

Ensuring the Well-Being
of Children in Foster Care

What's Needed and
What You Can Do About It.

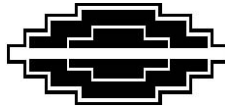
A Resource for Judges, Attorneys, Social Workers, Service
Providers, Child Advocates, and
Others Who Work with Children and Families

Introduction

The guiding principles of all child welfare activity are well established as *safety, permanency, and well-being*. A body of law, policy, and practice has been developed to ensure safety and expedite permanency.

This booklet focuses on ensuring child and family well-being in terms of:

- Preserving the continuity of family relationships and connections for children.
- Increasing the capacity of families to provide for their children's needs.
- Ensuring that children receive quality services to meet their physical health needs.
- Ensuring that children receive quality services to meet their mental health needs.
- Ensuring that children receive appropriate services to meet their educational and developmental needs.
- Facilitating the transition of young people exiting foster care into young adulthood.
- Attending to the special needs of children and families when substance abuse is involved.



All of us play a role in these important activities. Placement and visitation decisions must take into consideration preserving the continuity of family relationships. Families must be provided real opportunities to be involved in treatment planning activities. Needed services must be provided to children, families, and foster care providers. The court, the Guardian ad Litem (GAL), the respondent attorney, CRB members, CASA volunteers, and foster parents all provide an important layer of oversight of the efforts to ensure well-being.

This booklet explores each activity in terms of why it matters and what is involved. A list of questions to consider in each area is also provided.

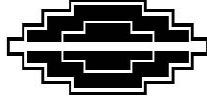
Continuity of Family Relationships & Connections

In order to preserve the continuity of family relationships and connections, it is important to consider placement decisions, visitation with parents and siblings, and services and support for the foster care provider.

Placement Choices: If a child must be removed from his/her home, every effort should be made to place the child in the least restrictive, most family-like setting, appropriate to the child's needs. If possible, the child should be placed with relatives. If the child's siblings have also been removed, it is preferable that the siblings be placed together. It is also preferable that the placement be in close proximity to the parents and to the child's school.

Visitation: Unless it is not in the child's best interests or is prohibited by the court, the child and the family should have regular visits, even if the parent is incarcerated. If siblings must be separated, they also should have regular visits.

Support for the Foster Care Provider: Foster care providers are critical to ensuring the child's well being. They must have regular contact with the CYFD Worker and be provided referrals for services and other support as needed. Foster care providers must have access to the child's current medical, dental, mental health, and educational records. Finally, in accordance with the federal Adoption and Safe Families Act (ASFA), foster care providers have the right to be notified of and to attend CRB reviews and many of the court reviews or hearings that pertain to a child in their care.



Questions to
consider about
preserving
family
connections:

- Is the child placed in the least restrictive setting appropriate to his/her needs? Is the child placed with relatives?
- Is the child living near his/her parents? Is the child living with his/her siblings? Is the child living near his/her school?
- Does the child visit regularly with his/her parents and siblings?
- If the child is Native American, is he/she placed in accordance with Indian Child Welfare Act (ICWA) placement preferences?
- Are support services available for the foster care provider?
- Does the foster care provider have the child's current records?

Enhanced Family Capacity to Provide for Children

To help ensure that a family will be able to safely provide for their children, the family's strengths and needs must be assessed and a treatment plan developed. Allowing and encouraging the parents – and the child if appropriate – to be active participants in the assessment and treatment planning process builds the family's capacity to identify and deal with their problems, as well as to recognize and build on their strengths.

Planning begins with a comprehensive assessment. The family assessment conducted by the CYFD Worker is often sufficient to gather the information needed to determine the safety of the child, to establish a permanency plan, and to develop the treatment plan. In addition, the family may be referred for a psychological or psychiatric evaluation, substance abuse screening, or other assessment as needed. At a minimum, the family's assessment should:

- summarize the family's history, including the abuse or neglect allegations that brought the child into care;
- describe co-occurring problems such as mental illness and/or substance abuse;
- note treatment history and prior placements; and
- identify the family's strengths and resources as well as their physical, mental/emotional, educational, and developmental needs.

