of 265 young adults who left the foster care system in the years 2002-2003 and followed this sample for two years. The study found that 20% of the participants were homeless two years later (Fowler, 2011). Rome (2017) conducted a longitudinal study which focused on the first 12-months of adolescents aging out of foster care and interviewed the participants on a monthly basis right after leaving foster care. Results showed that one-fourth of youth still had trouble reaching self-sufficiency (or independence), and that their foster care experience impeded their success by making them believe no one cared about them, thus making it hard to find stable housing, employment, and forming healthy relationships which made them feel dependent on the child welfare system. Kools (1997) studied the long-term effects on foster care adolescents through in-depth examination of their identity

development. This scholar found that adolescents in foster care are most vulnerable to the stigmatization and stereotypes of foster care individuals made by their peers. Results suggest that those perceptions are internalized by foster care adolescents and in turn are related negatively to their self-identity giving way to further consequences such as low self-esteem, low confidence in one's abilities and attributes, social isolation, lack of satisfying interpersonal relationships, and lack of future orientation. As observed in these studies, children and adolescents who have been placed in foster care are associated with adverse psychosocial development (e.g., lack of self-sufficiency, lack of attachment with caregivers, and continuing mental health issues), both during and after their time in foster care.

Discussion

Foster care is not always an ideal situation for many children and adolescents. Many children and adolescents enter foster care due to various reasons, with one of the most common being experiences of maltreatment. Our literature review shows how children and adolescents in foster care are affected by a multitude of factors such as adverse experiences within foster care, unstable foster parent relationships, and instability in foster care home placement. All these factors can contribute to a decline in children and adolescents' overall well-being and can make the foster care experience an even more difficult one socially and emotionally. Previous literature shows that these adverse experiences have a direct impact on children and adolescents' well-being in which they develop negative, long-term psychosocial issues such as having negative self-perceptions, societal challenges such as homelessness, emotional and behavioral problems, and mental illnesses including depression and anxiety (Lehmann et al., 2013; Riebschleger et al., 2015). While many children and adolescents experience these psychosocial issues while still in foster care, previous literature also shows that foster children and youth have a higher risk of developing and carrying these issues into emerging adulthood, which leads them to experiencing

dependency issues, have fewer stable relationships, and lack self-sufficiency or independence (Kools, 1997; Rome, 2017).

Limitations and Future Directions

There are several variables to consider while examining the literature concerning the effects of foster care on children and adolescents; however, there are significant drawbacks, inconsistencies, and biases that come along with the variables that influence these studies. Gypen (2013) notes one key discrepancy for data collection is the grouping of terms in both federal and scholarly databases. For example, the terms “family foster care,” “non-relative foster care,” and “foster care” are all combined under the singular term “foster care.” This dismantles some of the integrity of database research regarding foster care resulting from the grouping of vastly different terms under one universal category (Gypen, 2013; Harkin & Houston, 2016; Putnam-Hornstein et al., 2013). In addition to the search engine matter, Gypen (2013) emphasized the failure of studies within these databases to distinguish properly the complexities of life that the children or adolescents went through in specific group studies. These complexities of life can include the following: family history, trauma, preexisting social-emotional problems, personal background, and socioeconomic backgrounds. Simplifying a complex and diverse issue into a singular search engine makes database research for foster care fairly limited in its overall reliability.

The sampling group locations for longitudinal studies can prove equally as problematic. For example, Doyle’s (2007) study only focuses on the Illinois foster care system rather than a nationwide approach. Studies such as these result in limitations of the scope of ethical and cultural backgrounds within the specific study group especially since minority children and adolescents in foster care have greater, unmet mental health needs and face additional cultural barriers which affects their personal experiences (Garland et al., 2003). In addition to this drawback, many foster care studies occur in the United States and experiences of being in foster

care can be different from other countries. This is due to different federal laws, family values, different socioeconomic statuses, healthcare, and even some countries not having a foster care system. The diversity of foster care systems around the globe could be a reference point in identifying possible solutions to improving problematic foster care systems (Ferrara et. al., 2013). However, the differences may cause the reverse effect making the current foster care system drastically worse than previously. Lastly, there is the issue of often frequent relocation that occurs for children and adolescents within the foster care system, which results in an increase in difficulty to screen these individuals over a long period of time given the rapid changes of locations (Font & Gershoff, 2020). Future research should inform foster care reform at the state and federal level. Furthermore, it should provide additional training for foster parents, child welfare agencies, and all individuals involved in the foster care process. Ultimately, this effort aims to create a stable and healthy foster care environment for both the foster parents and children.

