

WHO WILL CARE WHEN PARENTS CAN'T?

A STUDY OF BLACK CHILDREN IN FOSTER CARE

National and Seattle Results

Of a Study Conducted by:

National Black Child Development Institute

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WHO WILL CARE WHEN PARENTS CAN'T?

A STUDY OF BLACK CHILDREN IN FOSTER CARE

In 1989, NBCDI completed a two and one-half year study of black children who came into the foster care system in 1986 in five different geographic areas - Detroit, Houston, Miami, New York, and Seattle. This abstract compares national findings with results for the Seattle portion of the study. All data and information was extracted directly from the National Report:

WHO WILL CARE WHEN PARENTS CAN'T?

Please refer to the national study for more detailed information on national, Seattle, and results from other cities.

Contact:

National Black Child Development Institute
1101 15th Street, N.W., Suite 900
Washington, D.C. 20005
(202) 833-2220

For information on local (Seattle/King County/Washington State) efforts as a result of this study, contact:

Black Child Development Institute - Seattle Affiliate
P.O. Box 22483
Seattle, Washington 98122
206-860-4048

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CHILD CHARACTERISTICS

National Results

GENDER - The 1,003 children in the study population were roughly half female and half male (51 and 49 percent, respectively).

AGE - In 1986, younger children were entering foster care at a disproportionate rate compared to other age groups. The proportion of children five years or younger at placement was 49 percent.

The mean age at placement of the total study population was 7 years.

HEALTH - The majority (75%) of the study population was reported as being healthy, but evidence of systemic medical evaluations, for both physical and mental health, was not in most of the case record.

SCHOOLING - More children were assessed in school as average or above average than as below average, but the basis for this assessment was often reports from foster parents to caseworker rather than actual school evaluations.

Seattle Results

GENDER - Of the 126 children in the study population, 73 were male and 53 were female (58 and 42 percent, respectively).

AGE - In Seattle, 40 percent of the children were five years old or younger. Seven percent were 6 to 9 years. Thirty-eight percent were 10 to 15 years, and 15 percent were 16 to 18 years old.

The mean age at placement for the Seattle study population was 9 years.

HEALTH - In Seattle, 25 percent of the study population records had no information about the health of the child included in the foster care record. Sixty-one percent of children were reported as being healthy. Only 10 percent of the children under 5 years had a mental health assessment in their foster care record. Fifteen percent of the 6 to 12 year olds, and 30 percent of the 13 to 18 year olds had mental health assessments in their records.

SCHOOLING - In Seattle, 41 percent of the study population had no school assessment in their record. Of those with assessments, 5 percent were reported as average, 6 percent as above average, 7 percent as below average, and 8 percent as having an educational disability.

CHILD CHARACTERISTICS

National Results

SCHOOL PLACEMENT - Only 19 percent of the children old enough to attend school and for whom school data were available remained in their original schools.

Seattle Results

SCHOOL PLACEMENT - Thirty-six percent of the records contained no data on change of school resulting from placement. Ten percent reported a change of school due to placement.

SUMMARY OF CHILD CHARACTERISTICS

1. Voluntary placements were significant in Seattle and New York.
2. Increases seen in reported child abuse and neglect nationally.
3. Agency reactions to increases in reported child abuse and neglect raise concerns. (Agencies were said to be having a difficult job in responding to this increase in abuse and neglect reports.)

FAMILY CHARACTERISTICS

Seattle Results

FAMILY TYPE - Forty-one percent of the study population came from single parent families. Twenty-two percent came from extended families.

NUMBER OF SIBLINGS - The mean number of siblings in the Seattle population was 1.4.

AGE OF PARENTS - The mean age of the mothers at placement was 28 years. The mean age of fathers was 34 years. The mean age of mothers at the birth of the child was 22 years.

EDUCATION LEVEL OF THE MOTHER - Eighty-seven percent of records had no information on the education level of the mother. Of the remaining 13 percent, 9 percent had at least some high school.

