California Social Work Education Center

C A L S W E C

LISTENING TO CHILDREN IN FOSTER CARE

AN EMPIRICALLY BASED CURRICULUM

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CalSWEC PREFACE

The California Social Work Education Center (CalSWEC) is the nation's largest state coalition of social work educators and practitioners. It is a consortium of the state's 20 accredited graduate schools of social work, the 58 county departments of social services and mental health, the California Department of Social Services, and the California Chapter of the National Association of Social Workers.

The primary purpose of CalSWEC is an educational one. Our central task is to provide specialized education and training for social workers that practice in the field of public child welfare. Our stated mission, in part, is "to facilitate the integration of education and practice." But this is not our ultimate goal. Our ultimate goal is to improve the lives of children and families who are the users and the purpose of the child welfare system. By educating others and ourselves, we intend a positive result for children: safety, a permanent home, and the opportunity to fulfill their developmental promise.

To achieve this challenging goal, the education and practice-related activities of CalSWEC are varied: recruitment of a diverse group of social workers, defining a continuum of education and training, engaging in research and evaluation of best practices, advocating for responsive social policy, and exploring other avenues to accomplish the CalSWEC mission. Education is a process, and necessarily an ongoing one involving interaction with a changing world. One who hopes to practice successfully in any field does not become "educated" and then cease to observe and to learn.

Fox, A., Frasch, K., & Berrick, J. D. (2000). *Listening to children in foster care: An empirically based curriculum.* Berkeley: University of California at Berkeley, California Social Work Education Center.

To foster continuing learning and evidence-based practice within the child welfare field, CalSWEC funds a series of curriculum modules that employ applied research methods to advance the knowledge of best practices in child welfare. These modules, on varied child welfare topics, are intended to enhance curriculum for Title IV-E graduate social work education programs and for continuing education of child welfare agency staff. To increase distribution and learning throughout the state, curriculum modules are made available through the CalSWEC Child Welfare Resource Library to all participating schools and collaborating agencies.

The module that follows has been commissioned with your learning in mind. We at CalSWEC hope it serves you well.

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ABOUT THE AUTHORS

This curriculum was developed by Adair Fox, MSW; Karie Frasch, MSW; and Jill Duerr Berrick, PhD, MSW.

As the Director of the Center for Social Services Research at the University of California at Berkeley, Dr. Berrick was the Principal Investigator.

Ms. Fox and Ms. Frasch are Research Associates at the Child Welfare Research Center and doctoral students at the University of California at Berkeley.

PROJECT DESCRIPTION

The Child Welfare Research Center at the University of California at Berkeley received a curriculum grant from the California Social Work Education Center, with additional support from the David and Lucile Packard Foundation, to develop empirically based teaching materials promoting competency-based social work practice in the provision of child welfare services.

This curriculum is designed to improve the quality of care provided to children in out-of-home care. More specifically, it highlights the importance of providing child welfare services that are more responsive to the voices of children in kin and non-kin foster care. As a teaching tool, the curriculum is intended for two primary audiences: students in graduate schools of social work/welfare and child welfare workers. Since these audiences may have different needs, the materials are designed to be sufficiently flexible for both purposes. Depending upon the audience and the training time available, child welfare faculty and agency trainers may use the curriculum in its entirety or in part. While most of the findings reported in this curriculum were generated from research conducted in California, all of the curriculum's sections have a high level of applicability to child welfare practice in other states.

The sections of the curriculum are detailed as follows:

- *An Overview of the Child Welfare System in California: Today's Challenges and Tomorrow's Innovations.* This chapter provides an overview of California's child welfare system, including its goals, policies, programs, and services. The evolving characteristics of children served by California's system are also described. Finally, the chapter reviews innovations both within California and nationally, that show promise in responding to some of the child welfare field's

major challenges. While most of the data reported in this chapter were generated from research conducted in California, the chapter's broad overview has a high level of applicability to child welfare service delivery systems in other states. An instructional guide, overheads, and questions for discussion accompany this chapter.

- *Children's Experiences in Out-of-Home Care: A Review of the Literature.* This chapter highlights literature exploring foster children's experiences in out-of-home care. Findings from studies employing foster children as research informants are reviewed in relationship to four fundamental child welfare goals: (a) protecting children from harm, (b) supporting children's families, (c) promoting permanence, and (d) fostering children's well-being. Since one prominent theme in the literature is that the dearth of children's voices in foster care research is paralleled by their inadequate inclusion in child welfare practice, this review also identifies opportunities when foster children should play a more active role in case planning and implementation. An instructional guide and questions for discussion accompany this chapter.

- *Kin and Non-Kin Foster Care in California: Children's Experiences.* This chapter provides findings from an empirical study involving in-person, semi-structured interviews with 100 Bay Area children in kin and non-kin care. When appropriate, the study compares children's experiences of safety, family, permanence, and well-being by kin/non-kin placement type. Also, for a smaller group of children, some comparisons are made between children's experiences living with their current caregiver and their recalled experiences living with a biological parent. An instructional guide, overheads of study results, and questions for discussion accompany this chapter.

- *Out-of-Home Care in California: Adolescents' Perspectives.* This chapter provides findings from three focus groups conducted with adolescent foster youth in a cross-section of California counties. Each focus group addressed nine questions designed to assess participants' perspectives on their experiences of safety, family, permanence, and well-being while in care. Here, youth recount some of their experiences and make recommendations for improving the delivery of child welfare services. An instructional guide and questions for discussion accompany this chapter.

- *Practice Tips for Child Welfare Workers.* A review of the literature, interviews with foster children, and focus groups with adolescent foster youth informed the development of practice tips for child welfare workers. These practice tips are designed to help child welfare workers improve the quality of care provided to children and their caregivers. Practice tips are presented, as well as children's verbatim responses to open-ended questions asked during in-person interviews.

- *Case Vignettes*. Twelve vignettes were generated from actual child welfare cases. While the case information is incomplete, the vignettes are designed to prompt discussion about children's experiences of safety, family, permanency, and well-being while in care. Accompanying each vignette are standardized questions for discussion, case-specific questions for discussion, and suggested role-playing exercises.

- *References.* Literature cited in this work is listed here.

- *Bibliography*. Relevant child welfare texts and articles are cited.

- *Overheads*. Material that can be used as computer slides or printed out as transparencies for use with an overhead projector.

- *Appendixes*. The four appendixes include: Methods—Interviews With Children; Methods—Focus Groups With Adolescents; Instrument—Interviews With Children; and Positive Phrases Posters.

The materials in this curriculum are not currently copyright protected and may be reproduced by the instructor for social work/welfare students and child welfare workers.

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ACKNOWLEDGMENTS

with current and former foster youth. Inclusion of these adolescents' perspectives made this curriculum a much richer resource for child welfare students, workers, and educators.

The consent of participating children made this project a reality. Children's overall openness in sharing their experiences, including experiences that may have elicited strong emotions in them, was inspiring. Meanwhile, their caregivers' consent in allowing strangers to enter their homes and conduct interviews with the children in their care is a testament to their commitment to these children and to our shared goal of improving the quality of child welfare services. This commitment is deeply respected.

Finally, the contributions of several individuals were indispensable to this project: Barbara Needell was closely involved in this project from its inception and was committed to seeing it through. Her guidance and vision were invaluable, as was her work in the areas of sampling, instrumentation, and interviewer selection. We are also tremendously grateful to Bill Dawson for creating our automated data entry system; Ellen Krauss and Amy Penkin for their skillfully conducted interviews with children, leadership in administration of focus groups, and assistance with written pieces of this curriculum; John Pappas, whose computer formatting skills added substantially to the final product; and Susan Katzenellenbogen for her outstanding administrative support. Finally, we are very fortunate to have support from UC Berkeley School of Social Welfare administrators and staff, including Dean James Midgley, James Steele, and Judith Ambrose. Their enthusiasm for all of the research conducted at the Center is invaluable.

CURRICULUM COMPETENCIES

Section I: Ethnic Sensitive and Multicultural Practice

1.1 Student understands and is sensitive to cultural and ethnic differences of clients.

1.2 Student considers the cultural norms, beliefs, values, language, race, ethnicity, customs, family structure, and community dynamics of major ethnic groups in the State of California in assessments and continues training to increase knowledge in this area.

1.3 Student is able to develop an ethnically sensitive assessment of a child and the child's family and adapt casework plans to that assessment in the provision of child welfare services, while demonstrating an understanding of the continuum from traditional to acculturated values, norms, beliefs, and behavior of major ethnic groups.

1.4 Students can develop relationships, obtain information, and communicate in a culturally sensitive way.

1.5 A student considers the influence of culture on behavior and is aware of the importance of utilizing this knowledge in helping families improve parenting and care of their children within their own cultural context.

1.6 Student has knowledge of the legal, socioeconomic, and psychosocial issues facing immigrants/refugees.

1.7 Student is able to evaluate models of intervention such as family preservation, family-centered services, and family-centered crisis services for their application, possible modification, and relevance to cultural and ethnic populations.

1.8 Students understand the importance of client's individual language and its use in assessment and treatment of children and families in child welfare services.

1.9 Student understands and uses knowledge in the provision of child welfare services to cultural and ethnic populations.

1.10 Student can distinguish diagnostically between the traditional culturally based disciplining and child rearing practices of cultural and ethnic families and those of the dominant society and will be able to differentiate "culturally different" from "abusive" behavior.

1.11 Student is able to advocate for equity in availability of resources and services.

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1.12 Student has knowledge of and applies the Indian Child Welfare Act (ICWA).

1.13 Student participates in community outreach activities and develops and maintains collaborative relationships with individuals and groups in community agencies and organizations.

1.14 Student has knowledge of and applies the Multiethnic Placement Act (MEPA) and related federal and state child welfare legislation.

Section II: Core Child Welfare Skills

2.1 Student understands that child abuse and neglect are presenting symptoms of social and family dysfunction.

2.2 Student is able to assess the interaction of individual, family, and environmental factors that contribute to abuse, neglect, and sexual abuse, and identifies strengths, which will preserve the family and protect the child.

2.3 Student recognizes and accurately identifies physical, emotional, and behavioral indicators of child abuse, child neglect, and child sexual abuse in child victims and their families.

2.4 Student gathers, evaluates, and presents pertinent information from informants, case records, and other collateral sources to support or refute an abuse or neglect allegation.

2.5 Student has knowledge of the special characteristics and situations of the low-income family and the single-parent family.

2.6 Student understands the dual responsibility of the child welfare caseworker to protect children and to provide services and support to enable families to care for their child.

2.7 Student recognizes signs and symptoms of drug and alcohol abuse in children and adults and assesses the impact on families and children: understands individual and family and cultural dynamics in substance abuse.

2.8 Student understands the dynamics of family violence, including spouse abuse, and can develop appropriate culturally sensitive case plans for families and family members to address these problems.

2.9 Student accurately assesses the initial and continuing level of risk for the abused or neglected child within the family while ensuring the safety of the child.

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2.10   Student understands policy issues and legal requirements affecting child welfare practice, including confidentiality, worker liability, reasonable effort requirements, minimum sufficient level of care, least restrictive environment, permanency planning, establishment of paternity, and knows how to implement these requirements in practice.

2.11   The student understands the mission and goals of public departments of social services and the network of community child welfare services. Student understands the process of the court system and the role of social workers in relation to the courts.

2.12   Student understands the potentially traumatic effects of the separation and placement experience for the child and the child's family and the negative effects on the child's physical, cognitive, social, and emotional development.

2.13   Student recognizes the signs of institutional abuse in foster care, residential care, and other institutions in which children are placed and can report evidence to appropriate child welfare personnel.

2.14   Student understands the principles of permanency planning and the negative effects that inconsistent and impermanent living arrangements have on children.

2.15   Student understands the importance of the biological parent maintaining contact with the child in placement, of encouraging parents when appropriate to participate in planning, and of regular parent/child visitations.

2.16   Student understands the medical, legal, and social management needs of children with special medical needs such as HIV disease, drug dependency, and the medically fragile child. The student helps foster and birth families in meeting those needs, and in coping with the stresses of such care.

2.17   Student works collaboratively with foster families and kin networks, involving them in assessment and planning and supporting them in coping with special stresses and difficulties.

Section III: Social Work Skills and Methods

3.1   Student demonstrates social work values and principles; this includes self-determination, respect for human dignity and worth, and respect for individual differences.

3.2   Student conducts effective ongoing case assessment and planning.

3.3   Student demonstrates the ability to evaluate and incorporate information from others, including family members and professionals, in assessment, treatment planning, and service delivery.

3.4   Student conducts effective casework interview.

3.5   Student understands the importance of and demonstrates the ability to work with the client in the community including home, school, etc.

3.6   Student is aware of his or her own emotional responses to clients in areas where the student's values are challenged and is able to utilize the awareness to effectively manage the client/worker relationship.

3.7   Student assesses family dynamics, including interaction and relationships, roles, power, communications patterns, functional and dysfunctional behaviors, and other family processes.

3.8   Student understands crisis dynamics, identifies crises, and conducts crisis intervention activities.

3.9   Student uses a variety of methods and strategies to interview and elicit information from children and adolescents that are age appropriate and consistent with social work values and ethics.

3.10   Student has knowledge of how clients are non-voluntarily referred to public child welfare.

3.11   Student can engage clients, especially non-voluntary and angry clients.

3.12   Student engages families in problem-solving strategies and assists them with incorporating these strategies.

3.13   Student has knowledge of and understands how to work collaboratively with other disciplines that are routinely involved in child welfare cases.

3.14   Student can produce concise, required documentation.

3.15   Student understands group process theory and can develop and implement small groups.

3.16   Student knows and demonstrates appropriate parenting strategies.

3.17   Student assesses the family from a person-in-environment (PIE) perspective.

3.18   Student develops and implements the case plan based on the assessment.

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3.19   Student understands and utilizes the case manager role in creating and sustaining a helping system for clients.

3.20   Student understands and knows how to plan for and implement home-based services whenever possible to prevent removal of child from their homes.

3.21   Student effectively and appropriately uses authority, while continuing to use supportive casework methods to protect children and engage families.

3.22   Student is able to evaluate the need for removal and placement of a child by weighing the risk to the child of continuing to remain in the home against the potential trauma of separation and placement.

3.23   Student understands and conducts an ongoing process of reassessment and makes appropriate modifications to the case plan.

3.24   Student understands the strengths and concerns of diverse community groups and is able to work with community members to enhance services for families and children.

3.25   Student understands how to plan and conduct appropriate placement activities for children, using the concepts of concurrent planning.

Section IV: Human Behavior and the Social Environment (HBSE)

4.1   Student understands children's developmental needs and how developmental levels affect a child's perception of events, coping strategies, and physical and psychological responses to stress and trauma.

4.2   Student has a thorough knowledge of the stages, processes, and milestones of physical, cognitive, social, and emotional development of children.

4.3   Student understands the process of human sexual development and behavior.

4.4   Student understands the potential effects of child abuse and neglect on child/adult development and behavior.

4.5   Student can recognize when human development is delayed or follows abnormal patterns and can identify contributing factors.

4.6   Student understands the stages of the family lifecycle as they occur in a variety of familial patterns.

4.7   Student understands the interaction between environmental factors especially in terms of racism, poverty, violence, and human development.

