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Gateways to Information: Protecting Children and Strengthening Families

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Emotional Well-Being of Children And Youth in Foster and Adoptive Care

Promising practices in child welfare : strategic approaches to improving the well-being of children in foster care.

Voices issue brief

Voices for America's Children (Organization)

2005

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This issue brief explores promising approaches aimed at ensuring children will do well in out-of home care, recuperate from the detrimental situations that placed them there, and prepare them to return home or to enter a new family. It begins by profiling programs that seek to enhance the well being of foster children while in care, including the NOVA University model, the Model Approach to Partnerships in Parenting program, and the Foster and Kinship Care Education program. Promising models for infusing cultural competency into foster care are then described, including ROOTS, Inc., and the Institute for Black Parenting (IBP) that have been successful in recruiting and retaining families of color. Promising programs for helping children recuperate are then profiled and include the HealthWorks program, the Project for Adolescent and Child Evaluations, Multidisciplinary Assessment Teams used in Massachusetts, the Health Care Advocacy Service (HCAS) used in Connecticut, the Philadelphia Model, the Services to Enhance Early Development program in California, the Family Program in New York, the Health and Education Passport program in California, the Fostering Healthy Children program in Utah, and the California Foster Youth Services Program. Finally, programs for preparing children for a permanent home are described, including the Family to Family model and Shared Family Foster Care. 37 references.

http://www.voicesforamericaschildren.org/Content/ContentGroups/Publications-Voices/Child_Welfare2/Strategic_Approaches_to_Improving_the_Well-Being_of_Children_in_Foster_Care/StrategicApproaches.pdf

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Children's adjustment to long-term foster care. Barber, James; Delfabbro, Paul; Children & Youth Services Review, Vol 27(3), Mar 2005. pp. 329-340.

The psychosocial adjustment of children to long-term foster care was investigated in two studies. The first study tracked 235 children over 2 years and obtained repeated measures of foster child well-being, while the second study employed semi-structured interviewing to obtain consumer feedback of 48 children in the care system. Taken together, results suggested that children adjust well to long-term foster care as reflected by the overall positive developmental trajectory in standardized measures of psychological adjustment and by the generally very positive feedback of the children interviewed.

Who are the children in foster care? / National Data Archive on Child Abuse and Neglect.

National Survey of Child and Adolescent Well-Being research brief ; no. 1

National Data Archive on Child Abuse and Neglect.

2004

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According to most recent estimates, over 530,000 children are in foster care in the United States. These children live in a variety of settings, including non-relative foster homes, the homes of relatives, and group homes. Currently, information on the characteristics of these children is mostly drawn from small studies of children in select localities. Other studies provide only a limited amount of information, though for a broader population of children. This research brief expands the existing literature by describing the demographic characteristics and well-being of a national sample of children who had been in foster care for 1 year. It answers the following questions: What are the characteristics of children in foster care for 1 year? What experiences of abuse or neglect have brought these children into the child welfare system? Where do these children reside? How are children in foster care for 1 year faring? Findings indicate that children who have been in foster care for 1 year vary in age and race. They are most likely to have experienced some form of neglect as their most serious maltreatment, and a significant number had experienced multiple types of maltreatment. Most of these children are residing in non-kin foster care settings. In addition, the data on well-being indicate the higher levels of risk experienced by these children compared to their peers not in foster care. A quarter of the children have health problems, and their overall cognitive and social development lags slightly behind their peers. They are particularly at risk in terms of their social skills. Moreover, those who are older, live in group homes, or have been sexually abused are most at risk. A sizeable majority of the children fall substantially behind what might be expected for someone their age in at least one of the areas of well-being measured. These findings indicate the multiple needs of this critical population of children.

http://www.ndacan.cornell.edu/NDACAN/Publications/NSCAW_Research_Brief_1.pdf

Mental health risks to infants and toddlers in foster care.

Fish, Betty. Chapman, Bette.

2004

Clinical social work journal

32 (2) p. 121-140

Publication Information: New York, NY: Springer

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New York, NY 10013

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Available from: <http://www.springerlink.com/>

This paper describes mental health risks to the birth-to-three foster care population. The paper describes risks of a relational and contextual nature. Relational risk factors, which have been previously identified by foster care researchers and clinicians, include the following: 1. Poor attachment signaling by foster

infants and toddlers; 2. Discomfort with infant and toddler dependency by some foster parents; and 3. Regulatory problems of foster infants and toddlers. Contextual risk factors include the following: 1. Lack of coordinated and coherent efforts to help foster infants and toddlers and; 2. Lack of support for the parent child relationship during placement. A case example and discussion is offered to illustrate these risks.