The concern of racial bias is also a prominent limitation in studies involving foster care. For example, in Larsen's (2020) study, the sample recruited of individuals in the foster care system were predominantly White. Thus, this emphasizes the need for a careful sampling procedure of individuals in foster care to account for racial representation in data collection. Without this, there will be a failure to capture racial and ethnic disparities that could fundamentally impact a child or adolescent's experience within foster care (Garland et al., 2003), or that could later affect their mental and social well-being in both the short-term placement and for their long-term development.

Real-World Implications

Research regarding the psychosocial development of children and adolescents in foster care is relevant to the real world due to the long-term challenges and experiences that foster

children and adolescents face. Several steps for reform are necessary to promote the well-being of adolescents and their transition into adulthood better after being within the foster care system. Rome and Raskin (2017) identify some of the risk and protective factors, which are useful in determining (a) which foster children and adolescents are more at risk, (b) who may need more assistance and guidance, and (c) what we can do to help promote a healthy transition for youth when leaving foster care. Risk factors include having unstable placements, being on probation, or losing government assistance. Protective factors include living with a responsible and trusted adult who maintains a positive, consistent presence, being a full-time student, receiving educational and housing subsidies, having reliable means of transportation and communication, and maintaining a stable job throughout the year (Rome & Raskin, 2017).

The lack of consistent screening for different foster care departments is also a pressing concern. Ongoing screening for children and adolescents within foster care is necessary to promote healthy development (Harden, 2004). Further, child welfare agencies need to be held accountable for overseeing the progress of each individual child and adolescent as they go through the foster care experience (Font & Gershoff, 2020). For example, Font and Gershoff (2020) suggest that child welfare agencies should have up-to-date electronic access to medical, juvenile, and education records for all children with an active foster care case in order to assess properly, develop a case plan, and provide the necessary services for each individual. Additionally, the measures used in the Federal Child and Family Service Reviews (CFSTRs) need to re-evaluate so that they are more focused on child safety and well-being. Furthermore, Congress needs to establish certain foster care laws and standards on a federal level instead of a state level. For example, Congress has programs that grant financial aid to individuals that are

leaving the foster care system at the age of 18 to prevent homelessness; however, not every state provides those same resources for this marginalized group (Flower, 2011).

Prior research has shown that children and adolescents in foster care are at an increased risk of developing poor social skills and mental illnesses. Thus, clinical intervention and programs that promote healthier psychosocial development should be considered vital within the lives of all these individuals (Kools, 1997). There needs to be an increase in widespread mental health interventions for children and adolescents such as research-based interventions and refined evidence-based diagnostic tools within this population to mitigate mental and social problems that children and adolescents may experience both before entering foster care and exiting foster care (Pecora, 2010). Furthermore, community-based systems and databases should be established to help individuals who left foster care to ensure their well-being (Rome, 2017). Efforts are needed to mitigate the potential negative effects of the foster care system on both current and former child and adolescent participants.

Conclusion

Previous evidence has shown that being in foster care has been associated with children's and adolescents' negative, and at times long-lasting adverse psychosocial well-being if they are not placed in a stable and healthy environment. Children and adolescents who enter foster care are already at risk due to experiences of trauma and maltreatment within their biological homes. Foster care, although not an ideal situation, is one of the few solutions for a child or adolescent to be away from such dangers. Children and adolescents in foster care experience a range of issues once entering foster care such as an improper foster care home environment, placement instability, and child-caregiver relationship issues. These issues, in turn, have been related to an array of developing mental and social issues such as lack of interpersonal relationships, an

increased risk for developing mental health disorders, decrease of academic achievement, self-esteem issues, and a lack of stability for future endeavors. Current research is limited in extensively covering all varying aspects of child and adolescents' experiences within foster care, racial and ethnic differences, and the varying terms that group foster care under one umbrella. Future research needs to focus on foster care reform within the state and federal level as well as providing additional training for foster parents, child welfare agencies, and all individuals involved in the foster care process so that it aims in creating a stable and healthy foster care environment for both the foster parents and children. Lastly, researchers should continue to focus on the development of more mental health interventions, resources, and extra support for children and adolescents before, during, and after their experiences in foster care to minimize the psychosocial risks to their development.

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