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Neither Foster nor Orphanages

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Neither Foster Care Nor Orphanages

Introduction

Clearly, there are circumstances requiring out-of-family placement for children. Foster care in the U.S. and orphanages in numerous countries remain available or the only alternative for care of some children at-risk. The mental status of children while in alternative care has received little research attention while much research has focused on the post-care, long-term negative consequences of such care, including developmental delays or impairment (Norman & Park, 2009; Pearce & Pearce, 2001). Research suggests a significant negative psychological impact for children raised in orphanages. While foster care has been viewed as an improvement in the care of vulnerable children, research also indicates long-term psychological problems for children raised in foster care. Neither foster nor orphanage care provide the conditions for adequate social and emotional adjustment of children later in life. Renewed attention must focus on improving the care of vulnerable children.

Children in Orphanages

Internationally, orphanages remain a common alternative for care of children abandoned or at-risk. A major limitation in assessing the mental health needs of children in orphanages, beyond the basic practicalities in poorer nations, is the lack of comparison to a community sample (Zeanah, et al., 2003). In a current, ongoing study of children in Ukrainian orphanages, mental status test scores were compared between two orphanages controlling for age, culture, and disability, and between orphanage children and a community sample (Norman & Bathori-Tartsi, 2010). While orphanage children scored well above the average and in the clinical range across developmental markers compared to the public school sample, scores between the orphanages were nearly identical across mental status items (Figure 1). This data points to institutionalization per se as an explanation for negative long-term social, behavioral, and emotional problems. Such things as limited one-to-one engagement, fewer positive reinforcements, and changing staff over time likely compromise optimal healthy child development.

Foster Care

While many countries have ceased providing orphanage care of children because of the negative clinical picture and post-institutional problems, foster care may also mean negative long-term developmental challenges and inadequate social adjustment later in life, including diagnosed Post-traumatic Stress Disorder, 70% life time history of treatment for emotional and behavioral problems, and lower school/academic performance (Pearce & Pearce, 2001; Strijker, et al, 2008; Wotherspoon, et al, 2008). Insecure attachment and an array of social and behavioral problems exist in children in foster care and may persist later in life. Biological vulnerabilities, maltreatment, and the experience of foster care all contribute to long-term skills deficits needed for adequate adjustment in a return home or into the larger community over time. For some children, there may be a negative factor present when entering foster care and placement in a stable/nurturing home may facilitate a child's recovery (Pearce & Pearce, 2001). Nonetheless, trauma, separations, possible maltreatment, and especially, multiple placements lead to ongoing challenges for the child experiencing foster care.

Implications – Discussion

Neither foster care nor orphanages protect children from serious developmental and adjustment problems while in care or in post-care living. While philosophically more appealing than orphanages, foster care does not readily mitigate many of the long-term negative consequences of out-of-family care. The implications include the challenge to help children remain with families whenever possible and to adopt policies and programs to support families in effectively caring for children. For some countries, financial subsidies in addition to the training of parents to be socially responsive and emotionally nurturing with children. In fact a number of studies have shown that the training of orphanage staff to be more socially responsive to children has improved scores across developmental markers in the residents. Such training with parents and foster care providers likely would improve and enrich the care of vulnerable children in their own homes or in alternative care. Social policies and clinical interventions that support family preservation seem paramount. If not possible, similar efforts (financial subsidies, training of caretakers, and efforts to reduce multiple placements in either foster care or orphanage care, etc.) should be the priorities of mental health workers and policy-makers in the care of vulnerable children. Children bring with them psychological vulnerabilities when entering foster care or orphanages. While foster care may provide more one to one support the negative consequences are significant in both. Future attention should look to other alternatives.