COAs in Foster Care
A Group in Need of Advocacy
by Iris Smith

The National Association for Children of Alcoholics was founded on the belief that children of alcoholics and other drug users have a right to protection from the physical, psychosocial and emotional abuse caused by parental addiction.

Children of alcoholics and other addicts (COSAs) are frequently the victims of neglect and/or abuse as a consequence of the chaotic and uncontrollable lifestyle of active drug using parents. Consequently, they are also more likely to be placed in foster care. Although removing children from dysfunctional and/or abusive homes is often intended to be in the child’s best interest, placement in foster care can increase the risk of later developmental problems.

Many children of alcoholics and other addicts will enter the foster care system at a very young age. Children who are prenatally exposed to alcohol and/or other drugs are often identified shortly after birth. The current trend toward criminalization of pregnant alcohol and other drug (AOD) users is likely to increase the number of young COSAs who are identified and removed from parental custody. It has been estimated that as many as 80% of all

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identified prenatally AOD exposed infants of untreated addicted mothers will be placed in foster care in the first year of life. In some communities, child welfare referrals for this population have contributed to a 3000% increase in the number of drug dependency petitions filed in the past five years (Jones, McCullough, & Dewoody, 1992).

Once placed, children of AOD using parents may remain in foster care longer and be moved from one placement to another more frequently than other children. Such multiple placements can be as damaging to a child’s emotional development as remaining with the dysfunctional family of origin. To further complicate this issue, in many areas of the country there is a shortage of foster care providers, thus increasing the likelihood that COSAs will experience multiple placements, many in locations far away from their families of origin.

Children who are prenatally exposed to alcohol and other drugs are at increased risk of premature birth and other developmental problems, including exposure to HIV infection. Children with medical needs are often harder to place in foster care, since that may require specialized skills and resources. As a consequence many of these children remain in medical facilities for extended periods of time.

Concern for COSAs in the foster care system has led to the development of NACoA’s second position statement. Following are NACoA’s policy recommendations for children in foster care.

1. Development and evaluation of family preservation programs. There is evidence that programs which provide support to families of origin may have a more positive effect on outcomes than out of home placement (Norman, 1985; Bribitzer & Verdeck, 1988; Stein, 1985). However, evaluation research in this area is limited. There is a need to focus research on family preservation programs, especially with addicted families. NACoA supports funding for intervention programs which will provide comprehensive services to the entire family system in order to prevent unnecessary placement of children in the foster care system.

2. Alternative placement options for children when it is clear that removal from parental custody is in the best interest of the child. Specifically, NACoA supports the concept of “kinship” care (placement with extended family members) as a culturally sensitive alternative to traditional foster care placement. While payments to foster parents vary by state, most states do not allow reimbursements to family members for the same services provided by non-related foster parents. The shortage of foster homes, especially for minority and prenatally drug exposed children has reached a crisis in many communities, creating “boarder babies” in many public hospitals. Alternative placement options such as kinship care may increase the number of potential placements.

3. Development of programs to prevent the abandonment of infants through the provision of comprehensive services to families at risk and the development of alternative placement options for these children.

4. Development of specialized foster care for the medically at-risk child may be a cost effective option to provide specialized training and support to families willing to accept medically at-risk children.

(The NACoA Position Statement on children in foster care is available from the NACoA national office. NACoA board member and advocacy chair Iris Smith is Division Director, Prevention Program)