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4.8 Student understands the impact of adult/parental substance abuse on child development and family functioning.

4.9 Student understands the impact of adult/parental psychopathology on child development and on family functioning.

4.10 Student understands the dynamics of adolescent sexuality and teen pregnancy and can assist the teenage parent in understanding his or her developmental needs in assuming parental responsibilities.

Section V: Workplace Management

5.1 Student effectively negotiates with supervisor and professional colleagues, systems, and community resources to further accomplish professional, client, and agency goals.

5.2 Student is able to work effectively in a diverse environment.

5.3 Student can understand client and system problems from the perspective of all participants in a multidisciplinary team and can assist the team to maximize the positive contribution of each member.

5.4 Student is able to identify the strengths and weaknesses of the organization in which he or she works.

5.5 Student is able to identify the strengths and weakness of the organization's approach to cultural diversity and the development of cultural competence.

5.6 Student can effectively use advocacy skills in the organization to enhance service delivery.

5.7 Student seeks both client and organizational feedback in practice evaluation and in improving effectiveness of service delivery.

5.8 Student demonstrates a working knowledge of the relationship process of accessing community resources available to families and children, utilizes them appropriately, and updates as necessary.

5.9 Student can develop a strategy to identify new agency and community resources to meet client needs.

5.10 Student is familiar with a range of collaborative models.

5.11 Student is aware of organizational policies about workplace safety and is able to develop skills at identifying and solving potentially dangerous situations on the job.

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Section VI: Child Welfare Policy, Planning, and Administration

6.1   Student demonstrates an understanding of the roles and responsibilities of a leader/manager in public child welfare.

6.2   Student demonstrates knowledge of specific laws, policies, court decisions, and regulations essential to child welfare services.

6.3   Student understands how a leader facilitates effective teamwork for the purpose of planning, formulating policy, and implementing service.

6.4   Student understands how to use information and technology to evaluate practice and program effectiveness.

6.5   Student can demonstrate knowledge of how organizational structure and climate impact service delivery, worker productivity, and morale and how students can contribute to improvement.

6.6   Student can demonstrate knowledge of public child welfare funding streams for public child welfare agencies and their implications for agency policy objectives and service delivery priorities.

6.7   Student can identify how the legislative process impacts agency policies, procedures, and programs.

6.8   Student can demonstrate knowledge of contracting for services in public child welfare and understands how these services can be evaluated.

6.9   Student understands the purpose of evaluation and the use of evaluation to achieve accountability at every level of the organization.

6.10   Student understands the leader's responsibility to plan and develop systems that address the diversity of staff, children, and families in public child welfare.

6.11   Student understands that decision-making processes in public child welfare practice require ethical reasoning that is informed by professional standards.

6.12   Student understands how managers create opportunities for collaboration with other work units, related agencies, regulatory bodies, courts, and law enforcement.

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SECTION I

AN OVERVIEW OF THE CHILD WELFARE SYSTEM IN CALIFORNIA: TODAY'S CHALLENGES AND TOMORROW'S INNOVATIONS

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SECTION I
AN OVERVIEW OF THE CHILD WELFARE SYSTEM IN CALIFORNIA: TODAY'S CHALLENGES AND TOMORROW'S INNOVATIONS

INSTRUCTIONAL GUIDE

This chapter provides an overview of California's child welfare system, including its goals, policies, programs, and services. The evolving characteristics of the children served by California's system are also described. Finally, the chapter reviews innovations, both within California and nationally, that show promise in responding to some of the child welfare field's major challenges. While most of the data reported in this chapter were generated from research conducted in California, the chapter's broad overview has a high level of applicability to child welfare service delivery systems in other states.

Contents

Instructors are encouraged to use this chapter in a range of ways to suit their needs. It may be copied and distributed to students for independent reading or classroom use. Overhead masters are provided at the end of this curriculum, and questions are included to facilitate small or whole group discussions.

This chapter can be used to foster the following competencies for public child welfare work: 1.7, 1.9, 1.14, 2.6, 2.10, 2.11, 2.14, 2.15, 3.10, 5.4, 5.5, 5.10, 6.2, 6.6, 6.7, 6.8, 6.9, and 6.12.

The S. H. Cowell Foundation provided primary support for the development of this particular chapter, which is an abbreviated and updated version of the following report:

> Brooks, D., Webster, D., Berrick, J. D., & Barth, R. (1999). *An overview of the child welfare system in California: Today's challenges and tomorrow's innovations.* Berkeley: University of California at Berkeley, Center for Social Services Research.

GOALS OF THE CHILD WELFARE SYSTEM

California's child welfare system is a continuum of overlapping programs and services available to children who have been abused or neglected, or who are at risk of abuse or neglect. Accordingly, the single most important goal of the child welfare system is to protect children from maltreatment by their parents or other caregivers.

The child welfare system also strives to support families by promoting the obligations of parents and caregivers to raise children to the best of their abilities. Sometimes, though, parents and caregivers cannot or do not meet the safety and emotional needs of their children. In these instances, the child welfare system aims to promote permanency for children.

Permanency begins with family preservation and reunification of children with their families. When these efforts are not successful, the child welfare system aims to place children with other families who can meet their long-term safety, developmental,

and emotional needs in permanent and legal family arrangements. Though definitions sometimes vary, permanency achieved expediently, is in children's best interest.

POLICIES DESIGNED TO PROMOTE CHILD WELFARE GOALS

General Child Welfare Policy

Nearly two decades ago, the federal government passed the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), America's first explicit child welfare legislation. The major goals of P.L. 96-272 were to (a) reduce unnecessary out-of-home care placements by requiring reasonable efforts to prevent placement, (b) safely reunify children with their families when possible, (c) limit the time toward reunification, and (d) place more children into adoptions when they cannot return home (Legislative Analyst's Office [LAO], 1996).

P.L. 96-272 is contained in both Titles IV-B and Title IV-E of the Social Security Act. Title IV-B, the Federal Child Welfare Services Program, is the major source of federal support for protective and preventive services for abused and neglected children and their families. Title IV-B funds offer a capped entitlement to states with the federal government providing 25% of costs to the states' 75% match. In 1996, total federal costs for Title IV-B were an estimated $442 million; total Title IV-B costs for California were an estimated $48 million (U.S. House of Representatives, 1996).

Title IV-E, the Federal Foster Care and Adoption Assistance program, is the primary funding mechanism for children who have been placed in out-of-home care (Liederman, 1995). Unlike Title IV-B, Title IV-E funds provide an *uncapped* entitlement at a 50% matching rate for all AFDC-eligible children in foster care. Funds cover an array of out-of-home care costs such as state and local child welfare personnel training,

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caseworker services associated with placing children in foster care, and out-of-home care maintenance payments. Title IV-E funds also provide funding for the adoption of children with special needs and support for youths who transition from out-of-home care to independent living. For 1995, total federal costs for Title IV-E were more than $3 billion. In California, total Title IV-E costs were an estimated $570 million, including $48 million for adoption assistance and $13 million for independent living programs (U.S. House of Representatives, 1996).

In 1982, through the enactment of Senate Bill (SB) 14, California incorporated various reforms consistent with P.L. 96-272 into state law. The major goals of SB 14 were to (a) reduce unnecessary out-of-home care placements by providing treatment services to families, (b) safely reunify children with their families, (c) increase the stability of out-of-home care placements, and (d) place more children into adoptive homes when appropriate (LAO, 1996).

Few large-scale federal initiatives have been introduced since 1980. Recent legislative action, however, has helped to fortify the fundamental philosophy endorsed by P.L. 96-272. In 1997, for instance, the Adoption and Safe Families Act (P.L. 105-89) was enacted to clarify that the safety of children is the premier goal of the child welfare service system and that the pressure to preserve or reunify families should not compromise child safety. The bill also sought to limit further the period of reunification services for families wishing to bring their children home from out-of-home care. Under this new federal law, county child welfare workers are required to make reasonable efforts to reunify children with their parents for up to 12 months. If, after 12 months of services, parents are unable to care for their children, courts and child welfare agencies

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are encouraged to develop permanent placements for children including adoption or legal guardianship.

With the passage of AB 1524 a year earlier, California law articulated some of the principles set forth in P.L. 105-89. With consideration for the developmental needs of very young children, this policy requires permanency planning timelines to be reduced still further for children 3 years old or younger. In such cases, families are permitted only 6 months to show progress toward the reunification of their children. If progress is not evident, a permanency plan must be rapidly developed.

Family Preservation Policy

Family preservation has been developing as a secondary goal of the child welfare system for roughly 100 years. With the passage of P.L. 96-272, specific policies and programs were developed that encouraged family preservation as an alternative to out-of-home placement in situations where children can remain safely in their homes while receiving services. As articulated in P.L. 96-272, family preservation policy required only that "reasonable efforts" be made by child welfare agencies to prevent placement or reunite families (Nelson, 1997).

In 1993, the Federal Family Preservation and Family Support Services (FPFSS) provisions of the Omnibus Reconciliation Act provided states about $250 million in annual block grants to support preventive services. These services were reauthorized in 1998 as part of P.L. 105-89 under a new name, the Safe and Stable Families Program. California's share of the block grants will be about $30 million per year.

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Permanency Planning and Adoption Policy

P.L. 96-272 established a federal adoption assistance program (AAP) that provides payments to parents who adopt special needs children. AAP subsidies were designed to help families in meeting the special needs of children.

In 1994, Congress passed the Howard M. Meztenbaum Multiethnic Placement Act (MEPA) largely out of concern that racial matching policies were contributing to delays in placing children of color in adoptive homes. As such, MEPA prohibited federally funded agencies and entities from categorically delaying or denying adoptive or foster care placements solely because of the race, color, or national origin of the adoptive parent, foster parent, or child involved. The law also required states to develop plans for the diligent recruitment of potential adoptive and foster families that reflect the ethnic and racial diversity of children in the state for whom adoptive and foster homes are needed. MEPA did not exclude the consideration of race and ethnicity from all placement decisions. Rather, it expressly permitted agencies to consider the background of each child and the capacity of the prospective adoptive or foster parents to meet the needs of a child of this background as one of several factors used to determine the best interest of the child (P.L. 103-382, sec. 552).

One year later, the California Legislature passed Assembly Bill (AB) 1743, thereby replacing the existing placement preferences based on race and culture with provisions that parallel the federal requirements in MEPA, while retaining the preference for placement with relatives. AB 1743 also retained a provision permitting consideration of children's religion in determining an appropriate placement.

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President Clinton signed federal legislation in 1996 entitled *Removal of Barriers to Interethnic Adoption* (Interethnic Adoption Provisions) which repealed and replaced some of the provisions of MEPA to strengthen the prohibition against overusing race and ethnicity when making placement decisions. The new law provides that any person or government involved in adoption or foster care placements may not "deny to any person the opportunity to become an adoptive or foster parent, on the basis of the race, color, or national origin of the person, or the child, involved" (42 U.S.C.§471a(3)(A)). In addition, the Interethnic Adoption Provisions state that any person or government involved in adoption or foster care placements may not "delay or deny the placement of a child for adoption or into foster care, on the basis of the race, color, or national origin of the adoptive or foster parent, or the child involved" (42 U.S.C.§471a(3)(B)). The Interethnic Adoption Provisions also removed language from MEPA that allowed routine consideration of race, color, or national origin in assessing both the best interest of the child and the capacity of prospective foster or adoptive parents to meet the needs of a particular child. Placement decisions that consider these factors must now prove to the courts that the decision was justified by a compelling government interest and necessary to the accomplishment of a legitimate state purpose—in this case, the best interest of a child. Thus, under the law, the "best interest of a child" is defined on a narrow, case-specific basis (General Accounting Office [GAO], 1998).

Also in 1996, Congress granted a one-time $5,000 tax credit to families adopting children and a $6,000 tax credit for families adopting children with special needs to help alleviate financial barriers to adoption. This tax credit was instituted under President Clinton's *Adoption 2002* initiative, which was designed to reduce barriers to adoption

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and double the number of children adopted or permanently placed each year, from 27,000 in 1996 to 54,000 in 2002.

Finally, additional federal funding was made available to states in 1997 under P.L. 105-89 to promote adoption and other permanent homes for children who need them. Before P.L. 105-89, federal law did not require states to initiate termination of parental rights proceedings based on a child's length of stay in out-of-home care. Under the new law, states must file a petition to terminate parental rights and concurrently identify, recruit, process, and approve a qualified adoptive family on behalf of any child that has been in out-of-home care for 15 out of the most recent 22 months, regardless of the child's age. The law also established a permanency planning hearing for children in care that occurs within 12 months of a child's entry into care, as opposed to 18 months under the former law (Child Welfare League of America, 1997).

Adoption and permanency planning policies, along with general child welfare and family preservation policies, are likely to have some modest effect on the number of adoptions nationwide. The legislative intent behind most of these policies is to increase opportunities for adoption when family preservation and reunification efforts are not successful, particularly for African American and other children of color, older children, sibling groups, and children with special health and developmental needs.

CHILD ABUSE AND NEGLECT IN CALIFORNIA

Child abuse and neglect are serious and growing problems in California and the rest of the nation. California state law regards child abuse as: (a) physical injury inflicted on a child by another person, (b) sexual abuse, or (c) emotional abuse. Child neglect is defined as negligent treatment that threatens the child's health or welfare (LAO, 1996).

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State law requires certain professionals to report known or suspected child maltreatment. Legally mandated reporters include workers in child protective agencies, clinical social workers, school teachers and counselors, employees of daycare facilities, nurses and physicians, and commercial film and photographic print processors. Legally mandated reporters make about 54% of child abuse and neglect reports. The single largest source of these reports—about one fifth of the total—is mandated reporters who work in school settings (LAO, 1996). Family members, neighbors, acquaintances, and anonymous callers are also heavily involved in reporting their concern that child abuse and neglect are occurring.

Since 1980, the number of child maltreatment reports and the number of children in out-of-home care in California has risen dramatically (Department of Finance, 1996; Needell, Webster, Cuccaro-Alamin, & Armijo, 1998). Between just 1985 and 1989, the number of abuse and neglect reports increased 70%. Since 1989, however, the rate has increased more slowly. In 1994, there were about 664,000 child maltreatment reports. By 1996, there were nearly 707,000 reports (Department of Finance).

The actual occurrence of maltreatment in California is likely higher than indicated by the number of reports made each year. Because of this, and because multiple reports can be made for a single child, it cannot be determined how much of the increase in reports is due to an increase in the number of children being abused and neglected and how much is due to an increase in the number of reports being made per child. Notwithstanding, California has one of the highest totals of reports in the country and one of the largest totals of children in out-of-home care (Department of Finance, 1996; LAO, 1996). A report of maltreatment prompts a response from the child welfare

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system, which is designed first to assess subsequent risk to the child and then to offer necessary supports in order to promote the child's continued safety, usually in the context of a family.

