

# POLICY BRIEF

August 2018

# FOSTER CARE IN MISSOURI

 Center for Family Policy and Research  
University of Missouri

In 2017, more than 20,000 children received foster care-related services by Missouri's Department of Social Services (Children's Division). Many of these children will experience prolonged stay in foster care and multiple placement transitions resulting in repeated trauma and instability, hindering their optimal development. Children in foster care, and their families, need support and access to quality resources to be safe, healthy, and productive.

## The Foster Care Population (2017)

Missouri's foster care population significantly increased in the last five years. Of continued concern is that ethnic and racial minorities continue to be disproportionately represented in the foster system with African Americans making up 12% of Missouri's overall population, but nearly 20% of the foster care population.<sup>1</sup>

- 20,031 children in care (approximately 1% of the state's population under 18 years old)<sup>1</sup>
- Mean age = 9.1 years old<sup>1</sup>
- Race/Ethnicity: White (73%), Black (20%), Multi-Race/Unknown (7%), American Indian/Alaska Native (<1%), Asian (<1%), Native Hawaiian/Pacific Islander (<1%)
- Of all foster children, ~ 9% of Hispanic origin
- Mean time in foster care = 21 months<sup>1</sup>
- Placement settings: kinship foster care (48%), non-relative foster home (32%), residential care (10%), and pre-adoptive homes (1%)<sup>1</sup>
- Long-term placement goals: reunification (53%), adoption (22%), and independence or guardianship (22%)<sup>1</sup>
- Only 58% of youth transitioning out of foster care, at age 19, report attaining a high school diploma or GED<sup>3</sup>

## Experience and (In)stability of Missouri Foster Children

The longer children are in foster care, the less likely they are to achieve permanency with a family and the more likely they are to experience multiple placement transitions. These disruptions add to the vulnerabilities and trauma experienced by foster children.<sup>4,7</sup>

- On average, Missouri foster children experienced 3 different placements during their *most recent* time in foster care; though, the number of placements ranged from 1 to more than 16.<sup>1</sup>
- More than 2,200 Missouri foster children experienced more than 5 different placements.<sup>1</sup>
- Of those who exited foster care in 2017, their average time in care was 22.3 months but 35% of those children spent more than two years in the foster care system. These are both above the national average of 19 months in care and 28% spending more than 2 years in care.<sup>1,2</sup>
- There were 1,536 adoptions from Missouri's Children's Division in 2017, but there were a total of 4,423 in care with an adoption goal.<sup>1</sup>
- Of those with an adoption goal, only 38% were placed in adoptive or temporary adoptive custody and 47% had an incomplete termination of parental rights (TPR). This means about half of foster children with a goal to be adopted can not proceed with any adoption possibilities due to the waiting period for a completed TPR.<sup>1</sup>
- Of those aging out (18-21 years old), 18% reported experiencing homelessness at age 19; By age 21, the rate of homelessness experienced jumped to 29%, higher than the national rate of 20%.

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20,031

Missouri Foster Children

34% 0-5 years old

29% 6-11 years old

37% 12+ years old



# Developmental Needs and Outcomes of Foster Children

The multiple transitions experienced by foster children contribute to the unmet, or delayed meeting of, physical and mental needs. Indeed, foster children often have complex trauma which is associated with higher instances of internalizing, PTSD, and other clinical diagnoses. These factors all contribute to the disproportionately high rates of emotional, behavioral, and mental health disorders among this population, ranging from 44 -- 66%.<sup>5,6,7</sup>

## Physical Health<sup>5</sup>

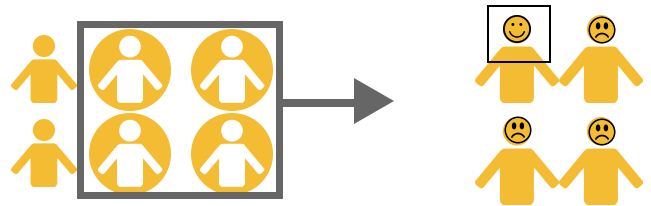
- Foster children have higher medical needs compared to their peers, likely due to a lack of screening and delayed treatment.
- The most common health issues experienced by foster children include incomplete immunizations, vision problems, respiratory problems, obesity, dental issues, skin conditions, sexually transmitted diseases, and infections and allergies.

## Mental Health<sup>5,6,7</sup>

- Foster children and youth are more likely than their non-welfare peers to experience internalizing issues such as depression and anxiety, PTSD, and drug dependence.
- Multiple studies indicate a gap between the mental health needs and the provision of mental health services. For example, only 23% of foster parents report that mental health needs of their foster child/ren are met.
- Additional areas of concern documented in research studies include lack of comprehensive mental health screening for children entering care, lack of thorough identification of foster children struggling with emotional and behavioral disorders, and insufficient access to high quality mental health services.

## Social Health<sup>5</sup>

- Attachment issues are prevalent among all ages of foster youth.
- Infants and toddlers removed from their families have special developmental concerns, including attachment difficulties, but often case workers lack the training to adequately support these youngest foster children.
- Social development concerns for foster youth include struggling to gain a sense of belonging, demonstrating less prosocial behaviors, failure to show social growth during foster care placement, and struggles with emotion and behavioral control.



As many as 66% of foster children will experience mental health difficulties... ..but only 23% of foster children have their mental health needs met.<sup>5</sup>

Turley, D., & Martinez, M.  
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# Policy Recommendations

Foster children have the capacity for resilience and ability to demonstrate positive growth if they can secure a high quality, stable placement, establish healthy relationships, and have their physical, social, and mental health needs met.

- Increase financial and training support for child welfare systems to provide more individualized and timely care. Recruiting and retaining high quality caseworkers will lead to better outcomes for Missouri's children and families.
- Add child development training and job requirements to ensure professionals in charge of plans and goals have the knowledge to support children in foster care in developmentally appropriate ways.
- Increase education and recruitment efforts to the general population regarding how to become a licensed foster home and adoptive family to expand options for caseworkers when trying to find appropriate and nearby placements for children and to reduce the number of placements in institutional settings.
- Increase trauma-informed care training, on-going support, and financial support to existing foster families in an effort to increase the quality of placement experiences for foster children and decrease transitions and placement disruptions.
- Establish strict timelines for physical and mental health assessments, screenings, and check-ups to increase the likelihood of early intervention to support overall health, safety, and wellness.

## References

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