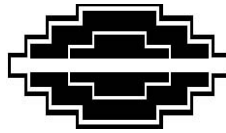


ASFA requires that the family's treatment plan be developed jointly with the parents. The child, when old enough, should also be actively involved in case planning.

Based on the initial assessment, the CYFD Worker works with the family and the child to establish goals that are realistic, time-specific, and measurable. The plan needs to be culturally relevant and flexible enough to allow for changes in the family's situation.

The treatment plan identifies the permanency goal for the child as well as a plan for discharge and aftercare services. In addition, the plan should identify the specific persons responsible for each goal/objective, the type of treatment and other services to be provided (counseling, family therapy, parenting classes, etc.), and target dates and time lines.

After the treatment plan is developed, the parents and the child (if the child is old enough) should sign it. This promotes commitment to the plan and helps ensure that each individual knows what is expected.



Questions to consider about assessment and treatment planning in order to enhance family capacity to provide for their children:

- ◊ Were the parents' and child's needs thoroughly assessed?
- ◊ Did the parents have an opportunity to participate in treatment planning?
- ◊ Did the child have an opportunity to participate in treatment planning?
- ◊ Was the family's cultural background considered in treatment planning?
- ◊ Are there any co-occurring problems (e.g., substance abuse, domestic violence, mental health problems)? Are they addressed in the treatment plan?
- ◊ Are time frames and responsibilities clearly spelled out in the treatment plan?
- ◊ If the child is nearing permanency, is there a plan to continue needed services for the child (and parents, if appropriate) after custody is dismissed?
- ◊ Have the parents/caregivers received information/support regarding the child's health and mental health needs?
- ◊ Do parents/caregivers have information about publicly funded health insurance options and other support?

Appropriate Services to Meet the Physical Health Needs of Children

Children in foster care are often more vulnerable than other children of the same age and more often in poor health. The abuse and/or neglect which caused them to come into care is often complicated by homelessness, poverty, and parental substance abuse. These circumstances are often associated with inconsistent health care and health problems. Dental health is also often compromised, and inconsistent dental care is common.

Child's Health History: When a child is removed from home, it is not always possible to obtain information about the child's medical history and current health status. However, when it is possible, the child's social worker should ask the parents about the child's current health and any health care services the child has received. The social worker will attempt to obtain immunization and other current medical records.

The National Resource Center for Foster Care & Permanency Planning, among others, recommend every child receive an initial screening upon entering care and comprehensive health assessments at regular intervals thereafter.

Initial Health Screening: An initial health screening, conducted as soon as possible after the child enters placement, establishes a baseline for a child's health status. It determines whether or not the child has received necessary immunizations, and identifies any physical, dental, mental, or developmental problems requiring immediate attention or further examination. Screenings for communicable diseases, including HIV/AIDS, and for lead exposure should also be completed at this time, as should hearing and vision screenings.

Regular Assessments: Comprehensive assessments should be conducted regularly to follow-up on any problems identified in the initial screening and to address the child's current physical, dental, mental, and developmental status, including identifying any problems requiring additional attention.

Ongoing Care: Foster children, like all children, need "well-child" health care, immunizations, and treatment of childhood illnesses. Each child in care should have a primary care provider to deal with medical problems as they arise and to provide well-child care.

Involving the Family: The National Resource Center for Foster Care and Permanency Planning recommends that families – both birth and foster families – be considered partners in the child’s health care. The child’s care should be addressed in the context of the family’s culture, beliefs, and environment. In addition to providing information about the child’s health history, parents should be encouraged to participate in medical appointments. Foster parents must have access to the child’s current medical and dental records and should be supported in their efforts to ensure that the child’s health needs are met.

Continuity of Care:

According to the National Council of Juvenile and Family Court Judges, “Ensuring the healthy development of foster children requires that they receive quality medical care. Such care should be comprehensive, coordinated, continuous...All children in foster should have...a single point-of-contact practitioner knowledgeable about children in foster care who oversees their primary care and periodic reassessments...and who can make this information available as needed.”