CALIFORNIA'S SYSTEM OF SERVICES DESIGNED TO PROMOTE CHILD WELFARE GOALS

Child welfare professionals agree that it generally is in the best interest of children to live with their biological families. Emphasis is, therefore, placed on both the value of preventive and rehabilitative services and the need to limit the number and duration of out-of-home care placements. When it is determined that children must be removed, a major principle of professional social work is the provision of permanent living arrangements, either by reunifying children with their biological families, moving them into the homes of relatives, or by placing them into adoptive families or other permanent arrangements, such as legal guardianship or long-term foster care (U.S. House of Representatives, 1996). The children who are placed in out-of-home care are also eligible for services that will help them cope with the circumstances surrounding their placements, obtain medical treatment, and meet other critical needs (GAO, 1998).

Current state law places responsibility and authority for child welfare services with the California Department of Social Services (CDSS). Yet, provisions for the administration of child welfare services rest with county agencies, including county social services departments and county welfare departments (Department of Finance, 1996). Child welfare services in California also involve thousands of other government and private service providers.

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County child welfare agencies are responsible for investigating allegations of child abuse and neglect and for providing case management and supportive services to children and their families. Entrance into the child welfare service system usually begins with a report of child maltreatment. When such a report is made, county child welfare workers must determine whether the case should be pursued through a child welfare investigation or referred to other social services agencies. It is at this point that a child, who is an alleged victim of maltreatment, and the child's family, enters the formal child welfare system. The child welfare system consists of five main components: (a) Emergency Response, (b) Family Preservation, (c) Family Maintenance, (d) Family Reunification, and (e) Permanent Placement. Children's pathways through the California child welfare system can be seen in the simplified figure on the next page.

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Children's Pathways Through the Child Welfare System

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                        ┌─────────────────────┐
                        │  Child Maltreatment  │
                        │       Report         │
                        └──────────┬──────────┘
                                   │
                                   ▼
┌──────────────────┐    ┌─────────────────────┐
│                  │◀───│ EMERGENCY RESPONSE   │
│   Case Closed    │    └──────────┬──────────┘
│                  │               │
└──────────────────┘               ▼
         ▲              ┌─────────────────────┐
         │              │        DSS           │
         └──────────────│ Assessment/Investig. │
                        └──────────┬──────────┘
                                   │
                                   ▼
                        ┌─────────────────────┐
                        │  Sufficient Evidence │
                        │    of Maltreatment   │
                        └─────────────────────┘

                        ┌─────────────────────┐
                        │  Voluntary Services  │
                        └─────────────────────┘

                        ┌─────────────────────┐
                        │       FAMILY         │
                        │    MAINTENANCE       │
                        └─────────────────────┘

                        ┌─────────────────────┐
                        │       FAMILY         │
                        │   REUNIFICATION      │
                        └─────────────────────┘

                        ┌─────────────────────┐
                        │     PERMANENCY       │
                        │      PLANNING        │
                        └─────────────────────┘
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Emergency Response

In California, referrals for child welfare services are initiated via a report of child abuse or neglect. To receive these reports, state law requires county child welfare agencies to maintain a 24-hour, 7-days-a-week, ***Emergency Response (ER)*** system (Department of Finance, 1996). Once a child maltreatment report is received by the county child welfare agency, decisions are required immediately regarding whether the child can remain safely at home (Barth, Courtney, Berrick, & Albert, 1994). At this stage of the process, a county child welfare worker (usually called a *screener*) determines through a telephone assessment with the reporting party whether an in-person investigation is necessary. Statewide guidelines for screening reports exist to assist and facilitate uniformity among counties.

Juvenile Dependency Process

1. Emergency Response
2. Intake Investigation
3. Jurisdictional Hearing
4. Dispositional Hearing
5. 6-month Reviews

Depending on their severity, cases assigned for investigation either require immediate attention (within 24 hours) or intermediate attention (within 3 days); or the case may be assessed as less serious and thus require a response within 10 days. During an investigation, the child welfare worker usually visits with the child, the caregiver, and other parties in order to detect the risk of maltreatment to the child. A case may be closed or offered services. If the child requires out-of-home protection, a ***detention hearing*** is held, and if approved by a county juvenile court judge, the child may be temporarily legally detained. Should the child require continued out-of-home placement, a ***jurisdictional hearing*** is held so that the court can decide whether abuse or neglect

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has occurred as stated in the dependency petition. If no abuse or neglect is found, the case is dismissed. If, however, evidence of maltreatment can be established, a *dispositional hearing* will be held to determine the child's placement (the non-custodial parent or a relative are preferred placement options), and to establish the parent's plan for services. Once placed in out-of-home care, *judicial review hearings* are generally held every 6 months to review family maintenance or family reunification efforts.

Most child abuse and neglect cases are closed after an initial intake. In 1995, about 690,000 children received ER services. Of those cases, 91% were closed after initial intake services were provided. These cases were closed because the child welfare worker determined that either: (a) an in-person investigation was unnecessary (i.e., screened out; 34%); (b) services were unnecessary after conducting an in-person investigation (43%); or (c) the case could be closed after additional ER services (e.g., crisis intervention, counseling, parent training, and transportation assistance) had been provided (15%; Department of Finance, 1996; LAO, 1996). Some child welfare professionals argue that screening out such a large percentage of cases does not capitalize on opportunities to provide preventive services to children and families, whereas others argue that such a broad approach to screening is necessary to identify and help children most at-risk of maltreatment and their families.

Public child welfare agencies may also offer services to children and their families without involving the juvenile dependency process. This can occur only if there is a *voluntary agreement* for services between the family and the county DSS. In California, the proportion of families receiving such services varies greatly by county.

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When families are mandated to receive services from a child welfare agency, juvenile court oversight is required. Families may either receive in-home services (i.e., *family maintenance* services discussed below) or out-of-home services (i.e., *family reunification*). If after 12 months of family reunification services, these efforts are judged to be inappropriate or unsuccessful, a ***permanency planning hearing*** is held to determine the long-term plan for the child. The plan must include one of the following goals: (a) adoption, (b) legal guardianship, or (c) long-term foster care.

Of the total reports of abuse and neglect in California in 1995, about 24% (approximately 164,000) were substantiated. Of those cases, roughly 35,000 (21%) were transferred to family maintenance. Children were removed from their homes and placed in out-of-home care and provided services through family reunification or permanency planning in about 25,200 cases (15% of substantiated cases; Department of Finance, 1996). Family maintenance, family reunification, and permanency planning are discussed in more detail below.

Family Preservation and Family Maintenance

To prevent further abuse and neglect, **Family Preservation (FP)** and **Family Maintenance (FM)** provide support and services to children and families while the children remain in their homes. Generally targeted toward the parent or caregiver, these services include counseling, parent training, respite care, and temporary in-home care. Compared with the previous decade, fewer California families are receiving family maintenance services. This suggests that those children and families who, a decade ago, would have received family maintenance services are now receiving no services at all, or that the children are being placed in out-of-home care (LAO, 1996).

State funding is available for 6 months to support families receiving family maintenance services. If after 6 months the family is not able to provide adequate care for the child, the county agency may continue delivering in-home services while supporting the costs through county dollars or place the child in out-of-home care for federal participation.

Family Reunification

Family Reunification (FR) provides supportive services to the family while the child is in temporary out-of-home care. These services, targeted toward both children and parents or caregivers, typically include emergency shelter care, counseling, parent training, and teaching homemaking skills. By law, reunification services are time-limited activities designed to prevent or remedy child maltreatment. Unless other action is taken to end the services before the time limitation, reunification services are restricted to 12 months with the possible extension to a total of 18 months. To facilitate reunification, county child welfare agency staffs are required to develop a case plan identifying the service needs of the child and family (Department of Finance, 1996).

Agencies can also provide family reunification services to families who accept them voluntarily (i.e., without being mandated by the court to receive them). In these instances, services are limited to 6 months.

In California, there are four principal types of out-of-home care placements: (a) kinship care, (b) foster family care, (c) foster family agency care, and (d) group home care. **Kinship** homes do not need to be licensed by the state and include those in which the caregiver is a blood relative of the child. **Foster family** homes are licensed homes that provide specialized care to no more than six foster children. **Foster family agency**

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(FFA) homes are certified to operate under nonprofit foster family agencies that provide professional support. FFAs are required by law to serve as an alternative to group home placements. **Group homes** are facilities of any capacity that provide 24-hour services and supervision, as well as non-medical care, to children. Typically, group homes serve children who require a more restrictive setting because they have serious emotional and behavioral problems (LAO, 1996).

Permanency Planning

Permanency Planning (PP) services are targeted exclusively toward children who cannot be safely returned to their biological families or other families of origin. When permanency has been identified as the case plan goal for a child, as opposed to reunification, the county child welfare agency staff must first determine whether the child should be placed for **adoption**.

In California, children who are adopted out of the child welfare system are usually adopted through a public or private licensed adoption agency. In these instances, the biological parents have had their parental rights terminated by a court action or have relinquished their parental rights to a licensed adoption agency. Though there are no legal differences in the roles of public and private adoption agencies, there are significant and increasing differences between the children served by these agencies. Licensed private adoption agencies continue to place infants, most of whom are healthy newborns voluntarily relinquished by their biological parents (California Department of Social Services, 1995). Children can also be adopted independently or through the State's Intercountry Adoptions Program (see box on next page).

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INDEPENDENT & INTERCOUNTRY ADOPTIONS

An independent adoption is one in which the biological parent(s) select the child's family and place the child directly with the selected family without the adoption agency's involvement. An independent adoption is legally based on the fact that the biological parents place the child directly with the person(s) of their choice. California's Intercountry Adoption Program enables California residents to adopt foreign-born children through established United States-based International Child Placing Agencies or the child's agency in the foreign country. The program also enables California residents to adopt a child in the child's native country. Federal law makes special immigration visas available for such children.

If adoption is not a viable option for a child, county child welfare staff must then consider placing the child with a legal guardian. While legally and in practice, *legal guardianship* is generally considered second only to adoption in terms of degree of permanence, this option is often ignored in discussions of permanency planning. Guardians are charged with the care of a child and given authority to make decisions on the child's behalf that a biological parent would usually make; yet guardians are under no legal obligation to support the child financially. Furthermore, unlike adoption where a child becomes a legal member of the adoptive family, biological parents' rights to a child are not terminated under guardianship; therefore, children's legal ties to their biological family remain intact. In fact, the legal appointment of guardianship can be terminated by successful petition of a parent to reassume guardianship. The appointment can also be terminated by resignation, and it ends automatically when a child reaches the age of majority.

One major feature of guardianship contributes to its "undesirability" as a permanency option. That is, once guardianship is granted, children are no longer

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eligible to receive social services provided to them as dependents of the child welfare system, and caregivers lose the financial stipend available to them through foster care. Despite this, guardianship can sometimes be seen as a desirable option. Relatives, for instance, can obtain guardianship to secure legal grounds for caring for a child in their home, while maintaining the integrity of the biological family. Caregivers opting for guardianship also may wish to offer a child a greater sense of permanence than is provided by long-term foster care, or they may want to reduce the intrusion they feel due to the presence of a caseworker. For those caregivers who are unsure of the strength of their commitment to the child, guardianship could be chosen over adoption in order to make it easier to relinquish care of the child should they decide to do so.

Long-term foster care is the final, and usually least-preferred, permanency option for children who cannot return to their biological families. This type of care generally refers to continued placement in a foster home after a permanency planning hearing has taken place. Permanency planning hearings are usually held after 18 months of placement. Sometimes, for younger children, hearings can occur before 18 months, and for older children or in other special situations, they can occur after 18 months. In California, long-term foster care is used more often for children who are placed with kin than for children placed with caregivers unrelated to them.

CALIFORNIA'S CHILD WELFARE CHALLENGE

California has the largest child welfare system in the country. Of the nearly half a million children estimated to be in out-of-home care nationwide, 1 in 5 is a ward of the California child welfare system (Administration for Children and Families, 1996). Child welfare researchers only recently have become able to examine trends in out-of-home

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care controlling for characteristics that put children at risk of placement. This is the result of newly available administrative data along with improved technology allowing for data storage and analysis. Administrative data are comprehensive and longitudinal, thereby allowing the complete child welfare history of every child in care to be described. These career histories can then be examined and analyzed in conjunction with a set of descriptive characteristics for each child (Goerge, Wulczyn, & Harden, 1997). Data on all children who have entered out-of-home care in California since 1988 are contained in the *California Children's Services Archive,* which is maintained by the *Center for Social Services Research (CSSR)* at the University of California at Berkeley. Analyses of these data reveal trends (described below) in caseload size and changing characteristics and permanency outcomes of children placed in out-of-home care.

Caseload Size and Flow

The most familiar indicator used for describing the child welfare system is **caseload size** (i.e., the number of children in out-of-home care at a given point in time). Caseload size is extremely useful in identifying the most obvious trends in out-of-home care and as an indicator of the magnitude of general child welfare issues (GAO, 1995). With the increase in the number of child abuse and neglect reports in California has come an increase in the number of children placed into care. Between 1985 and 1990, California's out-of-home care caseload grew more than twice as fast as the national caseload (Barth, Brooks, & Iyer, 1995). Growth in the state's caseload slowed somewhat in the early 1990s. Since 1992, however, caseload growth has continued to rise in California. While 74,484 children were on the state's caseload at the end of 1991, at the end of 1997 there were 111,632 children (Needell et al., 1998).

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Changes in caseload size over time depend on the balance between admissions into and discharges from care (i.e., **caseload flow**). If the number of admissions exceeds the number of discharges, the caseload will grow even as admissions decline. Conversely, if discharges are higher than admissions, the caseload will decrease even as admissions increase. Growth in California's caseload can be attributed generally to the number of entries into and exits from care. The net change in California's out-of-home care entrances and exits from 1991 to 1996 reveals that there were about 250,000 entries and 212,400 exits (i.e., roughly 37,600 more entries than exits; Needell et al., 1998). Each year during this period, the number of entrances into care surpassed the number of exits, contributing to an overall increase in caseload size.