HEALTH OF PARENTS - Forty-one percent of records had no information on the health status of parents. Thirty-eight percent of parents reported moderate or major health problems. Substance abuse was the major health problem for 92 percent of those who reported a health problem.

National Results

FAMILY TYPE - Forty-six percent of the total study population came from single parent families. Eighteen percent came from extended families.

NUMBER OF SIBLINGS - The mean number of siblings of the study population was 2.2.

AGE OF PARENTS - Generally, these parents were not teens when the study child was placed into care. The mean age of the mothers of the study population at the time of placement was 29 years; the mean age of the fathers at placement, when that information was available, was 34 years.

EDUCATION LEVEL OF THE MOTHER - The education level of the mothers of the study population ranged from less than eighth grade to college graduate. Forty-eight percent had at least some high school.

HEALTH OF PARENTS - Forty-one percent of the parents of the study population were reported to have moderate or major health problems. When a health problem of the parents was reported, it was usually some form of substance abuse.

FAMILY CHARACTERISTICS

National Results

MENTAL ILLNESS OF PARENT - Mental illness of the parent was reported as a contributing factor to placement in 7 percent of the total study population.

HEAD OF HOUSEHOLD - In 62 percent of the homes of the children before placement, the mother was the head of the household.

AFDC - AFDC was the primary source of income for 65 percent of the families for which income information was available.

Seattle Results

MENTAL ILLNESS OF PARENT - Mental illness of the parent was reported as a contributing factor to placement in 14 percent of the total study population.

HEAD OF HOUSEHOLD - In 52 percent of the homes of the children before placement, the mother was the head of the household.

AFDC - AFDC was the primary source of income for 60 percent of the families (58 families) for which income information was available

SUMMARY OF FAMILY CHARACTERISTICS

1. Black children entering foster care in 1986 are not being placed by teen parents.
2. The educational level of parents is often not included in the case record.
3. Substance abuse is overwhelmingly the major health problem in Seattle for those who reported a health problem.
4. The majority of households before placement are headed by mothers.
5. For the case record where information was available, AFDC was the primary income source for the majority of before placement.

PLACEMENT

National Results

SOURCE OF REFERRAL - The most frequent sources of report or referral that led to placement of the study population were relatives or persons in the community.

PRIMARY REASON FOR PLACEMENT - The primary reason for placement was neglect, including abandonment for 49 percent of the total population, but Houston had more cases with abuse as the primary reason, and Seattle had more voluntary placements as the primary reason.

OTHER FACTORS CONTRIBUTING TO PLACEMENT - After abuse and neglect, drug abuse is the most frequently reported family factor contributing to placement.

CHILD FACTORS CONTRIBUTING TO PLACEMENT - In the relatively few cases where a child factor was reported as contributing to placement, an emotional/-behavioral problem of the child was the leading factor.

ABUSE AND NEGLECT - Lack of supervision, physical abuse, and uncertain return of the parent were the three most frequent types of abuse or neglect noted upon entry into care.

Seattle Results

SOURCE OF REFERRAL - The most frequent source of report or referral (31 %) were relatives or persons in the community. Parents accounted 18 percent of referrals, and self-referrals of children accounted for 17 percent of referrals.

PRIMARY REASON FOR PLACEMENT - The primary reason for placement was voluntary placement in 47 percent of the population. Abuse, neglect, and abandonment accounted for 36 percent on the cases.

OTHER FACTORS CONTRIBUTING TO PLACEMENT - Drug abuse is the most frequently reported family factor contributing to placement, after abuse and neglect.

CHILD FACTORS CONTRIBUTING TO PLACEMENT - In those cases that reported a child factor as contributing to placement, an emotional/behavioral problem of the child was the leading factor in 68 percent of the cases.

ABUSE AND NEGLECT - Lack of supervision, physical abuse, and uncertain return of the parent were the most frequent types of abuse or neglect noted in Seattle.

PLACEMENT

National Results

PREVENTIVE SERVICES - In offering services to families before placing children into care, agencies seem to focus more on casework counseling and less on concrete services such as homemaker/home manager services, day care, or respite care.

