Kenisha had been fostering a 3-year-old girl, Patsy, since she came into care at the age of 18 months. Patsy was removed from her birth mother’s care because of drug addiction which resulted in neglect. A first-time foster mother/single mother, Kenisha fell in love with Patsy and wanted to adopt her. Because there had been inconsistent birth parent visitation, Kenisha and the caseworkers all believed that the plan for Patsy would ultimately be for adoption. However, the birth mother had sought and successfully completed drug treatment after realizing that she was about to lose her daughter. At the court hearing, the judge was impressed with the birth mother’s progress and the plan was changed to reunification. A very devastated Kenisha was now expected to support and cooperate with the birth parent visitation schedule. Kenisha was overwhelmed with grief at losing Patsy.

Much has been written about the loss and grief experiences of children navigating through the many challenges of the foster care system. The trauma histories including neglect, abuse, abandonment and other compromised situations leading to the trauma of removal from birth family is part of every foster child’s story. For many of these children, losing the opportunity to live safely within their family, losing connections with siblings and extended relatives, losing their community may be permanent. For others, the loss is “ambiguous” as attempts are made at reunification – as birth parents are given the opportunity to make changes that would allow them to regain custody of their children. When they fail, court battles can ensue for years as birth parents strive to prevent the termination of their parental rights. The ambiguity itself is its own trauma.

Unless foster parents plan to adopt their foster child and are successful, they, too suffer from tremendous feelings of loss and grief. The training foster parents receive is essential to prepare them for this unique parenting experience. Nurturing and guiding someone else’s child for an indeterminate amount of time is a skill that requires incredible strength, patience, commitment, determination, and resilience. It is counterintuitive to attach to a child that you will eventually say good-bye to. But wonderful foster parents do this every day in the service of providing a temporary (possibly for years) but loving, safe haven for a hurt, suffering child(ren).

The expertise required for the “job” of foster parents involves the important understanding of how the trauma the child has experienced impacts their physical and emotional lives. This includes knowledge of the “normal”, expected tasks at each stage of development. For example, knowing that a school-age child who was sexually abused is important for understanding why this child may be fearful about being touched, confused about appropriate boundaries, or act out in a sexualized manner. Therefore, experienced
foster parents become very attuned to expecting difficult behavior and coping with foster children who have serious issues around trusting adults. In short, foster parents are privy to a wide range of emotional expression on the part of their foster children that is very much “outside the norm.”

For some fostering parents, the impact of prior personal losses they have experienced may not be readily apparent until they are overwhelmed by feelings related to the loss of a foster child. For some first-time foster parents, the day that the social worker informs them that their foster child will be moving, perhaps back to their birth family, perhaps to an adoptive family, perhaps with advanced notice, or with little notice is their first introduction to these unique feelings as foster parents. A foster parent’s own history of loss and grief can be triggered, and that parent will need time to grieve and process the loss of that foster child’s placement from their home before they accept another placement. Foster parents need support to develop a ritual for their grieving without judgment from other people who may consider loss of a foster child as “just part of their job.”

There are many factors that influence the agency decision to move a child and foster parents often have strong feelings about those moves. Foster parents have asked, “How do I show my sad feelings without alarming the child and undercutting the placement? Can I know who the child is going to? Why was the decision made to place the child with that particular family?” In most agencies, there is a team approach to fostering—agency social workers, attorneys, foster parents, birth parents, and therapists. However, in some locations, when the professional team approach to fostering is not standard practice, foster parents are at risk for feeling marginalized by their agency. Expecting to have input regarding “the best interests of the child,” foster parents may feel disrespected and powerless if they are either excluded from sharing their opinions at court, school or agency meetings or their input is devalued. This can negatively impact their confidence and sense of competence in their parenting role. Consequently, this can lead to resentment and undermine the relationship with the agency.

Understandably, in cases of “concurrent planning” where the goal is possible reunification (return to birth family) or adoption, foster parents often feel enormous anxiety when they are hoping to be able to adopt their foster children. Birth parents may make significant improvements to meet the goals set to have their child(ren) returned; or the court may continue to allow for the possibility of reunification, with increased visitation between birth family members and the child. In these situations, the foster parents are asked to put aside their own wishes for adoption and may be expected to become more involved with the birth parents in support of this new goal.

Coping with the ambiguity of what the future holds and the loss of control over whether they will be able to adopt their foster child is no easy task. Foster parents need to be allowed to process their feelings of helplessness and fear, while holding onto their optimism and dreams. Social workers need to be prepared to respond with patience and sensitivity to foster parents, whose anxiety and concern for their foster child may be
expressed as challenging the worker’s/agency’s decisions. It can be difficult not to become defensive or dismissive, but it is important that instead, workers communicate empathy and understanding by acknowledging how painful this process can be for foster parents.

Should reunification happen, foster parents may experience devastating grief. Foster parents need and deserve the support of all involved to grieve their loss. Foster parent groups may be very helpful. Agency social workers need to understand their role in assisting in this grief process. They can refer the foster parent to a therapist who specializes in loss and grief. Workers under pressure to find placements may ask a grieving foster parent to accept another placement. However, best practice is to expect foster parents to do this only if and when they communicate that are ready.

In therapy, Kenisha was encouraged to move beyond her only identified feeling of anger to express the sadness and pain she was experiencing. She was given permission to focus on self-care by paying attention to her need for time alone to cry. Over time, gradually, Kenisha was able to adjust to losing Patsy. While there would always be a special place in her heart for Patsy, in the future, she believed she would be able to love another child.

Loss and grief are an integral part of the experience of foster care parenting and impact everyone involved in this system. Helping foster parents acknowledge, express and manage these powerful emotions in a healthy way is important for their well-being as well as for the children in their care. Children learn from adults how to grieve, how to acknowledge their losses and how to honor their feelings. Foster parents are often the first teachers of healthy expression of emotions for abused and neglected children. To support the grieving children in their care, they must receive understanding and support for their grief.