Type of Placement

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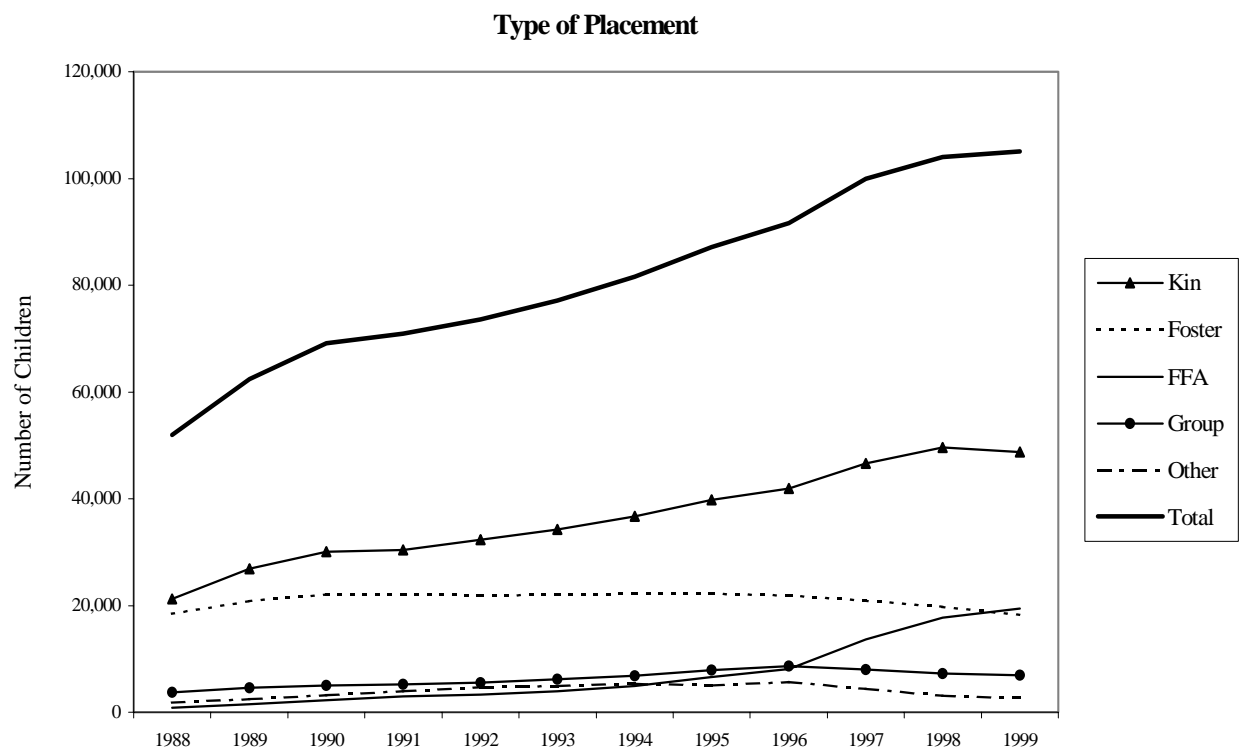
Characteristics of Children in Out-of-Home Care

Analyses of available data reveal dominant trends in the characteristics of children in California's out-of-home care system. These trends appear to be related to children's permanency outcomes and are redefining the landscape of child welfare services in California.

<u>Reason for Removal.</u>

The moment of initial admission of a child to care—the time at which the state first assumes care and custody—defines the starting point of every individual out-of-home care history. Decisions made about whether or not to admit children and the characteristics of children admitted can have a profound impact on the size and composition of the population of children in care.

FIRST ENTRIES BY REMOVAL REASON
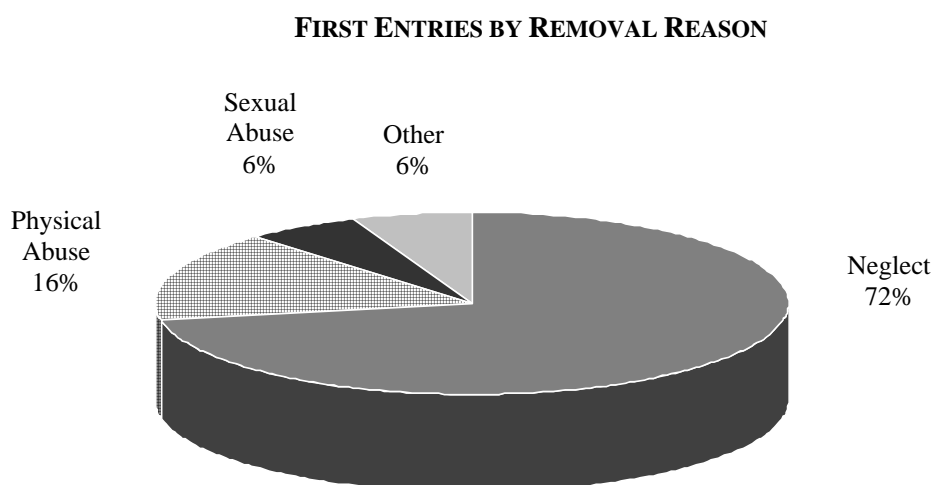
In 1997, about three quarters of children entering care in California were removed from their homes due to general or severe neglect, much of which is believed to be related to parental substance abuse (see box on next page). While physical and

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sexual abuse comprised half the reports received, less than a quarter of the children removed from their homes were removed for these reasons (LAO, 1996).

SUBSTANCE-EXPOSED CHILDREN

Nationally, between 200,000 and 750,000 infants are born each year prenatally exposed to crack cocaine or to some other illicit drug. Unfortunately, there are no systematic data on the number of substance-exposed children who are placed into out-of-home care in California. It has been estimated that, nationally, 1 in 3 substance-exposed infants eventually will be placed into care. Indeed, much of the increase over the last decade in the national out-of-home care caseload has been attributed to the increase in placements of substance-exposed infants and children. One of the most striking changes in the characteristics of children placed in out-of-home care in California has been the increase in the number of infants admitted to care. Given this increase, and the fact that more than half of all children removed from their homes are placed into care because of neglect, it is very likely that much of the increase in California's out-of-home care caseload since 1985 can be attributed to placements of substance-exposed infants and children.

The rise in infant admissions (discussed later) is likely to result in larger caseloads in the future, regardless of whether overall admissions begin to decline. Substance-exposed infants who are removed from their homes tend to remain in care longer than non-substance-exposed children and children placed at older ages. In addition, substance-exposed children who are placed with kin appear to exhibit behavioral problems that their substance-exposed and non-relative counterparts do not.

First Entries and Ethnic Background of Children

Much of the recent growth in caseload size in California can be explained by growth in first entries. Between 1988 and 1997, California had a fairly stable rate of about three first entries per 1,000 children in the population. First entries for infants peaked in 1989, with nearly 14 per 1,000 infants in the population placed in care. First entry rates for infants have fallen since 1989 (except for a temporary increase in 1994).

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The rate for infant first entries dropped from nearly 12 per 1,000 infants in the population in 1990 to less than 10 per 1,000 in 1997 (Needell et al., 1998). Despite the drop, infant first entries continue to be a major contributor to out-of-home care in California, comprising roughly one fifth of all first entries between 1989 and 1996. Moreover, the California rate of infant first entries is approximately three times the rate for children of other ages (Barth et al., 1995; Needell et al.).

Beyond varying by age, trends in first entries also vary by ethnicity. African American children are disproportionately represented among California children who are removed from their homes and placed in out-of-home care. In 1988, approximately 38% of California's caseload consisted of African American children. In 1997, African American children represented 37% of children in care, while Caucasian children represented 33%, Hispanic children represented 28%, and children of other ethnic backgrounds represented about 3% of the total (Needell et al., 1998).

Between 1988 and 1994, the percentage of Caucasian and Hispanic first entries increased slightly, while the percentage of African American first entries decreased (Goerge et al., 1997). In 1997, Caucasians (40%) were the clear majority of first entries to care, followed by Hispanic children (34%). African American children made up 22% of first entries, and children from other ethnic backgrounds made up roughly 4% of first entries.

California data on first entries by both age and ethnicity further reveal that 24% of African American children placed into care in 1997 were less than 1 year old, compared to about 18% of Caucasian and 17% of Hispanic children. African American children, despite age, entered care at a much higher rate than other children. This was especially

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Ages of Children in Care

6-12 years
41%

13-18 years
11%

Infants
4%

1-2 years
11%

3-5 years
18%

6-12 years
41%
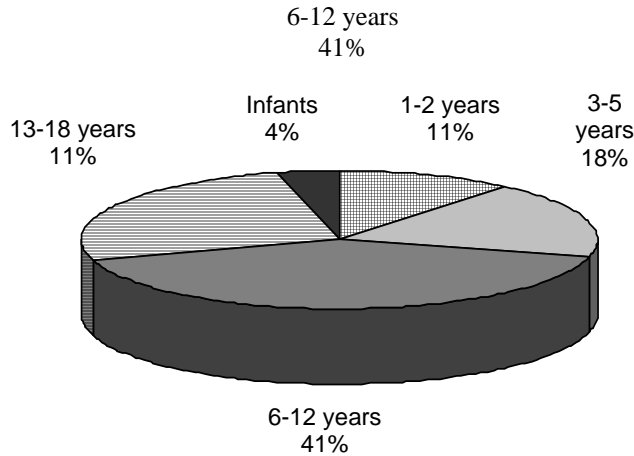
true for infants: nearly 4% percent of African American infants in the population entered care, compared with about 1% of Caucasian and less than 1% of Hispanic infants. Infants of other ethnic groups entered care at an even lower rate than Hispanic children (Needell et al., 1998).

<u>Infant Placements</u>

The increase, discussed above, in infant first entries has had a dramatic impact on the age distribution of children in the California child welfare system, resulting in a greater percentage of younger children in care. In spite of increases in placements of infants and young children, most of the children in care in California are older children, with a mean age of 8.78 years.

Since 1990, infants have comprised less than 6% of the out-of-home care population in California; children 1- to 2-years-old have comprised less than 15% of the care population. The number of children in care who were 3 years or older, however, has grown each year since 1990. The proportion of children 3- to 5-years-old has remained stable at about 19%. The proportion of older children (i.e., children 6 to 18 years) has increased substantially, from 56% in 1990 to 67% in 1997.

<u>Placement Type</u>

Another significant feature of the California out-of-home care population is the changing proportions of children in different placement settings. Most striking has been

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the growth in kinship (i.e., relative care) and Foster Family Agency (FFA) placements, along with a decline in numbers of children placed in non-relative foster homes. Indeed, in California, increases in the total out-of-home care population have been paralleled by increases in kinship care and FFA placements.

Every year beginning in 1992, more children have been placed in kinship care than in non-relative foster care. The number of children in kinship homes in California increased slightly from 43% of the total caseload in 1990 to 48% in 1997, while the number of children in non-relative foster homes decreased greatly from 43% to 30% during the same period. FFA homes served about 2,600 (4%) children in 1990 and about 12,600 (12%) in 1997 (an overall increase of more than 300%). The number of children in group homes grew about 26% between 1990 and 1997. Children in group homes comprised roughly 8% of the caseload in 1997 (Needell et al., 1998).

In general, kinship care is used more often as a placement option for African American children. In 1997, African American children were the largest group of children in kinship homes in California, while Caucasian children were the largest ethnic group of children in foster homes, FFA homes, group homes, and other placements. Further, the number of African American children placed with non-relatives has declined each year since 1991. Like African American children, Hispanic children were more likely than Caucasian children to be placed in kinship homes. Specifically, 53% of African American and 50% of Hispanic children were placed with kin, compared with 40% of Caucasian children and 39% of children from other ethnic groups. Twenty-eight percent of African American children, 34% of Caucasian children, 25% of Hispanic children, and 38% of children of other ethnicities were in non-relative foster homes. Hispanic children

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were slightly more likely to be in FFA homes (15%) than Caucasian (13%) or African American (10%) children. Caucasian children were slightly more likely to be in group homes (10%) than African American (7%) or Hispanic (7%) children (Needell et al., 1998).

The use of kinship homes also appears to vary by the age of the child being placed. Most children in kinship or foster homes in California in 1997 were between 6- to 12-years-old. Only 6% of the children in group homes were under 6 years of age. Though most children overall were placed with kin in mid-1997, kinship homes were used less for infants and teenagers than for children of other ages. Thirty-nine percent of the infants in care were in foster homes and 15% were in FFA homes. Thirty percent of teenagers in care were placed in foster homes and 17% were in group homes (Needell et al., 1998).

The rise in kinship care can be attributed to several factors, including changes in federal legislation, a growing recognition of kin as a resource, and a decrease in the number of foster parents. Federal law (P.L. 96-272) mandates that children in out-of-home care be placed in the least restrictive and most family-like environment. Kinship care exemplifies these aims by allowing children removed from their parents to continue living within the bounds of their extended family.

In the past, workers often encouraged voluntary placement of children with kin as an informal and often unregulated means of resolving child protection cases. Over the past decade, states such as California have moved increasingly toward more formal kinship foster care. The strengths of kinship care (e.g., it helps children remain with their own family, encourages the role of community in helping care for its children and

families, and reduces stigma children may experience from becoming "foster children") have led to recognition of kin as a resource (Berrick, Barth, & Needell, 1994). At the same time, there has not been an increase in county foster parents to match the growth in the out-of-home care caseload.

As discussed above, the enormous growth of FFA home placements is another phenomenon shaping child welfare in California. Originally developed as a transitional program to help children move primarily from residential treatment back to family settings, FFAs are private non-profits that receive higher foster care payments than those paid to county foster homes. This allows FFAs to employ foster parents at a higher payment rate and to provide special training and enhanced supportive services to children. These "treatment foster care" placements were intended as a family-like alternative to more restrictive institutional settings, though recent evidence suggests FFAs may be used more often as a substitute for county foster homes, particularly in small counties (Webster & Barth, 1997). Over the past 8 years, the number of FFA placements has grown from 3% to about 12% of all placements statewide and in some counties, roughly one third of all children in foster care are placed in FFAs.

Permanency for Children in Out-of-Home Care in California

Child welfare initiatives of the 1970s focused on moving children out of long-term care into permanent homes. The assumption was that children need nurturing, stable, and permanent living arrangements. Permanent homes were believed to afford qualities essential to normal childhood development that foster care might not (Emlen, Lahti, Downs, McKay, & Downs, 1978).

Today, the preferred permanency outcome for most children in care is reunification of the child with her or his biological family. Prevailing models of policy and practice consider out-of-home placements as temporary arrangements for maintaining children while the home environment is stabilized for their safe return (Goerge et al., 1997). When reunification is not possible, the preferred placement is usually an adoptive home or other permanent arrangement, such as legal guardianship. For the most part, long-term foster care is considered the least desirable permanency outcome for children.

While the size and demographic characteristics of the out-of-home care population outline the scope of children served, key indicators of children's experiences while in care reflect how well the system is achieving its aims to provide safety and permanence to children in need. Among the key indicators are how long children remain in care, how likely children in care are to be returned to their biological families or to be placed in other permanent families, and what proportion of children leaving care subsequently are re-placed in the child welfare system. These "performance indicators" and "permanency outcomes" yield insights for evaluating the child welfare system. Moreover, they are critical for shaping child welfare policies and services.

Placement Duration

The time children spend in out-of-home care (i.e., placement duration), is an important measure of how effectively the child welfare system serves children and their families. Although placement duration does not capture children's experiences while in care, the measure does indicate the length of time a child is in the protective custody of the state. Thus, this performance indicator provides evidence of how well the system is

meeting its expressed goal of achieving permanence for children by moving them out of temporary out-of-home care and into settings that will permit them to develop lifelong relationships. Further, important placement patterns can be seen when placement durations are examined with respect to different characteristics of the child welfare population and types of placements.

With many children in care, duration effects have a large impact on caseload size (Goerge et al., 1997). In California, the median spell durations for children in care between 1988 and 1994 have been growing shorter (Goerge et al.; Needell et al., 1998). The median is the estimated time for half (50%) of the children who enter to leave a first spell in out-of-home care. Presently, children who are removed from their homes have median stays in out-of-home care of about 25 months.

Identifying and understanding which groups of children have longer placement durations can help to explain why caseloads have remained high and which children are at risk of long-term stays in care (Goerge et al., 1997). Data for California demonstrate that African American children stay in care longer than children of other ethnic backgrounds. For children first entering care between 1991 and 1997, African American children in kin placements stayed in care about 40 months, while their Caucasian and Hispanic counterparts stayed in care 18 and 20 months, respectively. African American children placed with non-relatives had a median spell duration of 23 months, whereas the median duration was 14 months for Caucasian children and 13 for Hispanic children.