DRUG ABUSE - While drug abuse of the parents was reported as contributing to placement in 36 percent of the total study population, referrals for drug rehabilitation were only offered to parents before placement in 16 percent of the cases.

Seattle Results

PREVENTIVE SERVICES - Casework services were the most frequently offered (39 %) service in Seattle. Emergency shelter accounted for 28 percent of offered services. Financial assistance and crisis counseling were 20 percent and 19 percent respectively.

DRUG ABUSE - Drug abuse in the family was a factor in 36 percent of the cases. Drug rehabilitation was offered as a preventive service in 12 percent of the cases.

SUMMARY OF PLACEMENT FINDINGS

1. Voluntary placements were significant in Seattle and New York.
2. Increases seen in reported child abuse and neglect nationally.
3. Agency reactions to the increases in reported child abuse and neglect raise concerns. (Agencies were said to be having a difficult job in responding to this increase in abuse and neglect reports.)

HOUSING

National Results

ADEQUACY OF HOUSING - Prior to placement, the study population lived in housing that, when described in the record, was more often inadequate than adequate.

Inadequate housing was reported as a contributing factor to placement in 30 percent of the total study population.

HOMELESSNESS - Eight percent of the total study population was homeless before placement.

BARRIER TO REUNIFICATION - Inadequate housing was reported as one of the remaining barriers to reunification for 34 percent of the children not discharged by the end of the study period.

Seattle Results

ADEQUACY OF HOUSING - Seventy percent of records had no information on the condition of housing.

Four percent of records reported inadequate housing.

HOMELESSNESS - Homelessness was reported as a contributing factor in 14 percent of cases in Seattle.

BARRIER TO REUNIFICATION - Inadequate housing was reported as a barrier to reunification for 22 percent of the children not discharged by the end of the study period.

SUMMARY OF HOUSING FINDINGS

1. Prior to placement the study population lived in households with low incomes and high rent burdens.
2. Change in federal housing policy increased housing problems for low income households.
3. Study households had more severe housing problems.
4. Housing problems of the study population prior to placement put the family at risk of becoming a part of the homeless population.
5. Availability of affordable housing is shrinking.
6. Substantial numbers of low income black households live in substandard housing.
7. Inadequate housing was found to be a contributing factor to placement and a barrier to reunification.

DRUG ABUSE OF PARENTS

National Results

Drug abuse of parents was reported as a contributing factor to placement in 36 percent of the total study population.

When parents of the study population were reported as having a health problem, it was some form of substance abuse in 78 percent of the cases.

DRUG REHABILITATION - Entering into a drug rehabilitation program was reported as being in the service plan as a goal for 27 percent of the parents.

BARRIER TO REUNIFICATION - Drug abuse of the parents was reported as one of the remaining barriers to reunification for 30 percent of the children not discharged by the end of the study period.

Seattle Results

Drug abuse in family was reported as a contributing factor to placement in 37 percent of the study population.

In Seattle, substance abuse was the reported health problem in 92 percent of the cases.

DRUG REHABILITATION - Attending a substance abuse program was in the service plan as a goal for 35 percent of the parents.

BARRIER TO REUNIFICATION - Drug addiction of the parent was reported as one of the remaining barriers to reunification for 33 percent of the children not discharged by the end of the study period.

SUMMARY OF DRUG ABUSE FINDINGS

1. Study findings indicate parental drug use was a significant factor in the placement and retention of the study population in foster care.
2. Crack cocaine use was gaining hold in our major cities in 1986.
3. Drugs have taken their toll on women and children.
4. Effective treatment programs for drug abusing mothers and children are crucial.

CASE PLANNING

National Results

SERVICES TO PARENTS - The most frequent services offered to parents during placement were casework services and parenting education, while transportation, housing assistance and financial assistance were offered to less than 15 percent of the total population.

SERVICES TO THE CHILD - Casework services and medical assistance were the two most frequently offered services to the study child during placement.

PARENTAL GOALS - The six most frequently listed parent goals in the service plans in order of their occurrence were to attend therapy, to visit the child, to provide adequate housing, to attend parenting classes, to be involved in the cases, and to attend a substance abuse program.