Establishing continuity of care and ensuring a comprehensive and coordinated treatment approach by all professionals involved in their care should be one of the highest priorities for child welfare services.
American Academy of Pediatrics

Questions to consider about the child’s physical health needs:

- Did the child receive an initial screening?
- Are the child’s immunizations up to date?
- Has the child received hearing and vision screening?
- Has the child been screened for communicable diseases?
- Has the child received regular health assessments?
- Has the child received medical treatment if needed?
- Has the child received regular dental care?
- Are the child’s health records current?
- Do the foster parents have the child’s current health information?
- Does the child have a primary care physician or health center to go to for “well-child” care and medical treatment?

Services to Meet the Mental Health Needs of Children

Just as children entering foster care are more vulnerable to physical health problems, they may experience more emotional and behavioral problems than other children of the same age. As pointed out by the National Council of Juvenile and Family Court Judges, the life experiences of these children, in addition to the abuse or neglect bringing them into care, often include family violence, exposure to parental substance abuse or mental illness, homelessness, or chronic poverty. Upon entering care, they must deal with separation from their family members and a great deal of uncertainty and change.

The Child Welfare League of America recommends that every child in foster care receive a mental health assessment by a mental health professional shortly after placement in foster care and that children with identified problems be further evaluated for diagnosis and treatment.

The American Academy of Pediatrics recommends that the pediatrician assess the child's emotional status as part of every health visit. The Child Welfare League of America calls for an assessment by a mental health professional. Some agencies have created multidisciplinary teams to evaluate children.

Regardless of how the assessment is conducted, the child's mental health status and the existence of emotional or behavioral problems must be addressed. The American Academy of Child and Adolescent Psychiatry specifically recommends assessment for:

- infants who are excessively fussy, have feeding and sleeping problems, or failure to thrive;
- toddlers, older children, and youth who are aggressive, defiant, impulsive, hyperactive, withdrawn, extremely sad, or have sleeping or eating disorders.

Emotional or behavioral problems identified in the assessment should be specifically included in the child's treatment plan. Referrals and other supports should be provided to the child and the caregivers to secure services to address those problems.

The National Council of Juvenile and Family Court Judges urges that children with identified mental health problems receive care from a mental health professional. This care could be provided through community mental health clinics, private practitioners, or specialized professionals. Services which might be necessary could include individual, group, and/or family counseling; home visitations; caregiver support; day treatment; residential treatment or therapeutic foster care; community support groups; and/or psychotropic medications.

The choice of treatment and other services should be based on the least restrictive alternative, depending on severity of emotional disturbance, and determined by the availability of resources as well as the best interest of the child and family. Counseling for foster children may focus on topics such as attachment and bonding, family dysfunction, trauma, resiliency and self-esteem, trust, and relationship building.

The incidence of emotional, behavioral, and developmental problems among children in foster care is three to six times greater than children in the general population. Children with emotional and behavioral problems have a reduced likelihood of reunification or adoption.

National Council of Juvenile and Family Court Judges



Questions to consider about the child's mental health needs:

- Has the child had a mental health screening and assessment?
- Has the child received mental health treatment if needed?
- Are the child's mental health records current? Do the foster parents have current information?
- Does the child's treatment plan include mental health recommendations/referrals? Have those been completed or followed up?
- If services are not available locally, what is the plan to obtain those services?

Services to Meet the Educational and Developmental Needs of Children

Attending to a child's educational and developmental needs should start early. Early evaluation is important in order to identify developmental delays and implement appropriate interventions. Intervention is most effective during the child's first three years.

Young children with identified delays may have access to two federal entitlement programs: the Early Intervention Program for children under age three and the Preschool Special Education Grants Program for children ages 3 - 5. These programs can provide services including vision and hearing screens, speech and physical therapy, special instruction, and family support.

The National Council of Juvenile and Family Court Judges points out, "Considerable research has indicated that early education has a positive impact on school and life achievement. Children who participate in early childhood programs have higher rates of high school completion, lower rates of juvenile arrest...Many foster children are eligible for early childhood programs such as Head Start, Early Head Start, and publicly funded pre-kindergarten programs..."

The New York State American Academy of Pediatrics recommends formal, comprehensive developmental and educational assessments for all children entering foster care. The earlier these assessments are conducted, the more likely interventions can make a significant difference.

School encompasses an entire world for children; it's what they do for over six hours a day. Imagine, then, how they feel trying to maneuver through a vast, unfamiliar educational universe – at the same time coping with a new home, new adult authorities, and new rules.