Usually, children entering care as infants have longer placement durations than older children. Additionally, males and children from urban areas stay longer in care

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than females and children in non-urban areas (Goerge et al., 1997; Needell et al., 1998). Compared to children in non-relative homes, children in kinship homes in California also stay in care longer. Yet, of all placement types, children placed in foster family agency (FFA) homes appear to have the longest stays. For children first entering care between 1991 and 1997, for instance, the typical duration was 27 months for those in FFA placements, 22 months for children in kinship placements, and 14 months for children in either non-relative or group home placements (Needell et al.).

It is important to point out, however, that children who were placed with kin had more stable placements than those placed with non-relatives. For instance, 53% of children placed with kin who were still in care 2 years later had only one placement, compared with 31% of children placed with non-relatives. Overall, 17% of children with kin and 37% of children with non-relatives had three or more placements if they remained in care 2 years after entry. For children still in care at 6 years, 27% of children with kin and 52% of children with non-relatives had been in at least three placements (Needell et al., 1998).

Permanency Outcomes

Child welfare policy and practice are grounded in the belief that children should only be removed from their biological families as a last resort and that, if taken into care, they should be reunified with their biological families or placed in another permanent, family-like setting as soon as is reasonably possible. Thus, another critical performance indicator addresses the question, "What permanency outcomes do children placed in out-of-home care likely experience?" A useful approach to this question is to track the

proportions of children over time who reunify, are adopted, placed in guardianship, or remain in out-of-home care.

Reunification

Increasingly more children who exit the out-of-home care system are likely to be reunified with their biological families. Data on children who entered care between 1991 and 1992 indicate that about 56% of children in care in California were reunified with their biological families by the end of 1996. About 10% of reunifications occur within 1 month of placement; another 8 to 9% within 2 to 3 months; 6 to 7% within 4 to 5 months; and 9 to 10% within 6 to 11 months. Therefore, within 1 year of placement, approximately 33% of children will return home. Less than 20% of children remaining in care will be reunified within 2 years of placement; roughly 16% within 3 years; and approximately 12% within 4 years (Goerge et al., 1997).

Overall, Caucasian and Hispanic children are more likely than other children to be reunified with their biological families. Children in kinship care and non-relative foster homes are also slightly more likely than children in FFA and group home placements to be reunified (Goerge et al., 1997). In California between 1989 and 1993, the percent of reunifications for children across placement types remained stable during this period. More than half of all children in 1993 were reunified with their families, despite placement type. Overall, infants and teenagers were less likely than other children to be reunified (Needell et al., 1998).

Adoption

In California, about 9% of children who entered care in 1988 were eventually adopted. In general, children who entered care as infants were more than twice as likely

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to be adopted as any of the other young children. About one third of all children adopted are adopted within 4 years of placement in out-of-home care. Among young children who are not reunified, African American children are about half as likely as Hispanic children, who in turn are about half as likely as Caucasian children, to be adopted as they are to remain in care. Adoption levels sharply decrease for children of all ethnic backgrounds as the age of entry increases from 1 year upward. At the same time, more older children return home and therefore do not need adoption services. Children in non-relative placements are three times as likely as children in kinship placements to be adopted. Very few children in group home placements are adopted. Adoptions increase slowly as a percentage of exits, so that by 4 years, they actually are the most likely destination at discharge for children still in care (Goerge et al., 1997).

Legal Guardianship

In California, guardianship is a permanency outcome primarily opted for by kinship care providers. Overall, about 7% of children originally placed with relatives exit the child welfare system via guardianship; this is true for about 1% of children placed in other types of care. Younger children placed with relatives are more likely to exit care via guardianship: about 7% of infants are placed in guardianship compared with 5% for older children, and 3% for teens. About 8% of Caucasian children, 5% of Hispanic, and 4% of African American children in kinship care exit the system to guardianship.

Long-Term Foster Care

The population of children in long-term care is large enough to have a profound impact on the caseload size and on the resources expended by the child welfare services system. In fact, across time, children in long-term care consume the vast

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majority of system resources (Goerge et al., 1997). Unfortunately, data on the number of children in long-term care are not readily available. Nevertheless, data on placement durations can be used to gauge the percentage of children remaining in care for any substantial period of time.

The percentage of children in long-term care in California varies depending on placement type. For instance, 31% of children placed with kin between 1990 and 1993 were in care for 4 years or more, compared with 21% of children in non-relative foster placements, 31% of children in FFA placements, and 20% of children in group home placements. The permanency outcomes of children in out-of-home care in California by placement type are summarized in the figure below.

Permanency Outcomes for Children

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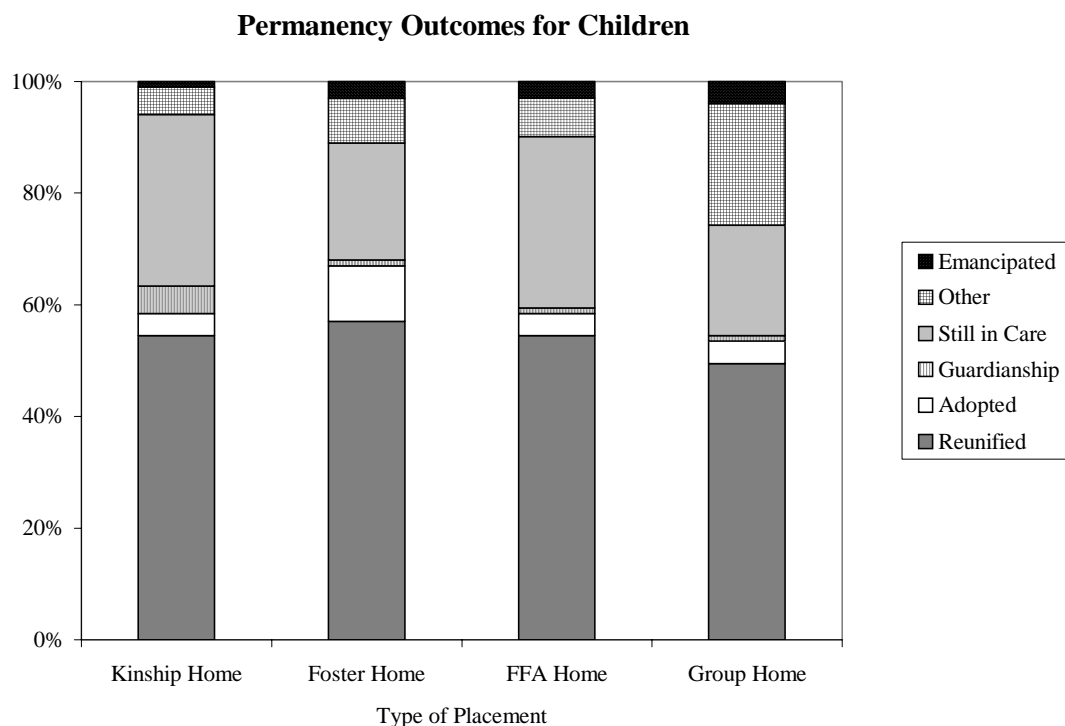
<u>Reentries to Care</u>

Finally, another key performance indicator is the likelihood of reentry to out-of-home care for children who are reunified with their families or placed in legal guardianship. Overall, a striking trend in the past several years is the increasing rate of children who reenter the child welfare system. Children who experience exits from kinship care typically are less likely to reenter than those exiting from non-relative placements.

Data on children who entered care for the first time in 1988 in California show that 19% of California discharges reentered care. The proportion of all children returned home who subsequently reentered care within 3 years increased steadily from 18% in 1990 to 23% in 1994. In 1994, the proportion of children who were placed with kin and reentered was 18%, compared with 27% for children who were placed with non-relatives and reentered (Needell et al., 1998).

Children who reenter care usually do so within 2 years of reunification. More reentries tend to occur from initial spells that are of shorter duration. Generally, it appears that about 25-30% of children who leave their first spell within 6 months reenter care, about 20% of children who exit between 6 months and 18 months eventually reenter, and less than 15% of children who remain in their first spell for more than 18 months reenter care.

Independent Living Programs

Children who are emancipated from out-of-home care require a service plan to help them transition to independent living. Less than half the children who are eligible for independent living skills services (such as job seeking, priority setting, budget and

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money management, and time management skills) receive them through the state's *Independent Living Program (ILP)*. Child welfare professionals generally agree that additional funds are needed to expand the ILP and evaluate its effectiveness (LAO, 1996).

Summary of Caseload and Out-of-Home Care Population Characteristics

Within the growing California out-of-home care population, administrative data show that one of the most notable characteristics of California's out-of-home care population is that children are disproportionately taken into protective custody for reasons of parental neglect. The growth of kinship and FFA placements, and the decrease in foster family placements, are other defining trends of the California out-of-home care caseload. The caseload is further characterized by: (a) large numbers of infant (i.e., less than 1 year old) first entries, and (b) children entering care tend to be disproportionately African American.

Data on children's permanency outcomes reveal that children in non-relative care are more likely to be adopted but less likely to be placed in guardianship than children placed with relatives. Children in kinship care also are more likely to be reunified than those in FFA or group homes. Overall, infants and teenagers are less likely to be reunified than children from other age groups, while Caucasian and Hispanic children are more likely to go home than children from other ethnic groups.

INNOVATIONS IN CHILD WELFARE

The history of child welfare reveals a persistent pattern of innovations in response to the needs and problems of vulnerable children and their families (Maluccio & Whittaker, 1997). Government at all levels has been committed to integrating the work

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of the many agencies that serve children and families and is, increasingly, soliciting help from community institutions (Children's Bureau, 1998). As such, new approaches and models of support in the public and private sectors are continuously being explored in order to promote the child welfare system's ability to achieve its goals of protecting children, supporting families, and promoting permanency. This section describes some approaches, both nationally and within California, that show promise in responding to current and anticipated challenges in child welfare. Consistent with the goals of child welfare, innovations are presented around the five major components of California's child welfare system (i.e., *Emergency Response, Family Preservation, Family Maintenance, Family Reunification,* and *Permanency Planning)*.

Emergency Response

Throughout the country, responsibilities of Emergency Response (ER)—unlike the other components of the child welfare system—are left almost exclusively to public child welfare agencies. Indeed, under California law, ER services cannot be contracted out to private agencies or organizations. Despite this restriction, new approaches to assessing risk, the primary function of ER, are being attempted throughout California and the rest of the country. Structured decision making is the most prominent approach in this area.

Structured Decision Making

Recently, state and county child welfare agencies have attempted to improve the predictive validity of their risk assessment processes by adopting empirically based risk assessment instruments instead of the traditional consensus-based approaches. This innovative way of assessing risk is often called **structured decision making**.

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All child welfare agencies engage in risk assessment of some sort. Upon substantiating a report of child maltreatment, child welfare workers must decide whether to remove a child from her or his home. At this point, a judgment is made about the likelihood of further maltreatment if the child is left at home. Similarly, when child welfare agencies consider whether to return a child from out-of-home care, a judgment is made about the likelihood of recurrence of abuse or neglect after the child returns home. Although these judgments may sometimes be subjective and based wholly or largely on the intuition and experience of the child welfare worker, agencies engage in risk assessment when deciding the likelihood of maltreatment (Department of Finance, 1996).

Since 1980, there has been a movement among child welfare organizations and advocates to formalize the risk assessment process. Risk assessment instruments typically have three basic purposes: (a) predicting recurrence of abuse or neglect and the potential for future harm if the child is left with the parent or other caregiver; (b) helping caseworkers more effectively target services by identifying the most important risk factors present; and (c) helping children's services agencies prioritize cases, thereby allowing caseworkers to spend more time with the highest-risk families (Department of Finance, 1996).

Some child welfare experts argue that basing risk assessment on the probability of recurrence of child maltreatment is short-sighted and that this may result in placing too much weight on only high-risk cases. They argue, therefore, that to be effective, risk assessment instruments should be structured and highly reliable not only in predicting

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the likelihood of recurrence but also in predicting the severity of future maltreatment, particularly in lower-risk cases (Department of Finance, 1996).

Family Preservation and Maintenance

The passage of the Family Preservation and Family Support Act in 1993 nearly doubled available federal funds for child welfare services. Equally important, the Act helped to generate innovation in child welfare services concerning the provision of family preservation and maintenance services. State, local, and foundation contributions to child welfare services also have grown substantially in recent years and much service development has occurred using funds for programs targeting families who are having difficulties meeting the needs of their children. Generally, these family-based, in-home programs provide either *family support* or *family preservation* services to families and children who are at risk of maltreatment.

Family Support (Rogers, Ferguson, Barth, & Embry, 1997).

The beginning of the modern **family support** movement occurred early in the 1970s as a number of individuals and groups initiated programs exhibiting characteristics currently associated with family support programs (Weissbourt, 1987). The impetus for the original programming revolved around the perceived needs of families in their own communities. Early program managers began incorporating the emerging ecologically-oriented (i.e., "child in environment") child development theories into their program philosophies and describing their programs as "child and family" programs that provided social support (Weiss & Halpern, 1990). A new perspective evolved—one that suggested that "child and family well-being could be enhanced if

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families could be joined to share child-rearing resources, support each other's child-rearing efforts, and perhaps make communities more child oriented" (Weiss & Halpern).

Family support programs have continued to develop. Shared elements include a commitment to prevention—focused on alleviating familial stress and increasing parental competencies—and the development of supportive networks and connections to existing resources. More innovative approaches to providing family support services include (a) home visiting, (b) family resource centers, and (c) family group decision making.

<u>Home Visiting</u> (Department of Finance, 1996).

The notion of **home visiting**, that is, of agencies providing services to vulnerable children and their families in their homes, is not a new one. Home visiting programs have become increasingly popular as child welfare experts in the 1980s expressed concern about the health of and social risks to substance-exposed children. Consequently, home visiting programs have turned their attention to prevention and early intervention programs. Some home visiting models have proven effective in reducing child maltreatment and increasing children's chances of completing high school and becoming employed.

Home visiting programs typically are based on the belief that services provided in the home are more likely to benefit the recipients than are services provided through the more traditional delivery systems. Home visiting programs have been, or will soon be, implemented statewide in several states, including Hawaii and Vermont. Home visiting programs have operated in many more states, including California, on a much smaller scale.

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California's current participation in home visiting programs for abused and neglected children and their families centers around two efforts: (a) 10 early in-home family support services projects; and (b) the San Diego Healthy Families Program (HFP). The 10 early in-home projects are located in seven urban and three rural sites throughout the State. Each project's design was based on local community needs but intended to provide support services to families assessed to be at high risk for maltreatment of their children from birth to age 5. The HFP uses paraprofessional home visitors to provide services to families and includes support groups and a child development specialist.

<u>Family Resource and Youth Services Centers</u> (Dokton & Poertner, 1996).

The Kentucky Family Resource and Youth Services Centers—an example of another innovative family support program—were born out of the statewide education restructuring effort prompted by a 1989 Kentucky Supreme Court decision that declared the state's public school system unconstitutional. Reformers maintained that ensuring a high level of achievement for all children required additional services designed to help families and complement the public school education program. Consequently, ***Family Resource Centers (FRCs)*** were set up throughout the state to focus service delivery in an effort to strengthen family functioning and nurture the individual development of family members.