PERMANENCY PLAN - Reunification with the parent/primary caregiver was the permanency plan for 42 percent of the children still in care at the end of the study period.

REMAINING BARRIERS TO REUNIFICATION - The leading remaining barrier to unification for children not discharged by the end of the study period was reported as lack of cooperation from the parent, with inadequate housing and drug abuse of parent being the second and third most commonly reported barriers.

Seattle Results

SERVICES TO PARENTS - Casework services (49 percent) and parenting services (25 percent) were the two most frequently offered services, Financial assistance was offered to 20 percent of parents. Transportation and housing was offered to 8 percent of parents.

SERVICES TO THE CHILD - Emergency shelter was the most frequently offered service (51 percent). Casework services were offered to 44 percent of children.

PARENTAL GOALS - The six most frequently listed parent goals in the service plans in order of their occurrence were to attend therapy, to visit the child, to attend parent classes, attend a substance abuse program, attend a alcohol abuse program, and provide adequate housing.

PERMANENCY PLAN - Reunification was the PERMANENCY plan for 36 percent of children still in care at the end of the study period. Long term foster care was the goal for 21 percent of children.

REMAINING BARRIERS TO REUNIFICATION-The leading remaining barriers to unification for children were reported as lack of parental cooperation and drug addiction of parents, each the leading factor in 33 percent of cases. Alcoholism of parents, inadequate housing, and lack of parenting skills were 27 percent, 22 percent, and 22 percent, respectively.

CASE PLANNING

SUMMARY OF SERVICES TO PARENTS AND CHILDREN

1. Casework and parent education are the services offered most often to parents while the child is in foster care.
2. The majority of children and families in the study had multiple needs and problems.
3. Uncoordinated and inappropriate services to parents will keep children in foster care longer than necessary.
4. The well being of the child should be the focus of a placement decision.
5. Children in foster care should have a comprehensive case plan.
6. Services provided most often to children in the study population are general benefits available to children in foster care.
7. Children in foster care are entitled to certain benefits.
8. Foster care records did not contain systematic assessments of health, developmental/mental health, or educational needs of the child.
9. Written plans are mandatory.
10. Case plans focused on parental actions and responsibilities.
11. Permanency planning focused on reforming foster care programs.
12. Public Law 96-272 provided financial incentives for states to implement permanency planning into child welfare systems.
14. The permanency plan for the majority of the children in the study was reunification.
15. Lack of cooperation from the parent, inadequate housing, and parental drug abuse are the major reasons children had not been reunified with their families.

RELATIVES/PARENTAL VISITATION

National Results

CONSIDERATION OF RELATIVES - Agencies considered relatives for placement assistance in nearly 75 percent of the total cases.

Of the relatives considered, nearly 60 percent offered some type of assistance.

MOST COMMON RESOURCE PROVIDED - The most common resource provided from relatives was a home for the child.

The relative assisting in a majority of the cases was the grandparent.

REASONS FOR NOT ASSISTING - When relatives did not assist the child, the two most common reasons reported were they lacked financial/housing resources or they refused.

PARENTAL VISITATION - Approximately three fourths of the population in Detroit, Houston, and New York had some reported visiting between parent and child.

Seattle Results

CONSIDERATION OF RELATIVES - Relatives were considered for placement assistance in 50 percent of the cases where information could be found.

Of the relatives considered, forty percent offered some type of assistance.

MOST COMMON RESOURCE PROVIDED - Sixty-five percent of relatives offering assistance provided a home for the child.

Sixty-one percent of relatives providing assistance were grandparents.

REASONS FOR NOT ASSISTING - Caseworker rejection and relative refusing were the two most common reasons for not assisting.

PARENTAL VISITATION - In Seattle and Miami, only about one third of the population had reports of visiting between the parent and the child.

OUTCOMES

National Results

LIVING ARRANGEMENTS - The mean total foster care living arrangements was 2.2 per child by the time of study conclusion.

NUMBER OF CASEWORKERS - The mean number of caseworkers per child was 2.5

DISCHARGE - Fifty-four percent of the total study population was not discharged (trial or final) by the end of the study period.