Child Law Practice

Research shows that foster children, on average, score below non-foster children in achievement tests. According to *Child Law Practice*, foster children drop out of school at twice the rate of non-foster children.

Moving to an unfamiliar school requires months of adjustment and can cause a child to fall further behind academically. Some studies estimate children lose six months of emotional development with each new placement. This means a 14 year old with four placement changes may be closer in age emotionally to a 12 year old.

If a child is identified as needing special education services, an Individual Education Plan (IEP) must be completed. The IEP team usually includes the parents and/or foster parents, administrators, the teacher, and sometimes the child. The IEP addresses learning and testing goals based on needs identified through a formal information gathering or testing process. The goals and objectives are guides to help children acquire skills that other children of their age have already learned. The IEP may also identify behavioral, physical, or cognitive disabilities as well as tardiness and attendance concerns.

If needed, additional remedial classes or tutoring should be available for foster children. Educational services should build social and emotional knowledge, including life and coping skills. School attendance and academic progress should be closely monitored to get children the help they need more quickly.

Foster parents should be encouraged to form a partnership with schools, including being an advocate, maintaining educational records, and providing encouragement to the child. The child's school must have the support of the social workers and others involved in the case as well, in order to ensure smooth collaborations, continuity, and communication.



Questions to consider about the child's educational and developmental needs:

- Did the child receive a developmental and educational assessment upon entering foster care?
- Is the child enrolled in an early childhood program?
- Is the child receiving special education services?
- Is the child eligible for an IEP? Is the child participating? Are the parents participating? Are the foster parents participating?
- Are IEP goals and interventions being addressed?
- Are other education supports (tutoring, after-school programs, speech therapy, etc.) being provided to the child, if needed?

Services for Youth Transitioning to Young Adulthood

In New Mexico, over a hundred young adults “age out” of foster care each year. That is, they turn 18 years old and are legally emancipated. Becoming an adult can be a difficult transition for any young person, and it can be overwhelming for young people coming out of foster care. Most young people leave foster care without family support, with few resources, no home, and low expectations (theirs and others).

According to a study conducted by Casey Family Programs, compared to other young people, youth transitioning from foster care:

- have a higher arrest and incarceration rate;
- are more likely to have children at younger ages;
- have lower high school graduation rates;
- are more likely to have health, mental health, and substance abuse problems;
- are more likely to experience homelessness; and
- have a higher rate of unemployment.

...we can help these youth learn to honor their uniqueness and find their own special place in the world. We want to ensure that every young person who leaves the child welfare system is connected with a competent, caring adult...what matters is that someone steady will be there to lend an ear, answer questions and help that young person to find his or her place in the world. There is perhaps no more important work we can do.

Casey Family Programs

The Chaffee Foster Care Independence Act was passed by Congress in 1999 in response to these concerns. This Act provides the states with funds to assist young people as they exit the system. Under the Chaffee Act, states can:

- help young people continue their education by providing assistance with tuition, tutoring, and other education support;
- provide training in daily living skills such as money management, housekeeping, parenting, family planning, driver’s education, health and safety, and interpersonal and social skills;
- extend Medicaid coverage through age 21; and
- provide room and board for young adults from the time they leave foster care until they turn 21.

Under ASFA, all children in foster care who are 16 or over must be provided “the services needed to assist the child to make the transition from foster care to independent living.” In New Mexico, Independent Living Coordinators across the state work with youth to provide them with mentoring, daily living skills, and other supports. As part of the Independent Living Program, youth may participate in annual statewide conferences. Youth who exhibit certain leadership skills and commitment to the program may be selected to join Youth Advocates for New Mexico.



Questions to consider about services for youth:

According to Casey Family Programs and the National Council of Juvenile and Family Court Judges, judges should review the following areas during regular case reviews:

- How does the youth’s case plan address transition planning? Is the young person involved in transition planning?
- If transition to adult protective services or other adult services is needed, is that addressed in the case plan?
- If the youth will probably be emancipated from foster care, are there specific efforts outlined to ensure that the youth has or is building a social support network?
- What is the educational status of the youth? Will he/she graduate from high school? What about post-secondary education or training?
- If the youth has a goal of adoption or permanent guardianship, are efforts being made to achieve that outcome, as well as to prepare for adulthood through provision of independent living services?
- If the youth is transitioning from foster care to an independent apartment or other arrangement, is discharge at age 18 appropriate? Is the living arrangement safe and stable? Are child welfare services still needed?