Other FRCs throughout the country usually operate under the same basic principles and criteria as those of the Kentucky Family Resource and Youth Services Center. They are differentiated somewhat, however, by the ages of children served and the required programmatic components. Some core values associated with FRCs are

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the emphasis on resident involvement in governance and service delivery, and a neighborhood-based, whole family approach to service design. FRCs may be associated with elementary schools and offer additional core components such as preschool and after-school programs, parent and child education programs, technical assistance for childcare providers, and health services and referrals.

Many FRCs are also located in neighborhood settings and provide an array of services based on community members' expressed needs. *Youth Services Centers (YSCs)*—a variant of family resource centers—typically are associated with middle schools or high schools and offer core components such as referrals to social and health services, employment counseling and development services, and counseling services for substance abuse and mental health issues.

Family resource centers and youth services centers have developed rapidly across California with the substantial support of the S. H. Cowell Foundation, the Office of Child Abuse Prevention, the Stuart Foundation, and the Zellerbach Family Fund.

Family Group Decision Making

A recent innovation in family-based services is the *Family Group Decision Making (FGDM)* model of family support (also called "family group conferencing"). The primary goal of the FGDM model is to empower at-risk families to make decisions about their children in order to improve the implementation and outcomes of service plans (*California IV-E Waiver Proposal,* 1998). This goal is based on the philosophy that families have the responsibility to care for and provide a sense of identity to their children. FGDM further assumes that families can be empowered to make decisions

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about their children's safety and well-being in a non-adversarial context and that families have strengths that can be drawn upon and used to decide their own futures.

With FGDM, decisions regarding at-risk families are made through a series of meetings with families, individuals in their community support system, and child welfare workers. These meetings differ radically from traditional case conferences in that families define the decision-making process and are encouraged to be proactive rather than passive (Graber & Nice, 1991). The meetings also differ from traditional case conferences in that they often include family members, including extended family, and other supportive individuals (California IV-E Waiver Proposal, 1998).

The FGDM model was first developed in New Zealand in response to the concerns of the indigenous Maori people that community autonomy was being undermined by the removal and placement of Maori children with strangers and in government institutions. Oregon is one of the only states to implement a U.S. version of family group decision making (the Family Unity Model) statewide.

Many California counties are now experimenting with FGDM. Santa Clara County, in particular, has been especially vigorous in implementing the model for a large portion of their out-of-home care population.

Although formal evaluations have not been made of this program to date, preliminary reports of Oregon's Family Unity Model, show a decrease in foster care after one year of implementation. A formative evaluation is under way in Santa Clara County by the American Humane Association in concert with Walter McDonald and Associates (California IV-E Waiver Proposal, 1998).

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<u>Shared Family Care</u> (AIA Fact Sheet, 1997).

The provision of in-home services to children and their families has been limited by restrictions on federal funds. Title IV-E funding has been widely used to place children in out-of-home care. Innovations in the area of family maintenance services have therefore been scare. Some programs, however, are stretching conventional notions of in-home support. **Shared Family Care (SFC)**, sometimes called "Whole Family Placements," shifts the traditional model of foster care by allowing entire families to be placed together in foster family homes. When children are placed in out-of-home care, they are by nature, separated from their parents and their parents' home. The SFC model—which was imported from Sweden—offers families a chance to remain together while the parents address the problems that led to their involvement with the child welfare system and attempt to establish positive connections with community resources. The model has been employed in the U.S. in Minnesota, Philadelphia, and Texas (*California IV-E Waiver Proposal,* 1998).

SFC involves placing a whole family (i.e., at least one child and one parent) in the home of a SFC mentor family who supervises and teaches parenting and living skills. Parents must display a desire to care for their children and a readiness to learn parenting and living skills. They must also be willing and able to leave their current living situations temporarily. Though the mentor serves as a teacher, resource, and advocate for the family, the biological parent maintains the primary responsibility for the care of the child. A particular strength of SFC is its application for both prevention (making it unnecessary to separate children from their parents) and reunification (providing a safe environment for children and parents to reunify). SFC is not recommended, however, for

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families in which the parent is abusing drugs and/or alcohol, is involved in illegal activities, or is actively violent or psychotic.

Since SFC is a relatively new model of family support (and reunification) in the U.S., most existing programs recruit mentor families from their existing pools of foster families. While mentor families are not subject to the stricter licensing requirements of foster care, they must have sufficient space and sleeping areas, and meet health and safety regulations. SFC has been widely adapted in other states and is now being attempted in California in San Francisco, Contra Costa, and Alameda Counties.

Family Preservation

Perhaps the most significant innovation in child welfare in recent decades is the emphasis on and the provision of family preservation services to at-risk families. Family preservation became national policy in 1980 with the enactment of P.L. 96-272. State, local, and foundation contributions to family preservation have since grown substantially with much innovation occurring in states across the country. **Family preservation** services are intended to avert placements in out-of-home care by providing appropriate services to families involved in substantiated cases of child maltreatment. Such programs have tried to provide intensive (see box), but more flexible and appropriate services to reduce long, developmentally, and fiscally costly placements for children.

> **Intensive Services**
>
> *Intensive Services (IS)* are individualized services designed to enhance a child and/or family's skills in utilizing community resources. Various models of family preservation incorporate an intensive, strengths-based approach that assumes each member of a family has unique talents and skills. Based on the value that children grow up best when they remain in their own families and communities, assistance is provided in those contexts.

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In California, family preservation services are defined as "intensive services for families whose children, without these services, would be subject to any of the following: (a) be at imminent risk of out-of-home placement, (b) remain in existing out-of-home placement for longer periods of time; (c) be placed in a more restrictive out-of-home placement" (*California IV-E Waiver Proposal,* 1998).

<u>Homebuilders</u>

Among the early leaders in the family preservation movement was the Edna McConnell Clark Foundation, which provided funds to many local child welfare agencies to implement a specific model of intensive family preservation services developed by Homebuilders in Tacoma, Washington (Department of Finance, 1996).

The ***Homebuilders*** model, the most influential of family preservation programs, provided both concrete and counseling services, including parent education, assistance with obtaining resources, and 24-hour crisis services, to families with children at imminent risk of removal. Services were time limited (usually 4-8 weeks), and focused on stabilizing families in crisis.

Assessments of the Homebuilders models as implemented in Washington (Pecora, Fraser, & Haapala, 1991), Florida (Callister, Mitchell, & Tolley, 1986), and Utah (Kinney, Haapala, Booth, & Leavitt, 1991) have generally found positive gains in preventing out-of-home placements with a much greater number of treated families intact 12 months after receiving services. Evaluations of other programs based on the Homebuilders models, such as the Families First program in Michigan, have also established the model's success (Berquist, Szwjda, & Pope, 1993). Critics, however, have noted that reported gains are relatively short term with little information provided

about how these families are faring 2 years or longer after receiving services. In addition, lack of treatment randomization or appropriate control groups, and the small sample sizes of the studies have compromised the research findings of these evaluation studies (Bath & Haapala, 1994). Indeed, when evaluations have conformed more closely to an experimental design, the results have been less encouraging. For example, family preservation services were studied in California with a randomized experimental design and although family preservation children were placed for fewer days, at a slower rate, and in less restrictive settings, no difference in overall placement rates were found (Yuan & Rivest, 1990).

One of the most ambitious evaluations of family preservation services was the evaluation of the **Family First Placement Prevention Program** in the state of Illinois (Schuerman, Rzepnicki, & Littell, 1994). The prevention program was a flexible time-limited intervention delivered in the home of at-risk families with the aim of keeping children in their homes. The study design featured the largest randomized experiment ever conducted with extensive sampling from seven sites around the state. Qualitative and quantitative data were gathered from multiple sources including supervisors and administrators of child welfare agencies, caseworkers, service providers, and the families themselves.

Process evaluations suggested that the Family First program dramatically altered the responsiveness of the child welfare system and that Family First parents were more involved in services and decision making. Nevertheless, measurable gains for families and children were few. Neither placement rates nor recurrence of maltreatment showed significant differences when measured at regular intervals for up to 3 years from

referral. Though the program did not meet its intended objectives, clients participating in Family First services were more satisfied with their child welfare experience.

<u>Family Reunification</u>

Despite the child welfare system's success in achieving permanency for many children, innovations are needed to return more children to their biological families, and to return them sooner, when appropriate. Traditionally, efforts to reunify children have been focused on the family. A new framework has emerged, however, in which the foundation for reform is the belief that out-of-home care must be both family- and community-based. Programs, such as Family to Family, have incorporated this belief into their service delivery approach and are now targeting whole neighborhoods as a way to speed up and increase the number of reunifications.

Family to Family. Family to Family was designed in 1992 in consultation with national experts in child welfare. The Family to Family initiative has been an opportunity for states to reconceptualize, redesign, and reconstruct their foster care system. States and counties funded by the Annie E. Casey Foundation were asked to develop family-centered, neighborhood-based family foster care service systems within one or more local areas. Local communities targeted for the initiative were those that had a history of placing large numbers of children out of their homes. The local sites then became the first phase of implementing the newly conceptualized out-of-home care system throughout the state. The new system envisioned by Family to Family was designed to:

- better screen children being considered for removal from home, to determine what services might be provided to preserve the family safely and/or what the needs of the children are;

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- be targeted to bring children in congregate or institutional care back to their neighborhoods;

- involve foster families as team members in family reunification efforts; and

- become a neighborhood resource for children and families, and invest in the capacity of communities from which the foster care population comes.

The Foundation's role has been to assist states and communities with some of the costs involved in both planning and implementing innovations in their systems of services for children and families, and to make available technical assistance and consultation throughout the process. The Foundation also provided funds for development and for transitional costs that accelerate system change. The states, however, have been expected to maintain the dollar base of their own investment and sustain the changes they carry out when foundation funding ends. The Foundation is also committed to accumulating and disseminating lessons from states' experiences and information on the achievement of improved outcomes for children. The initiative is now operating in six states. Los Angeles County is currently preparing a proposal to become the next operational site.

Wraparound Services

Building on early models of family preservation, programs that provide wraparound services are currently being touted as one of the more promising recent innovations in child welfare. **Wraparound** models of care attempt to integrate and provide intensive services to children and families with the most complex needs. Such models dispense with traditional, inflexible delivery models instead of service delivery tailored to the specific needs and strengths of each case (*California IV-E Waiver Proposal,* 1998). Further, wraparound models are based on a philosophy that embodies

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two concepts: unconditional care and normalization. According to this philosophy, children best learn to become competent and productive adults if they live in, and learn from a normal environment (i.e., their own family or in a family-like setting, and within their own community surrounded by their own culture; California IV-E Waiver Proposal, 1998).

<u>Kaleidoscope</u>

Founded in 1973 in Illinois by agency-employed child care workers who were dissatisfied with the type of care they were able to provide, **Kaleidoscope** (Stein, 1995), one of the most promising models of wraparound care, was built on two unique principles: First, no child is refused care, and second, no child is punitively discharged for bad behavior. Kaleidoscope began with small group homes but evolved to a foster family model in which children are served in family settings or independent apartments in the community. Currently, Kaleidoscope serves the most difficult to place youth, those with multiple or institutional placement histories, and those with mental and/or physical disabilities. Whenever possible, the program attempts to place children with kin or in other natural family settings. Paid foster family settings are used when natural family settings cannot be obtained.

Kaleidoscope uses two basic models to serve foster care children—the Therapeutic Foster Family Home model and the Youth Development Program. Under the Therapeutic Foster Family Home model, foster parents are carefully recruited, trained, and paid to care for a single child full time. Foster families provide 24-hour supervision, discipline that encourages caring and responsibility, and transportation to appointments and activities. Foster parents become involved in their child's school and

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community activities. Foster families receive support from teams of social workers, counselors, therapeutic recreation specialists, and administrators. Agency personnel provide treatment planning that includes a minimum of two treatment sessions per month, therapy with qualified professionals, educational and vocational services, and structured recreation. Agency staff also arrange necessary medical and dental care for a child.

Wraparound was introduced to California by Kaleidoscope staff and has since been adapted in several private agencies. Recent legislation (e.g., AB 163) encourages the expansion of wraparound services. In California, Wraparound is based on a set of principles that include an unconditional commitment to create and provide individualized services in the most normal environment possible. These principles include: (a) the development of an individualized service plan by a Child and Family Team that includes the child and family and is composed of no more than half professional staff; (b) the development of a plan that is strength based and needs-driven rather than deficit based and service driven. The plan also must be family centered and child focused based on the unique strengths, values, norms, and preferences of the family; (c) the parent is an integral part of the team and has ownership of the plan; (d) a plan focused on normalization within a family, community, and cultural context; (e) service teams that demonstrate an unconditional commitment to care that allows for changing the service plan to meet changing needs of children and families; and (f) services that are community based, culturally competent, comprehensive, and customized to meet the unique needs of a family (California Department of Social Services, 1998).

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Although there is always a crisis plan, this model is not crisis oriented. Services are not delivered on a time-limited basis based on an acute situation. Instead, children are referred because of serious and ongoing emotional difficulties. Children receiving such services can be living in a variety of settings including residential treatment, foster families, or their own homes.

Permanency Planning and Adoption

Recent legislation at the federal level (P.L. 105-89) mandates shorter timeframes for permanency placement hearings, and at the California state level (AB 1544) requires agencies to carry out planning practices that include reviewing both reunification and legal permanency plans at each court hearing and making diligent efforts to identify relatives for placement. In large part, these goals are the result of the most exciting innovation in permanency and adoption planning—concurrent planning.

<u>Concurrent Planning</u>

The idea of **concurrent planning** arose from an emphasis on permanency that has been building since the early 1980s. The primary goal of concurrent planning is to achieve timely legal permanency for children in out-of-home care. Concurrent planning can be simply described as planning that provides for reunification services while simultaneously developing an alternative plan, in case it is needed (Katz, Spoonemore, & Robinson, 1994).

As agencies begin to put concurrent planning into practice, the challenges and complexities of instituting this philosophy and legal mandate will become more evident. Few practice models have been documented in the literature and the best known was developed by a private agency (Katz et al., 1994). A concern that has emerged about

this permanency planning model is that shortened timeframes for reunification may not be sufficient to allow parents to meet the requirements of case plans. Child welfare agencies in California are now experimenting with variations of concurrent planning services. The impact on promoting permanency for children will be seen in the years to come.

System Reforms

The public child welfare system is designed and implemented to achieve several critical goals. Few could argue against protecting children, preserving families, and providing permanency for children as worthy aims; nevertheless, the current service system is considered by many as overwhelmed by problems and much in need of reform. A growing foster care population, increasing costs of special needs youth in out-of-home care, and poor coordination of services for children and families are among the developments that have led to a call for privatization and managed care as means to "fix" a "broken" child welfare system (Field, 1996). Ultimately, child welfare reform must ensure that attempts to more efficiently manage services and contain costs do not undermine the system's principal goals.

<u>Privatization</u>

Recently, the growth of the private sector in providing child welfare services that formerly were overseen by public agencies has received significant attention. The notion of privately provided child welfare services, or *privatization*, has gained increasing political acceptance due in part to the view that the private sector is an innovative, responsive, and cost-efficient alternative to public social services. The state of Kansas has moved perhaps furthest in this direction and has privatized much of its

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child welfare system. Intake, assessment, and eligibility functions in Kansas are overseen by public child protection agencies, while all other services are provided by private agencies.