Children in foster care face a challenging journey through childhood. In addition to the troubling family circumstances that bring them into state care, they face additional difficulties within the child welfare system that may further compromise their healthy development. This article discusses the importance of safety and stability to healthy child development and reviews the research on the risks associated with maltreatment and the foster care experience. It finds: Family stability is best viewed as a process of caregiving practices that, when present, can greatly facilitate healthy child development. Children in foster care, as a result of exposure to risk factors such as poverty, maltreatment, and the foster care experience, face multiple threats to their healthy development, including poor physical health, attachment disorders, compromised brain functioning, inadequate social skills, and mental health difficulties. Providing stable and nurturing families can bolster the resilience of children in care and ameliorate negative impacts on their developmental outcomes. The author concludes that developmentally-sensitive child welfare policies and practices designed to promote the well-being of the whole child, such as ongoing screening and assessment and coordinated systems of care, are needed to facilitate the healthy development of children in foster care.

The well-being of DCFS wards.

Bruhn, Christina. Hartnett, Mary Ann.
Children and Family Research Center.
2003

Distributed by: Children and Family Research Center.
University of Illinois at Urbana-Champaign
Urbana-Champaign, IL Tel: (217) 333-5837
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A sample of 351 Illinois Division of Family and Child Services (DFCS) wards were assessed in 2001 using a variety of surveys, reports, and scales to measure children's functioning in the domains of safety, permanence, health, mental health, and education. Major findings indicate: (1) 46% of wards ages 5 and older are behind a grade or more for their age; (2) 48% of wards receive special education; (3) almost 40% of wards are diagnosed with a physical health condition, including physical injuries, asthma, and in-utero substance-exposure, and 22% are reported by caregivers as not receiving health care for a health condition; (4) 41% of wards have a mental health diagnosis and another 7% are reported as having severe behavior problems, with the most common diagnoses Attention Deficit Disorder, depression, and post-traumatic stress; (5) 21% of wards take psychotropic medication; and (6) within one year of observation, 39% of children in the sample exited placement to a permanent home. Findings from audio computer-assisted interviews found that 8 children out of 45 said that they were sad and depressed most of the time, 5 felt nervous and worried most of the time, and 3 said that they did not want to go on living most of the time. In addition, 2 children out of the 45 reported that there were no adults in the home or outside of the home they could count on to comfort them when they were scared or upset. Finally, 6 children from 6 different private agencies were reported to DCFS Clinical Division due to self-reported maltreatment in the foster home (being hit) and/or self-reported, persistent suicidal thoughts.

<http://cfrwww.social.uiuc.edu/briefpdfs/well%20being.pdf>

Assessing the effects of foster care : early results from the Casey National Alumni Study.

Foster care alumni studies : stories from the past to shape the future

Pecora, Peter J. Williams, Jason. Kessler, Ronald C. Downs, A. Chris. O'Brien, Kirk.
Casey Family Programs.
2003

Publication Information: Seattle, WA : Casey Family Programs.
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Distributor's Website: <http://www.casey.org>

Sponsoring Organization: Casey Family Programs.

The Casey National Alumni Study has sought to examine the life experiences, educational achievements, and current social functioning of more than a thousand Casey foster care alumni. This report presents data collected from case records and interviews of 1,087 alumni who were served between 1966 and 1998. It contrasts how maltreated youth placed in foster care function when compared with other adults and examines whether there are key factors or program components—such as placement stability, individual mental health services, group work, employment training, and employment experience—that are linked particularly with better functioning. One of the key findings demonstrates that education is a leading indicator of successful youth development and adult self-sufficiency. Predictive factors for adult success are presented, and conclusions challenge future service providers to delve deeper to identify which youth are most at risk for poor outcomes, and the particular groups for whom certain kinds of service are more effective. Appendices present the northwest study team, and success prediction models. 104 footnotes. 14 tables. 5 graphs. 1 chart. 119 references.

<http://www.casey.org/Resources/Publications/NationalAlumniStudy.htm>

Well-being outcomes of children in kinship care : literature review.

Kang, Hyun-ah.

Children and Family Research Center.

2003

Distributed by: Children and Family Research Center.

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Sponsoring Organization: Illinois Dept. of Children and Family Services.