LENGTH OF TIME IN PLACEMENT -The mean length of time in placement for children discharged was 9 months across the five cities.

TYPE OF DISCHARGE - Reunification with the parents/caregiver was the type of discharge for 55 percent of the children who were discharged. Placement with a relative, usually the grandmother, was the second most frequent discharge type.

DISCHARGE TO RELATIVE - Half of the total study population was discharged to a relative (including parents) or placed with a relative by the end of the study period. The mean length of time until placement with a relative was 5 months.

Seattle Results

LIVING ARRANGEMENTS - The mean number of foster care living arrangements was 2.5 per child by the time of study conclusion.

NUMBER OF CASEWORKERS - The mean number of caseworkers per child was 2.1.

DISCHARGE - In Seattle, forty-eight percent were not discharged by the end of the study period.

LENGTH OF TIME IN PLACEMENT -The mean length of time in placement for children discharged was 8 month in Seattle.

TYPE OF DISCHARGE - Reunification was the type of discharge for 57 percent of children who were discharged. Independent living, followed by adoption were the second and third most frequent types of discharge, respectively.

DISCHARGE TO RELATIVE - Seventy-two percent of the population was discharged to a relative, including parents by the end of the study period. The mean length of time until placement with a relative was 4 months.

Appendix A

EXECUTIVE SUMMARY (NATIONAL)

This is the report of a two- and one one-half-year study of black children who came into the foster care system in 1986 in five different geographic areas - Detroit, Houston, Miami, New York, and Seattle. The intent and design of the research was two-fold: 1) to provide an in-depth profile of the children, their families, and the social contexts of their lives before and during foster care, and 2) to engage citizens from the communities where these children live to collect data as volunteer researchers. Some of the variables identified were: the reasons for placement, the services provided during foster care, the use of relatives, and some of the outcomes of foster care intervention during the study period. The goal for each data collector was to document the totality of the circumstances of each child which heretofore has been hidden in the courts and the child welfare agency.

This exploratory study is descriptive and focuses solely on black children in state public welfare systems. The instrument for data collection was a standardized form utilizing an ecological framework. Data was collected from case records located in the public child welfare agency. Due to the confidential nature of the information in case records, procedures with each agency system were developed to ensure that appropriate safeguards were in place and maintained. Data collectors were trained prior to data collection in each city.

Historically, foster care programs have utilized confidentiality laws to prevent public scrutiny of the problems of children and care provided to children on a case by case basis. By piercing this long-standing secrecy, foster care programs in five cities have helped us make known: the social context of the lives of these children; the problems they encounter leading to separation from their families; the services which are or are not provided; and the need for a community response to these children and their families. The focus of this study was on the child in foster care and should not be viewed as an agency evaluation. In the discussion of findings, many issues identified would appear to be based on agency negligence. That should not be the interpretation and was not the study's intent. The dedication of many people in these systems is extraordinary.

The public child welfare systems voluntarily agreed to participate in this study. They did so at a time when cities of today are experiencing unprecedented demands for human services of all kinds with inadequate funding streams to meet these needs. Child welfare systems also are challenged by shortages of workers and foster care parents, and an insufficient range of resources in the community to provide services for families at risk. The identified problems for children are a reflection of that stress. It is our hope that the findings in this study will support the efforts in the cities to obtain funding, service resources, and community support to fulfill the mission of Public Law 96-272. In subsequent stages of this project, advocates and their affiliate branches of the National Black Child Development Institute will work with these agencies to press for resources from the community and agency reforms from a position of knowledge and expertise.

SUMMARY OF FINDINGS

The black child in foster care lives an uncertain and fragmented existence. She is likely to be in care because of neglect and abuse, including abandonment and lack of supervision. The parent, generally the mother, may well be abusing drugs. Her entire home community is likely to be a victim of a precarious economic existence, characterized by inadequate housing and health care, and high volume drug activity. The child's life within the

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Appendix A

foster care system may not be much better: few black children in placement remain in their original schools, and

Appendix A

few are consistently monitored for academic, physical, and emotional development. Most experience multiple placements. Although, reunification is the goal in most cases, often, inadequate assistance is available to help families restructure their lives in concrete ways or provide services to assist relatives in providing homes for these children.