In California, privatization in child welfare has occurred primarily in the growth of private, nonprofit agencies. For example, out-of-home care settings such as group homes have been overseen by nonprofit providers. Contracts with private practitioners to help meet clients' individual service needs are another example of privatization in this state. More recently, there has been considerable growth in the number of private, nonprofit agencies that certify and oversee foster family homes; therefore, California's foster care population is being increasingly served in settings operated by private agencies.

Private child welfare initiatives will likely continue to grow as the private sector is seen as a means for more efficient uses of resources, though there exists little empirical evidence to support this view. Although California state law currently prohibits these parties from allocating public funds, new welfare laws provide federal reimbursements to private, for-profit agencies for as much as 50% of placement costs.

While privatization may increase in child welfare, continued case management and some degree of continued public service provision or management will no doubt be necessary given the state's role as *parens patriae* (i.e., temporary or permanent parent) for the children served by the child welfare system. A partnership between the private and public sectors may be optimal for service planning and development and also for defining and measuring quality of care for children and families.

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<u>Managed Care</u>

Managed care is a fiscal strategy to purchase essential services while simultaneously removing economic incentives for unneeded, long-term, and occasionally high-cost care. This approach allocates a certain amount of funds (i.e., a "case rate") to serve a given client based on a profile of their expected service needs. Clients with greater projected needs have higher case rates. Case rates are "capitated," however. That is, the rates have a maximum dollar amount that can be spent depending upon the profile of service use and duration of time in care projected for a client. Case rates are expected to meet all normal and crisis needs of clients with a given profile, and service providers retain unspent case funds. A capitated rate, thus, allows service providers the flexibility to serve clients with greater and lesser service needs and provides an incentive to curtail unnecessary or long-term care toward service reinvestment. Performance-based rewards or penalties are also managed-care mechanisms that encourage providers to achieve desired case outcomes.

Many view managed care as an inevitable component of the future of child welfare services. This service strategy has been used increasingly in the primary and mental health care systems and has garnered growing support among policymakers and administrators. The child welfare system will likely emulate primary and mental health care systems as child welfare policymakers and administrators begin to question whether the successes of managed care in other service fields can be duplicated in child welfare. More important, funding changes, through either block grants, waivers, or other federal policies, make it probable that fewer federal resources will be available in the coming years. States will be required to assume a greater share of child welfare

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costs and will need to develop ways of rationing services while continuing to protect children. Certainly, managed care could provide a means to contain costs and control human service budgets; though, whether this will also compromise the needs of children and families is unclear.

As with any system reform, implementing managed care in child welfare would not be without its difficulties. Measuring providers' achievement in performance-based contracting requires sophisticated, highly maintained management information systems. Further, there are critical differences between the child welfare system and other systems employing managed care. Child welfare clients most often do not voluntarily seek out the system for help. Unlike the healthcare field where patients are motivated to seek out the system to improve their well-being, child welfare clients are usually involved with the system unwillingly. As such, they can be resistant or even hostile to provided services.

Primary and mental health care systems may withhold expensive treatment if a client is deemed to be a poor candidate for success. This is not the case for the child welfare system, which must procure and pay for services to treat a child in need, despite the child's potential for a "successful" outcome. Finally, no empirical evidence has yet emerged regarding whether managed care in child welfare encourages premature discharge from care and thus increases children's risk for placement failure or re-abuse. Only one study has empirically examined the application of managed care principles to child welfare (Wulczyn, Zeidman, & Svirsky, 1997). While this research reported positive findings, the study period was for only 1 year. In California, Project Destiny is another program that is exploring principles of managed care.

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<u>Project Destiny</u> (Seneca Center, n.d.)

Project Destiny is a partnership between Alameda County Health Care Services, Social Services, Probation, the Alameda County Office of Education, and three community-based service providers—Seneca Center for Children and Families, Fred Finch Youth Center, and Lincoln Child Center. The program is designed to provide individualized wraparound services for Alameda County's most troubled children and their families. Services are provided under a fully capitated funding model, where for each child served, the three community-based agencies assume case management authority along with complete responsibility for payment for necessary services up to and including psychiatric hospitalization.

Project Destiny applies five main principles when serving seriously emotionally disturbed children and their families: (a) unconditional care; (b) parent-driven, strength-based service planning; (c) individualized services; (d) cultural competency; and (e) maximum use of community resources in the service delivery process. Project Destiny services are designed to expand the use of family-based treatment and support services for seriously disturbed children and youth who would otherwise be placed in institutional care.

Title IV-E Child Welfare Waiver Demonstration Project

In experimenting with innovative system reforms in child welfare, the federal Department of Health and Human Services recently implemented the Title IV-E Child Welfare Waiver Demonstration project. California has been selected as one of 10 participating states in the project. As such, California is permitted to use Title IV-E funds in flexible and innovative ways, with the hope that creative service delivery strategies

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will promote permanence for children and families, divert some children from an overburdened child welfare system, and facilitate the movement of children to less restrictive levels of care at no additional cost to federal, state, or county governments.

The California Waiver Demonstration project consists of two different components. The *Extended Voluntary Placement* component will extend federal funding for voluntary placements from 6 to 12 months under some circumstances. The *Intensive Services* component will permit the use of Title IV-E funds for innovative service provision to reduce out-of-home placement or divert children already in care into less restrictive, more permanent, and family-like settings. Counties wishing to participate in one or both of the components have been invited to submit proposals for implementing local service plans.

Among the outcomes the Waiver project is aimed at producing is a reduction in court workload and costs and a decrease in the numbers of children living in group homes. The Waiver project will be carried out over a 5-year period, with the Center for Social Services Research conducting a rigorous and comprehensive evaluation of program innovations and project benefits.

CLOSING

California faces steep child welfare challenges. For some children, the fundamental goal of child *protection* is breached when they must be reported to child welfare authorities multiple times before their case is heard, or when they are re-abused following reunification. Family *support* may be minimal for some California citizens when social worker's caseloads are so large that they cannot offer services or assistance to reunify children. And *permanence* is too often a last opportunity for children who remain

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in long-term, out-of-home care when they might otherwise have lived with a stable family. These fundamental challenges should be faced squarely by California's state and local governments so that the foundation upon which the child welfare system stands can adequately support the families it is designed to serve. Standards of "adequacy" should be used as a first benchmark of success and when this threshold has been reached, "excellence" should be pursued.

The government's role in supporting children and families has traditionally developed within a residual model of social service provision. This model presumes that the primary obligation for maintaining families lies within families. Family members are, therefore, expected to provide support and assistance to other members in need. When families are not able to maintain themselves, government-sponsored services may be provided temporarily, until family or individual conditions improve. By nature, the residual model is minimalist with regard to child welfare. That is, the fundamental standard of "minimally adequate care" is used as a benchmark for offering and withdrawing service and support.

Based on a residual model, conventional, government-sponsored child welfare services offer children basic protection from harm, general support for the family, and assistance in promoting permanency outcomes for children. Yet, the public child welfare system does little to enhance children's optimal emotional, behavioral, cognitive, or physical development, and even less to support the development of healthy families. Until the government moves beyond minimally adequate care, our review of the child welfare data for California suggests that there exist special opportunities—opportunities to augment and strengthen the child welfare system as it currently exists, as well as

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opportunities to move beyond the current residual model to a child welfare system that

optimizes child and family development and outcomes.

QUESTIONS FOR DISCUSSION

1. In California, the vast majority of child abuse and neglect cases are closed after initial intake services are provided. Identify advantages and disadvantages of broad screening approaches.

2. List ways in which California's out-of-home care caseload has changed compositionally over the past two decades. Consider evolving reasons for removal and demographic characteristics of children in care. What forces underlie these compositional changes? Discuss policy- and practice-level implications of these changes.

3. The proportions of children in various placement settings also have evolved in California over the past two decades. List some of these changes. Why are these changes occurring? Discuss policy- and practice-level implications of these changes.

4. Discuss kinship care's strengths, including ways in which it exemplifies primary aims of the child welfare system. Also identify some current limitations of kinship care. Consider multiple perspectives (e.g., child welfare administrators, child welfare workers, caregivers, biological parents, biological siblings, and children).

5. A striking trend in the past several years is the increasing rate of children who re-enter California's child welfare system. Why is this trend occurring? Discuss policy- and practice-level implications of this trend.

6. The following children were removed from their biological parents' homes due to severe neglect and admitted into California's system of care in 1996. Administrative data indicate that these children's pathways through our current system may differ in significant ways. Identify some of these pathways. Discuss issues that might explain these differences. How and to what extent are these differences equitable? Identify possible policy- and practice-level changes that might facilitate positive changes.

   a. 3-month old, African American   c. 6-year old, African American
   b. 3-month old, Caucasian   d. 6-year old, Caucasian

Assignment: Break students into small groups to develop new child welfare approaches designed to promote children's experiences of (a) safety, (b) family, (c) permanence, and (d) well-being. Have each group identify how their approach will meet the needs of children of all ages and families from diverse cultures.

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SECTION II

CHILDREN'S EXPERIENCES IN OUT-OF-HOME CARE:
A REVIEW OF THE LITERATURE

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SECTION II
CHILDREN'S EXPERIENCES IN OUT-OF-HOME CARE:
A REVIEW OF THE LITERATURE

INSTRUCTIONAL GUIDE

This chapter highlights literature exploring foster children's experiences in out-of-home care. Findings from studies employing foster children as research informants are reviewed in relationship to four fundamental child welfare goals: (a) protecting children from harm; (b) supporting children's families; (c) promoting permanence; and (d) fostering children's well-being. Since one prominent theme in the literature is that the dearth of children's voices in foster care research is paralleled by their inadequate inclusion in child welfare practice, this review also identifies opportunities when foster children should play a more active role in case planning and implementation.

Contents

Instructors are encouraged to use this chapter in a range of ways to suit their needs. It may be copied and distributed to students for independent reading or classroom use. Questions are included at the end of the chapter to facilitate small or whole group discussions.

This chapter can be used to foster the following competencies for public child welfare work: 1.1, 1.5, 1.9, 2.6, 2.10, 2.11, 2.12, 2.14, 2.15, 3.1, 3.2, 3.7, 3.10, 3.17, 4.1, 4.4, 4.5, 4.7, 5.4, 5.5, 5.7, 6.2, 6.7, and 6.9.

INTRODUCTION

The U.S. foster care population has grown as a proportion of this country's child population and changed compositionally in profound ways over the last decade (Barth, Courtney, Berrick, & Albert, 1994; U.S. House of Representatives, 1998; Wulczyn, Harden, & George, 1998). To better meet the needs of this population, the foster care service delivery system is rapidly evolving. Meanwhile, foster care research has become much more sophisticated and now offers ample information about children in out-of-home care, including demographic characteristics, data on their functioning in multiple domains, and case outcomes. Most of this information has been acquired indirectly from caregivers, social workers, case records, and administrative data systems, while only a few studies have included children as informants, in spite of their status as the primary clients of the foster care system.

Festinger's 1983 book, *No One Ever Asked Us,*" is largely true today. Due to a myriad of methodological challenges associated with foster children's vulnerable status (Berrick, Frasch, & Fox, 2000), a paucity of literature exists on children's self-reported experiences in out-of-home care. Most of these studies are retrospective and therefore provide data filtered by subjects' long-term memory, while only a handful of studies have involved interviews with children while currently in care, thereby acquiring direct insights into their immediate experiences (Bush & Goldman, 1982; Colton, 1989; Fanshel & Shinn, 1978; Gardner, 1996; Gil & Bogart, 1981; Johnson, Yoken, & Voss,

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1990; Kufeldt, 1984; Proch, 1982; Wald, Carlsmith, & Leiderman, 1988; Wilson, 1996). Still fewer have examined children's experiences by placement type. Only one study has specifically examined the experiences of children living in kinship care (Wilson, 1996), in spite of recent, dramatic increases in many states' use of kinship care as a formal placement option (Wulczyn et al., 1998).

The purpose of this paper is to highlight literature exploring foster children's perspectives. Findings from studies involving interviews with current and former foster youth are reviewed in relationship to the child welfare field's four fundamental goals: (a) protecting children from harm; (b) fostering children's well-being; (c) supporting children's families; and (d) promoting permanence.[1] One of this paper's broad underlying assumptions is that children possess unique insights, ones that can inform child welfare policies, planning, and practice in significant ways. Viewed more specifically from a client-centered program evaluation perspective, foster children provide critical consumer feedback on the foster care service delivery system's process and outcomes (Curran & Pecora, in press). Finally, since one prominent theme in the literature is that the dearth of children's voices in foster care research is paralleled by their inadequate inclusion in child welfare practice, all four sections of this paper identify opportunities where foster children should play a more active role in case planning and implementation.

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[1] The ordering of these four areas is not intended to imply levels of priority. In particular, it should be noted that "fostering children's well-being" generally constitutes an ideal in current child welfare policy, planning, and practice. The other three areas are more fundamental.

Three major limitations of this literature review should be noted.[2] First, while relevant findings from international studies are cited, this review is primarily intended to explore the experiences of children who have experienced out-of-home care in the United States. Second, while this paper's use of the term *children* is intended to be inclusive, it is beyond this paper's scope to specifically review findings from important studies exploring youth's generally difficult transition to independent living (Barth, 1990; Fanshel, Finch, & Grundy, 1990; Festinger, 1983; Mech, 1988; Stein & Carey, 1986). Third, significant methodological limitations generally characterize this literature. Many studies exploring foster children's experiences predated the current service delivery system, employed small and/or unrepresentative samples, lacked comparison groups, relied on untested measures with unknown psychometric properties, and/or generated difficult-to-interpret findings given the dearth of normative data. Thus both the validity and reliability of findings from empirical research involving foster children remain largely uncertain. (Please refer to the table at the end of this chapter for background information on reviewed studies involving interviews with current and former foster youth.)

OVERVIEW: CHILDREN IN FOSTER CARE.

The U.S. foster care caseload size has increased dramatically since the early 1980s and now includes more than 500,000 children (U.S. House of Representatives, 1998). According to states' reports to the National Child Abuse and Neglect Data

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[2] Searches on Gladis, ERIC, PsychINFO, and MAGS databases generated the list of studies reviewed in this paper. Studies conducted in other countries were briefly reviewed for relevance. No time-related parameters were imposed. As a reference for the reader, a table is included at the end of this paper that documents key features of reviewed studies.

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System (U.S. Department of Health and Human Services [DHHS], 2000) regarding their 1998 caseloads, more than half of children entering care were removed from their homes due to neglect. Many of these removals were related to parental substance abuse. Almost a quarter suffered from physical abuse. Nearly 12% were sexually abused. Victims of psychological abuse and medical neglect accounted for less than 10% of all reports. One quarter were reported to be victims of more than one maltreatment type.

The U.S. foster care population can be examined by child's age, gender, and race/ethnicity (DHHS, 2000). The age distribution has changed dramatically over the years, with steady increases in the number of very young children entering care. The total population is roughly evenly divided by gender. African American children are significantly overrepresented in the foster care population: Among children who remained in care at the end of 1995, 45% were African American, 37% were Caucasian, and 11% were Hispanic (U.S. House of Representatives, 1998). Similarly, according to the DHHS, African American children experience the highest rates of reported victimization, indicated in the following pattern of incidence rates (i.e., number of victims per 1,000 children of the same race/ethnicity): Asian/Pacific Islander (3.8), Caucasian (8.5), Hispanic (10.6), American Indians/Alaska Natives (19.8), and African American (20.7).