Kinship care is defined as "out-of-home placement with relatives of children who are in the custody of state and local child welfare agencies." Dramatic growth of kinship care placements since the late 1980s has drawn attention to the implications of kinship care for children's well-being. This review of the literature outlines and discusses empirical studies investigating well-being outcomes of children in kinship care. Studies reviewed focused on school performance, behavioral problems, mental health, and/or later adult functioning of children in kinship care. This review included both outcome studies that used a comparison group, typically children in traditional, non-relative foster care, and those that had no comparison group. The following sources were used to locate relevant literature about the well-being outcomes of children who experienced kinship care: Eric, Psych INFO, Social Science Abstracts, and Social Work Abstracts. The studies were limited by English language and publication year of 1990-2003. Combinations of the following terminologies, "kinship" OR "relative care" were used to identify appropriate studies. To be included in this review, a study must have: (a) been published in a psychological, sociological, and/or social work journal, or (b) been a review of professional and accrediting organization standards, and (c) provided empirical evidences regarding the wellbeing outcomes of children in kinship care.

<http://cfrwww.social.uiuc.edu/LRpdfs/KinshipCare.WellBeing.LR.pdf>

Placement stability and the psychosocial well-being of children in foster care.

Barber, James G. Delfabbro, Paul H.

University of Toronto.

2003

Research on social work practice

13 (4) p. 415-431

Publication Information: Thousand Oaks, CA : Sage Publications

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This study assessed one of the key assumptions underlying the philosophy of permanency planning that placement instability adversely affects the psychosocial development of children in foster care. The placement movements and psychosocial well-being of 120 foster children were measured over an 8-month period. Most of the children who remained in care throughout the period could be assigned to one of three groups: 49 children who had a stable placement (group 1); 30 children with multiple placements during both time periods in the study (group 2); and 41 children who had unstable placements during the first time period and a stable placement during the second time period (group 3). Outcomes for the children were generally consistent with a linear trend toward improvement in Groups 1 and 2, whereas Group 3 children displayed improvement only while their placements were unstable. Although results for Group 3 permit more than one interpretation, results for Group 2 suggest that placement instability up to at least the 8-month point is not necessarily damaging to the child. 21 references, 4 figures, 5 tables.

The first four months in a new foster placement : Psychosocial adjustment, parental contact and placement disruption. Barber, James G.; Delfabbro, Paul H.; *Journal of Sociology & Social Welfare*, Vol 30(2), Jun 2003. pp. 69-85.

Intake and four-month follow-up measures were obtained for 235 children referred into a new foster care placement over a 12-month period in the Australian State of South Australia. Twenty-five percent of the sample returned home within 4-months, and for those who remained in care throughout, there had been modest gains in behavior, psychological adjustment and adjustment at school. On the other hand, there were considerable levels of placement disruption, a high degree of non-compliance with parental visiting plans, and a high proportion of children fell outside ninety-five percent confidence intervals for the general adolescent population on most well-being measures, particularly conduct disorder.

Children's Program Outcome Review Team : 2002 Evaluation Results. Wade, Patricia C.; Tennessee State Commission on Children and Youth, Nashville., 2003.

The Children's Program Outcome Review Team (CPORT), under the direction of the Tennessee Commission on Children and Youth, collects and analyzes data to improve service delivery to children and families involved in state custody. Using the Quality Service Review methodology, the Commission conducted 282 intensive case reviews on a random sample of children in state custody in each of the 12 regions. This report provides an overview of the CPORT process and presents demographic information and determinations of the status of child/family on various indicators as well as the adequacy of service system functions on cases reviewed in 2002. The findings indicate that the overall status of children improved over that of 2001, with most children in a positive and safe status, receiving services and supports to address their physical well-being, and with caregivers who can provide necessary supports and supervision. The overall service system functioned adequately 54 percent of the time, a substantial improvement over 2001 (38 percent). Although the system engaged most children and families in planning and implementing services, only 57 percent of families made progress or improvement as measured in outcomes/benefits. Families were more likely to achieve progress when children were placed at home and least likely when children were placed in foster homes. The assessment of children's and families' needs was especially inadequate for children who were African American or adjudicated unruly. The weakest system function was service plan design. The report details recommendations, based on the information collected in the CPORT process, for improving services, for training staff, and for additional resources. The report's seven appendices include preliminary system observations by region, 2001 evaluation results, data tables, and definitions.

Long-term foster care or adoption? The evidence examined. Triseliotis, John; *Child & Family Social Work*, Vol 7(1), Feb 2002. pp. 23-33.