These are the findings of this exploratory, descriptive research project conducted by the National Black Child Development Institute. The project found that escalating numbers of black children are entering foster care at ever younger ages and remaining in care for longer periods of time because of dramatic discrepancies between needs identified and services provided. The study findings are significant in two respects. First, these data confirm the serious problems encountered by children and the continued paucity of appropriate services that can keep black children out of foster care, return them home quickly, find alternative permanent solutions promptly, or guarantee their basic needs are being met while they are in care. Black children who cannot live at home remain adrift. Second, the study demonstrates that the state of foster care has not improved significantly despite more than a decade of intense agency efforts and national efforts of reform. Conditions for a new generation entering care are identified by the study, and these children are failed in the same respect as their predecessors were ten and twenty years ago. Deep flaws exist in the most basic functions of child welfare programs.

While most of the study population (75 percent) entered foster care because of abuse or neglect, many of these placements were also attributable to environmental stresses caused by economic poverty. In 25 percent of the study population, poverty itself was a significant factor in placement. Inadequate housing occurred in 30 percent of cases as a significant factor in placement. Homelessness or living in shelters was occurring among 11 percent of the families when their children were removed. Substance abuse by parents was reported in 36 percent of the cases. In every city examined, the average rental housing costs exceeded total family income for 65 percent of the study population. Thirty-five percent of all families studied had "doubled up" (i.e., lived with relatives or friends) prior to the child's removal into foster care. At least 50 percent were at high risk of homelessness. Overcrowded and inadequate housing are fertile conditions for child abuse or neglect. Thus, the study reveals that even if families at risk did not suffer from other problems, such as substance abuse or mental illness, many of these children would still enter care due to a lack of affordable housing for low-income families.

Numerous studies of foster care populations across the country confirm that children entering foster care are at particularly high risk of serious health, education, and mental health problems. Black children shoulder a disproportionate share of that risk. In the five cities examined, black children in foster care generally receive no periodic health or educational assessment, and thus are classified as "healthy" in three out of four cases (75 percent). Children five years old or younger constitute the largest portion of black children entering care - a reflection of the substance abuse epidemic sweeping communities - and are at substantial risk for developmental delays, attention deficit disorders, and other consequences. Yet 80 percent of the children studied had no record of a psychological or developmental assessment. Older children often face significant disruptions in their education as they move from placement to placement sometimes a shift in schools means no education until bureaucratic barriers are overcome.

The problems which precipitate placement in foster care, described above, do not always result in appropriate remedial services. Housing, for instance, remains a significant barrier to reunification in 34 percent of all cases. Substance abuse was reported as a barrier to reunification in 30 percent of all cases. Despite these clear barriers to reunification, "casework" constitutes by far the most frequent service offered to help parents regain custody

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Appendix A

of their children. Drug and alcohol rehabilitation were offered much less frequently, in 26 and 9

Appendix A

percent of all cases, respectively, compared to much more frequently offered casework services. Housing assistance was rendered in only 11 percent of all cases. Prior to removing children, agencies provide few preventive services, and casework counseling was the only intervention offered to any great extent. True "preventive" services are rarely received by those families which ultimately lose their children to foster care. Of all the possible services available in the study cities, most were provided to 10 percent or fewer of the families examined.

Scant headway has been made during the past decade in the ability of child welfare programs to shorten the disproportionate lengths of time spent by black children in foster care. Only 46 percent of the foster children examined were discharged during the course of the study period, which averaged well more than two years in length. In New York, only 14 percent of the children left foster care over a 27 month period. Nationally, the median amount of time spent in care is only 17 months, less than a year and a half. A prime factor in determining the likelihood and timeliness of reunification - visitation with parents - is often not facilitated regularly. In Miami and Seattle, case records document visiting in only 37 and 36 percent of all cases, respectively.