The Impact of Parental Substance Abuse

In New Mexico, as elsewhere across the country, the co-occurrence of parental substance abuse (alcohol and other drugs) and child abuse and neglect is a growing concern. Increasingly, a parent's alcohol or drug addiction is a primary factor in the removal of a child from home and the inability to return the child safely within required time frames.

The problem of substance abuse co-occurring with child abuse and neglect is difficult because there are two, or even three, sets of time frames involved, and those time frames conflict. *Children's time* (i.e., the passage of time from a young child's perspective) requires systems to move quickly, recognizing that children need stable homes and relationships as soon as possible. According to ASFA and the New Mexico Children's Code, children must be returned home or placed in some other permanent situation within about 12 months of coming into custody. Unfortunately, however, these time requirements do not correspond with the actual time frames typically seen in substance abuse treatment and recovery. Treatment itself is time consuming, and there is almost always a cycle of relapse before complete recovery is achieved.

Four out of five families in the child welfare system are affected by substance abuse. ... the National Center on Addiction and Substance Abuse surveyed child agency and family court professionals. Three-quarters of those professionals believe substance abuse is one of the top reasons for the increase in child abuse and neglect reports in the last 15 years. Three-quarters report that children of substance abusers are more likely to be placed in foster care and stay in foster care longer than other children.

**Children's Legal Rights Journal
Fall 1998**

Parental substance abuse is often associated with other factors, which can also contribute to child abuse and neglect, including domestic violence, family conflict, physical illness, poor parenting skills, unemployment, and involvement in criminal activities.

According to *Child Law Practice*, January 2001, "Children exposed to a drug-dependent parent and the resulting inconsistent behavior may alternately feel anxious, confused, embarrassed, and frightened. Some evidence suggests being raised in a chaotic home environment by a drug-involved parent leads to developmental problems...Children may feel responsible for their parent's condition, resulting in helplessness, low self-esteem, and depression...They also face a greater risk of becoming substance abusers themselves."

So what can be done? As noted in the January 2001 *Child Law Practice*, “Addressing the substance abuse alone is not likely to produce the changes in a family that are necessary to ensure a healthy family environment for the child. Unless the whole of a family’s situation is addressed, substance abuse treatment is unlikely to be successful – and even if a parent achieves abstinence, the other issues present may continue to pose safety problems for the child.”

According to the U.S. Substance Abuse & Mental Health Services Administration, “Many parents, especially mothers, who enter substance abuse treatment are motivated to do so by concerns regarding their parenting and how their substance abuse is affecting their children.” The December 2000 *Child Law Practice* urges judges, attorneys, and agency staff to “find the balance between coercive paternalism and cooperative partnership.”



Questions to consider about parental substance abuse and treatment needs:

According to the January 2001 *Child Law Practice*, courts need to gather comprehensive information in order to make good decisions in cases involving parental substance abuse, including:

- History of substance abuse and treatment: What are the details about the substance abuse problem? What is the treatment history? How does the parent typically behave when under the influence? Does the parent acknowledge the problem?
- Parenting profile: What is the parent’s perception of the impact of the problem on the child? Are there prior child abuse/neglect incidents?
- Home environment: Are there indications of illegal activity or violence in the home? What is the condition of the house? Are there other adults there? Are they involved in substance abuse?
- Family supports: Are there family members who are available and willing to help? Can they care for the child?
- Treatment needs: What substance abuse treatment is needed and what is available? What additional treatment and services are needed by the family (housing, transportation, etc.)?

**PREPARED BY SHAENING AND ASSOCIATES, INC. AND
THE NEW MEXICO SUPREME COURT'S
COURT IMPROVEMENT PROJECT TASK FORCE**



**Funding provided by the U.S. Department of Health and Human Services –
Administration for Children and Families, the New Mexico Children, Youth &
Families Department – Children’s Justice Act Advisory Group, and the State of
New Mexico – Administrative Office of the Courts**

For further information about the New Mexico Court Improvement Project,
contact the Administrative Office of the Courts, 505-827-4800