Based on an examination of the research literature, this paper contrasts 6 variables connected with the outcome of adoption and long-term fostering. It provides some answers to the question often being asked by policy makers and family placement workers, as well as judges, about the relative merits and limitations of these 2 forms of substitute parenting for children (aged 5-12 yrs) who cannot return to live with their birth families. Because of the type of child currently adopted or fostered, breakdown rates by

themselves are increasingly an unreliable outcome measure. The main defining difference found between these 2 forms of substitute parenting appears to be the higher levels of emotional security, sense of belonging and general well-being expressed by those growing up as adopted compared with those fostered long term. However, for reasons outlined in the paper, long-term fostering still has a definite place for a range of children who require long-term plans.

The Effects of Foster Care Placement on Young Children's Mental Health.

Troutman, B. Ryan, S. Cardi, M.
Iowa Univ., Iowa City. Hospitals and Clinics.
2000

Protecting Children

16 (1) 30-34

Publication Information: American Humane Association, Englewood, CO.

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Although foster care placement reduces the risk of infant mortality and child maltreatment, it can interfere in the healthy emotional development of infants and young children by disrupting the relationships they have with their caregivers. Disruptions in attachments with primary caregivers can cause problems such as oppositional behavior, crying, clinging, and Reactive Attachment Disorder of Infancy or Early Childhood. Children can be affected when they are taken from any caregiver, birth family or foster family. The serious effects of attachment disruptions can be reduced by adapting treatment and punitive programs to also serve the children of the parent being treated, or by concurrent planning so that the child receives a permanent placement quickly. Although visits with parents while the child is in foster care can help to maintain their attachment relationship, visits can also be disconcerting for children and result in behavior problems. Several factors related to foster care itself can contribute to the development of insecure attachment, including the foster mother's attachment style, the child's previous attachment experiences, and the group care environment. These factors can be ameliorated by educating fosterparents about the attachment needs of infants and young children, greater support for foster parents, child therapy, and by designing family-type settings for group care. 19 references.

HealthWorks of Illinois : Cook County (August 7-8, 2000), downstate counties (August 9-11, 2000) / Georgetown University Child Development Center.

Meeting the health care needs of children in the foster care system. Site visit report.

Georgetown University Child Development Center.

2000

Publication Information: Washington, DC : Georgetown University Child Development Center.

Distributed by: Georgetown University Center for Child and Human Development

National Technical Assistance Center for Children's Mental Health 3307 M Street, NW Suite 401

Washington, DC 20007

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Distributor's Website: <http://www.georgetown.edu/research/gucdc>

Sponsoring Organization: U.S. Dept. of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

This report profiles a promising approach for meeting the health care needs of children in the foster care system in Cook County and downstate counties in Illinois. HealthWorks was developed through collaborative efforts of the Illinois Department of Children and Family Services (DCFS), the Illinois Department of Public Aid, and the Department of Human Services, to ensure accessible, essential, well-coordinated, continuous, comprehensive, quality health care services for children in the care and custody of DCFS. It has several key program features: an Initial Health Screening within 24 hours of a child's entry into DCFS custody and preferably prior to placement in substitute care; a Comprehensive Health

Evaluation within 21 days of temporary custody for children new to DCFS; a primary care physician for each child; regular well-child examinations and immunizations; access to ongoing coordinated comprehensive health care, including access to specialized health care; medical case management for children under age 6; and documentation of health needs and receipt of health care through a Health Passport and standardized medical records. Information is provided on the Illinois child welfare system, the development and implementation of HealthWorks, components of the approach, the benefits of the approach, barriers and challenges related to HealthWorks, essential elements, and recommendations and advice for other States and communities.

<http://www.georgetown.edu/research/gucdc/fcsitevisit.pdf>

Children in Kinship Foster Care Speak Out : "We Think We're Doing Fine."

Altshuler, S. J.

Illinois Univ., Urbana. School of Social Work.

1999

Child and Adolescent Social Work

16 (3) 215-235

Publication Information: Kluwer Academic, New York, NY.

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Sponsoring Organization: Administration for Children, Youth and Families (DHHS), Washington, DC.

Adoption Opportunities Office.

Six African American children placed in kinship foster care were interviewed for this study to determine their perspectives of their experience. The children reported feeling loved and cared for by their relatives. They intended to stay with their current caregivers until their independence. The children's anecdotes demonstrated the importance of simple acts of kindness by the caregivers, who provided models of positive interaction. Implications for casework are explained. 30 references.

Evaluating Older Pre-Adoptive Foster Children.

Kirby, K. M. Hardesty, P. H.

Louisville Univ., KY. Dept. of Educational and Counseling Psychology.

1999

Professional Psychology: Research and Practice

29 (5) 428-436

Publication Information: American Psychological Association, Inc., Washington, DC.