One of the most striking findings is the wide range of inconsistent practices among the five cities. In Detroit, adoption is a permanency plan for those children remaining in care by the end of the study in only 4 percent of the cases, compared to a high of 32 percent in Houston. Miami and Seattle had long-term foster care as a permanency goal in 17 and 21 percent of these cases, respectively, while New York used this objective for only 3 percent of its children. Independent living was a significant placement plan for New York teenagers (16 percent overall) but was not mentioned once in Miami. Similar inconsistencies throughout the study reflect a clear failure of Public Law 96-272, enacted by the Congress in 1980, and other national reform initiatives, to standardize and upgrade agency decision-making for black children.

Perhaps the most consistent feature in all of the cities was the absence of critical information in case records. Medical data, mental health data, visiting data, educational attainment and attendance data, and parental background information were all missing too often. Thus, even though foster children are known to enter care with disproportionately high incidence of special health or educational needs, many children studied were reported to have "no problems." In other words, black children in foster care too frequently languish anonymously, with little attention directed to their needs and inadequate services devoted to their families.

CONCLUSIONS

While the one thousand and three (1,003) children who comprised the study group do not constitute the entire black foster care population, they are children from five cities in different geographic locations in the United States. They represent a population which is growing in alarming numbers in communities across the country. Herein, we provide a profile of these children and the social context of their lives. We address the questions: Who is this child? What are the characteristics of this child? Who is the family? What are the characteristics of the family? What is their neighborhood? What constitutes their community? What services did they receive before out-of-home placement in foster care? Why did they come into care? What were the supports provided to reunify the child with the biological parent(s)? What barriers prevented reunification? Were relatives considered, and how did they help? What were the outcomes for them? What system of protections does society provide for children when parents fail? And finally, who will care when parents can't?

Who will Care When Parents Can't? Seattle Results

Appendix B

RECOMMENDATIONS (NATIONAL)

Since 1980, with the enactment of Public Law 96-272, child welfare public policy has undergone considerable change. Much of this change has occurred because of the increasing attention that has been focused on the concept of replacing routine foster care with a more comprehensive approach involving "permanency planning" for children. Prior to 1980, children could be placed in foster care (often without a court hearing) if such care was "in their best interest." Most children in foster care were not under court supervision and their status in foster care was not reviewed by the agency or court on any regular basis.

Despite attempts to reform the system, in far too many cases, foster care does not mean a fresh start for these are, but rather a disruption in lives already disrupted by inadequate housing, poverty, drugs, and absentee parents. Abundant evidence shows that children flourish and thrive in a strong, stable environment. The foster care system is unable to provide such an environment. It destroys existing emotional bonds without replacing them. It provides care that is inappropriate, unstable and inadequate. And the existing problems that led to the need for foster care go unsolved.

1. The state must be responsible for developing and providing a comprehensive system of care for children that is committed to the preservation of families. To accomplish this goal, states should:
 - ∅ establish a permanent legislative body that would monitor, coordinate, and oversee all state systems that provide services to children and their families;
 - ∅ require state agencies to develop detailed interagency agreements that would improve interagency collaboration, and assist district offices in providing coordinated services to children and families;
 - ∅ improve the capability for and promote the sharing of information about children and families between social service agencies so each agency working with a child or family will have complete and accurate information;
 - ∅ develop and establish a set of preventive and reunification services, including "concrete" services, that will be provided to children at risk of placement, and children in foster care and their families on a consistent state-wide basis;
 - ∅ require the child welfare agencies to make available to the courts a comprehensive listing of the preventive and reunification services provided by the child welfare agency and other social service agencies;
 - ∅ promote the establishment of citizen foster care review boards;
 - ∅ establish information systems capable of keeping track of the foster care status and living arrangements of the child, services provided to the child and family, and other transactions affecting the child.