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This article discusses the methods and procedures for performing thorough and systematic psychological assessment of post-infancy-aged pre-adoptive children. Included are suggestions for locating pertinent information about the child, recommendations for testing, and a comprehensive list of suggestions for particular areas to be addressed in test reports, including specific issues pertinent to the child's mental health and future well being. The authors stress the importance of performing such tests because many agency interventions for pre-adoptive children appear to focus mainly on physical and medical conditions, allowing potentially serious mental health problems and needs to fester. Assessment methodology includes gathering information from the child's case record, salient social and legal information, issues with workers and placement, and additional collateral sources, such as foster parents, teachers and counselors, interested or supportive relatives, and public health workers. The article describes specific psychological testing batteries including social, emotional, cognitive, and neurophysical assessment. The authors suggest that recommendations be geared for multiple audiences, be specific and predictive, and address issues such as the adoptive home, school, therapy, recommended retesting or ancillary testing,

the child, the process used for evaluation, and a report summary. Best and worse case scenarios would be helpful to placement authorities with the range of support needed for achieving optimal physical, mental, and emotional growth and health. Numerous references.

<http://www.apa.org/journals/pro/pro295428.html>

The Well-Being of Children in Kinship Foster Care.

Altshuler, S. J.

Illinois Univ., Urbana-Champaign. Dept. of Social Work.
1999

Publication Information: In: Gleason, J. Hairston, C. F. (Editors). Kinship Care: Improving Practice Through Research. Child Welfare League of America, Washington, DC.

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Data collected during the "Achieving Permanency for Children in Kinship Foster Care" project were analyzed to identify the factors that influence the well-being of kinship children. Variables included the child's case history, parental characteristics, caregiver's characteristics, and the level of involvement of the child in decisions about placement. In addition to the quantitative analysis, qualitative information was obtained from interviews with children about their foster care experience. Eighty-nine percent of the 77 children studied were reported by caseworkers to be in good health. The quantitative data revealed an association between poor child health and three variables: mother's homelessness; mother's single parenthood; and caregiver problems. Interviews with the children found that love and care provided by kinship parents, the involvement of the children in their families, and opportunities for communication resulted in more positive outcomes. Implications of these findings for policy and future research are briefly discussed in the chapter. 61 references and 7 tables.

The Health of Children in Foster Care. By: Bilaver, Lucy A.; Jaudes, Paula Kienberger; Koepke, David; Goerge, Robert M.. Social Service Review, Sep99, Vol. 73 Issue 3, p401, 17p, 3 charts.

The article focuses on children in foster care. Children in foster care often suffer from more health problems, especially mental health problems, than does the general population or the population of poor children. The health of these children now gains added importance as child welfare professionals and policy makers fold an original focus on safety into a more comprehensive concern for a child's entire well-being. This article has examined the health status of foster children by looking at their medical records, their health examination results at entry to care or at some point during substitute care, and their service use. Using Medicaid claims data, it compares the health service use and conditions among three groups of Medicaid-eligible Illinois children: those receiving Aid to Families with Dependent Children (AFDC) who do not enter foster care, those receiving AFDC who subsequently enter foster care and children in foster care. When compared with national standards and data, children in foster care register high levels of hearing and vision impairment, asthma, the toxic effects of lead, and tuberculosis; they also are more likely to suffer from problems associated with mental illness or developmental delay.

Intensive Intervention for Maltreated Infants and Toddlers in Foster Care.

Zeanah, C. H. Larrieu, J. A.

Louisiana State Univ., New Orleans. Medical Center.
1998

Child and Adolescent Clinics of North America
7 (2) 357-371

Publication Information: Philadelphia, PA, W. B. Saunders Co.

Reprints available from: W. B. Saunders Co.

Curtis Center, 3rd. Floor Independence Square W.
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This article outlines an intensive intervention program for maltreated infants and their caregivers in New

Orleans, Louisiana. The program is supported by state government as an innovative demonstration project, and has supplemental funding from private foundations. The program is staffed by a multidisciplinary team of faculty and trainees from a medical school Division of Child Psychiatry who have particular expertise in infant mental health. The Infant Team includes Psychiatrists, clinical and developmental psychologists, social workers, pediatricians, and paraprofessionals, all of whom have expertise in infant and child development and developmental psychopathology. The team works collaboratively with a variety of systems affecting the lives of infants and toddlers, including the legal, child welfare, educational, health care, and mental health care systems, to provide assessment and treatment for a high-risk population. 19 references