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Appendix B

2. Child Welfare Agencies should:

- ∅ establish comprehensive health programs for **every** child in foster care, ensuring that the provisions of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) are made available to all children;
- ∅ develop, maintain in the foster care record, and provide to the parent or adoptive parent of the child at the time of discharge, the child's health records that contain information about the child's health, treatments received, identifying and contact information about the health care providers, dates of treatment, immunizations data, information about allergies and other health problems or conditions, dental care information, and developmental or mental health information;
- ∅ develop a Health Passport for the child which contains a comprehensive summary of the child's health status, a health history, identifying information, immunization records, developmental needs, and dental care information. The Health Passport should be made available to the child's current foster care provider;
- ∅ ensure that there is no disruption of the education or school attendance of children due to foster care placement; children should receive full academic credit for any work completed at an "old" school until the transfer to the new school has been completed, and transfers of the school records between schools or school districts should be required within five working days;
- ∅ obtain a comprehensive educational assessment for every school age child at the time of entry into foster care. Services should be provided that will focus on ameliorating any identified need, and periodic progress reports should be completed and included in the foster care record;
- ∅ reduce the caseloads and paperwork requirements of child welfare workers to increase the time available for the workers to provide direct services to the children and their families;
- ∅ recruit qualified, professional child welfare staff and provide specialized training through continuing education;
- ∅ provide foster parents with training in child development, parent-child interaction, parent education, and special needs of children; and
- ∅ provide supports, such as respite service and child care, to attract potential foster parents from a variety of groups in the community.

Appendix B

3. Relatives should be considered a potential and actual resource to children, and child welfare agencies should:
 - ∅ establish a systematic procedure for making a "diligent search" to locate relatives of children in foster care; and
 - ∅ make available to relatives providing foster care the same payment rate, support, training, and monitoring that are available to non-relative foster care providers.
4. Drug treatment programs, including residential programs, should be developed which take into account the unique needs of parents with child care responsibilities.
5. Child welfare agencies should collaborate on an ongoing basis with drug treatment programs to establish a unified set of treatment goals and approaches for parents who are involved in both drug rehabilitation and child welfare services.
6. Waiting lists for drug treatment should be eliminated for pregnant women who are abusing drugs. Each day of drug exposure during pregnancy is an incubator for disaster.
7. Innovative demonstration and research projects that investigate effective prevention and treatment strategies should be given appropriation and funding priority.
8. The federal government should:
 - ∅ restore funding for construction and development of subsidized housing units;
 - ∅ increase or develop rent subsidies to families with children; and
 - ∅ develop incentives that will discourage private owners from converting subsidized housing for low-income families to other uses.
9. The states should:
 - ∅ provide incentives, use sanctions, or the state authority to keep housing affordable;
 - ∅ acquire, rehabilitate, construct, or use any power at their disposal to increase the numbers of housing units that are available to low-income families with children; and
 - ∅ use all resources available to prevent homelessness.

Who Will Care When Parents Can't? Seattle Results

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10. Volunteers should be recruited to assist the child welfare agency providing services to children in foster care (such as mentoring or tutoring), assisting with administrative and clerical activities, and assisting with community needs.
11. The problems in foster care have reached a crisis requiring a national as well as a community response and commitment. NBCDI recommends:
 - ∅ the establishment of a National Commission on children in the child welfare system to identify, deliberate and recommend strategies for action; and
 - ∅ the establishment of local commissions to identify and work on a community agenda on behalf of children the child welfare system.

Caring for children must become a priority for this country. The social context of their lives must be known - whether they have a family; whether they live in poverty; whether they live in inadequate, overcrowded, housing; whether their parents are crack abusers; whether they make up the nameless, faceless masses who inhabit our inner cities in the homeless population; or whether they live in more idyllic settings.

Children are this country's most valuable resource. In order to protect this resource, it is essential that at the very least all children have families, an economic base, decent housing, health services, adequate nutrition, consistent education, and a safe, loving environment. If, after given *appropriate supports*, parents cannot provide these, we can no longer turn our backs. We must explore alternative living arrangements for children whose home lies do not serve them well.

The National Black Child Development Institute urges the creation of extensive, adequately funded service programs not only for children but for their families. The problems identified in this study are not unique only to children placed in foster care. They are problems that threaten to undermine the stability of our society and the possibilities for this nation's future.