Another significant feature of the out-of-home care population is the changing proportions of children in different placement settings (e.g., foster family homes, kinship foster homes, group homes, residential treatment centers, and emergency shelters). Most striking has been child welfare agencies' increased use of kinship foster homes,

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particularly for ethnic/racial minority youth living in urban areas. In some states, kinship care now represents up to half of the foster care caseload (Hardin, Clark, Maguire, 1997). In California, the proportion of its total caseload in kinship foster homes increased from 43% in 1990 to 48% in 1997, while the number of children in non-kin foster homes decreased from 43% to 30% during the same period (Needell, Webster, Curraco-Alamin, & Armijo, 1998). Specialized treatment foster care also has found considerable favor in some states (Needell et al.). Finally, new paradigms of service delivery have been developed—including new public financing models and a trend toward privatization of child welfare services—all of which impact children's experiences in placement.

SAFETY: PROTECTING CHILDREN FROM HARM

As one of the fundamental goals of child welfare services is to protect children from harm, an incontrovertible area to examine is children's experiences of safety during placement, particularly within their home. There are two dimensions to this literature. The first is focused on acquiring relatively "objective" accounts of children's self-reported exposure to discrete, potentially harmful events, as both witnesses and victims. In reality, for individuals of all ages, various perceptive processes substantially bias the degree to which objectively dangerous events are experienced, interpreted (or given meaning), and reported (Guterman, Cameron, & Staller, in press). For this reason, self-reported rates of exposure to violence should be validated by other sources. The second dimension of the literature is focused on identifying children's "subjective" experiences of safety (i.e., the degree to which they feel safe). These two dimensions are distinct; two children living in "objectively" comparable environments,

specifically in terms of probabilities that they will encounter danger, are likely to subjectively experience their environments very differently.

This section reviews the literature on foster children's self-reported experiences along both dimensions—exposure to discrete, potentially harmful events and perceived safety. Five specific areas are discussed: (a) self-reported experiences with maltreatment in out-of-home care, (b) perceived safety in out-of-home care, (c) perceived safety during birth parent visits, (d) neighborhood safety, and (e) environmental safety within the home.

Child Maltreatment in Out-of-Home Care

While the popular press often reports dramatic instances of maltreatment in foster care, this coverage misrepresents children's risk of increased harm while in out-of-home care because the vast majority of caregivers do not maltreat the children in their care. Nevertheless, Dubowitz, Zuravin, Starr, Feigelman, and Harrington (1993) found that both kin and non-kin caregivers are more likely than the general population to be accused of abusing a child in their care. Although most of the reports in the Dubowitz et al. (1993) study were unsubstantiated, this phenomenon remains an area of grave concern. Further complicating this analysis is the likely existence of reporting bias since foster homes, particularly non-kin foster homes, bear relatively high levels of agency supervision and public visibility. Alternatively, maltreatment may be more common in foster homes, perhaps because foster children tend to be more challenging behaviorally than their non-fostered peers (Berrick, Barth, & Needell, 1994; Dubowitz et al., 1994; Simms, 1989). Additional studies have attempted to elucidate the characteristics of maltreating caregivers (e.g., their age, health, educational attainment, and income),

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while distinguishing between kin and non-kin settings (see Berrick, Needell, Shlonsky, Simmel, & Pedrucci, 1998, for a review).

To date, only two studies have investigated children's self-reported experiences with maltreatment in care. Both of these studies were retrospective. In a follow-up study involving interviews with 61 adults who entered care between the years of 1951 and 1969, 40% reported experiencing severe physical punishment, but not necessarily confirmed cases of abuse, in at least one foster home during their tenure in the system (Zimmerman, 1982). In another follow-up study involving interviews with 106 young adults who were Casey Family Program foster youth between the years of 1966 and 1984, 25% reported that they experienced severe physical punishment in their Casey home of longest stay (Fanshel et al., 1990). More disturbing, when asked, "Did anyone in the foster home ever try to take advantage of you sexually?" a small, but significant proportion of the total sample responded affirmatively (24%, n = 11 of female subjects and 8%, n = 5 of male subjects). When asked for suggestions to improve Casey foster care services, these adults reported that screening of caregivers should be more thorough, while caseworkers should become more skilled in establishing trust with children, maintaining privacy during child/worker conversations, and recognizing signs of abuse.

Perceived Safety in Out-of-Home Care

The degree to which children feel safer in their caregiver's home, relative to their experience of safety in their birth family's home, is a critical indicator of the system's success. Unfortunately, few studies have explored children's voices on this important indicator. Fortunately, findings from two studies assessing children's perceived safety in

out-of-home care are generally positive, particularly with respect to children living in foster family care (Gil & Bogart, 1981; Wilson, 1996).

As part of an exploratory study, Gil and Bogart (1981) examined the perceived safety of 100 foster children ages 8 to 18. The sample included 50 children living in foster family care and 50 children living in group care. Eighty percent of children living in foster family care reported feeling "safe and secure" in their homes—almost double the figure found for children living in group care (47%). Length of stay is one of many variables that may explain this discrepancy since 76% of the children in foster family care reported living in their current placement for 3 years or more, compared to 42% of children living in group care. Also noteworthy, children were not specifically directed to consider caregivers, rather than other children in their homes, as potential victimizers. In the absence of controls, it is impossible to discern how numerous potentially relevant child and placement characteristics account for this discrepancy.

As part of its Fourth Annual Client Evaluation for the Illinois Department of Children and Family Services, Wilson (1996) more recently examined the perceived safety of foster children. The Wilson study is, to date, the largest study examining foster children's direct perspectives on their immediate experiences in care; the researchers employed a randomly selected sample of 300 children ages 4 to 17 that was statistically representative of children in out-of-home care within the state of Illinois. The majority of children reported feeling safe in their current placement, although important differences emerged by placement type: 92% of children in kin foster homes, 92% of children in non-kin foster homes, and 64% of children in residential group care replied that they "always" feel safe in their current placement. Frequencies were highly comparable by

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race/ethnicity. The study also included a "quality of life" scale to compare children's experiences living in their birth families' homes to their experiences living in out-of-home care. Children's average ratings on this scale's "feeling safe" item were significantly higher with respect to their experience living in out-of-home care, relative to their experience living in their birth family's home.

Perceived Safety During Birth Parent Visits

Another important area of concern is the potential for a birth parent to re-abuse a child during unauthorized or authorized visits. Due to family dynamics and proximity, some kin caregivers may be more inclined to allow unauthorized birth parent contact than non-kin foster parents, possibly exposing the children in their care to increased risk of harm. Meanwhile, one of the most resounding messages from the literature exploring children's perspectives is that authorized visits also entail risk. Current and former foster youth consistently report wanting to be consulted more about when, where, and with whom visits are conducted—not only because they are reluctant to revisit painful memories, but also because some fear the possibility of being physically harmed (Festinger, 1983; Kufeldt, 1984). Children may underestimate or overestimate their risk of harm. Nevertheless, close consideration of their perspectives is critical to ensuring their safety during birth parent visits and, secondarily, to enhancing the overall success of these visits, thus promoting family continuity.

Neighborhood Safety

As many kin caregivers and a fair number of non-kin foster parents have low incomes (Berrick et al., 1994; Denby & Rindfleisch, 1996; Fein, Maluccio, & Kluger, 1990; Gebel, 1996; U.S. Department of Health and Human Services, n.d.), one could

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argue that many foster homes are located in neighborhoods that are not optimal for raising vulnerable children. Generally, economically depressed neighborhoods have high rates of community violence, in addition to poor housing, poor schools, decreased social mobility, and widespread unemployment (Danzinger & Gottschalk, 1995; Korbin & Coulton, 1996). In the last decade, our knowledge about children's exposure to community violence has grown substantially, evidenced in the large number of recent publications devoted to this topic, commonly referred to as a "public health epidemic" (American Journal of Orthopsychiatry, 1996; American Psychological Association, 1993; Eron, Gentry, & Schlegel, 1994; Journal of the American Academy of Child and Adolescent Psychiatry, 1995; Journal of the American Medical Association, 1995; Osofsky, 1997; Psychiatry, 1993). It should be noted that this literature has not specifically examined the experiences of children living in out-of-home care, thus limiting generalizability, but some review is warranted given its probable salience in many foster children's lives.

Most research with children in this area attempts to assess rates of exposure to severe acts of violence. For example, as part of the NIMH Community Violence Project, Richters and Martinez (1993) administered *Things I Have Seen and Heard* to a sample of young children in grades 1 - 2 and a more detailed questionnaire to a sample of older children in grades 5 - 6. According to official crime data, these children lived in a moderately violent Washington, DC neighborhood in comparison to other neighborhoods within the district. Most disturbing are the rates reported for directly witnessing at least one shooting (47% for young children, 31% for older children), stabbing (31%, 17%), mugging (45%, 43%), arrest (88%, 74%), open-air drug deal

(69%, 67%), and dead body outside (37%, 23%). This pattern of results indicates a few wide discrepancies between younger and older children's reports. Additionally, the parents in this NIMH study reported consistently lower estimated rates of violence exposure for their children, raising questions about the integrity of their respective reports. Unfortunately, though, even the younger children's self-reported prevalence rates are highly consistent with rates found in nearly a dozen epidemiological studies conducted with urban youth (see Jenkins & Bell, 1997, for a review). Although most of these studies employed middle- and high-school samples, two of these studies included large numbers of young elementary-age children and found comparable and, in some cases, much higher rates.

The NIMH Community Violence Project underscores the importance of data triangulation in studies assessing self-reported community violence exposure. While self-reports appear to hold greater accuracy than reports from close informants (Richters & Martinez, 1993) or administrative sources (Tolan & Lorion, 1988), examination of all three sources can assist with the process of identifying inevitable perceptive biases embedded in self-reports (Guterman et al., in press). At the same time, in this quest to assess the differential validity of various sources, clinicians and researchers should remain attentive to children's subjectivity, particularly as it bears on their well-being and overall development.

Exposure to community violence exerts a substantial toll on children's overall development and is linked with a host of negative psychosocial sequelae: symptoms of post-traumatic stress disorder (Berman, Kurtines, Silverman, & Serafini, 1996; Fitzpatrick & Boldizar, 1993; Garbarino, Pardo, & Kostelny, 1992; Horowitz, Weine, &

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Jekel, 1995); pronounced grief reactions (Freeman, Schaffer, & Smith, 1996; Osofsky, Wewers, Hann, & Fick, 1993; Pynoos & Eth, 1985); elevated depression (Freeman, Mokros, & Poznanski, 1993; Singer, Anglin, Song, & Lunghofer, 1995); increased aggression (Attar, Guerra, & Tolan, 1994; Cooley-Quille, Turner, & Beidel, 1995; DuRant, Pendergrast, & Cadenhead, 1994; Gorman-Smith & Tolan, 1998; Schwab-Stone et al. 1995); "futurelessness" (DuRant et al., Kotlowitz, 1991; Schwab-Stone et al.; Van Der Kolk, 1987); and cognitive and academic delays (Osofsky et al., 1993; Shakoor & Chalmers, 1991).

While numerous studies report links between exposure to community violence and poor psychosocial outcomes, the pathways are unclear, due to definitional heterogeneity surrounding the term, "community violence" (Guterman et al., in press), as well as a need for theoretical frameworks to explain these links (Cicchetti & Lynch, 1993). Previous studies indicate that parenting is an important mediator of neighborhood effects; parents who perceive danger and minimal resources in their neighborhood are likely to supervise their children more closely, while pursuing opportunities for their children outside their immediate neighborhood (Furstenberg, 1993; Korbin & Coulton, 1997). Richters and Martinez (1993) found that maternal education was an enduring protective factor, one that explained resilient outcomes for some children exposed to community violence. Specifically, in the NIMH study, violence exposure was more strongly related to distress symptoms in children with less educated mothers. The nature of this relationship is less clear. Perhaps educational attainment is closely associated with the effective parenting behaviors identified by Furstenberg, and Korbin and Coulton. If so, non-kin foster parents may be more adept at playing this

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mitigating role, relative to kin caregivers, since they tend to have higher levels of educational attainment (Berrick et al., 1994, Gebel, 1996; James Bell & Associates, 1993; Kirby, 1997). In any case, caregivers who live in chronically violent neighborhoods and have low levels of educational attainment may require particular support in their efforts to protect children in their care from neighborhood-level dangers, both actual and perceived.

Although a large number of children living in out-of-home care, particularly those living in kinship care, are likely to experience high rates of exposure to neighborhood violence (i.e., "community violence" excluding in-home violence), only one study has attempted to elicit foster children's perspectives on this aspect of their experience. As part of a study involving interviews with 59 children ages 11 - 14, Johnson et al. (1990) learned that all but three children moved to different neighborhoods when they were placed in family foster care. Of those who relocated, 56% said that the neighborhood in which they were currently living was "better" than their birth family's neighborhood. With probing, these children said that they witnessed fewer fights and felt that the people living in their new neighborhood were friendlier. Again, in the absence of relevant controls, it is impossible to discern how various child and placement characteristics mediate children's perceptions of their neighborhood.

Environmental Safety Within the Home

In spite of its importance, the literature on children's environmental safety in various placement settings is noticeably absent, largely because foster homes are required to meet certain safety standards for licensing and are therefore presumed to be safe. In the absence of licensing requirements, kin homes are likely to be more variable

than foster homes in terms of environmental safety. While a study involving interviews with caseworkers indicated that a majority of kin homes meet the standards of average foster homes (Berrick et al., 1994), another study involving interviews with caregivers revealed wide discrepancies on certain indicators, such as possession of a complete first-aid kit, caregiver knowledge of CPR, presence of a fire extinguisher, and storage of guns in a locked space (Berrick et al., 1998). In contrast, Meyer and Link (1990) found that the majority of kin homes are safer than birth parent homes. No studies have examined children's perceptions of environmental safety within their homes.

FOSTERING CHILDREN'S WELL-BEING

Well-being may be conceptualized in at least two ways: first, as the absence of dysfunction in critical settings influencing development; and second, as the presence of personal resources conducive to optimal development. These two conceptual models imply very different goals. In the first case, the goal is to forestall dysfunction by intervening at critical moments to alter projected negative developmental trajectories (Coie et al., 1993). In the second case, the goal is to promote overall health by attending closely to the fulfillment of developmental needs, such as the formation of early attachments and acquisition of age-appropriate competencies (Cowen, 1994).

A large body of literature provides information on the well-being of current and former foster youth. At least three broad generalizations can be made about this literature. First, this literature generally reflects the "absence of dysfunction" conceptualization of well-being, as opposed to the "presence of overall health" conceptualization. While this conceptualization is appropriate given foster children's high rates of dysfunction (see review below), increased attention to their broader

developmental needs is deserved. Second, although outcomes are amply documented, we know very little about the ways in which children experience support for their well-being—from the child welfare system and particularly from their caregivers. Third, consistent with the foster care literature as a whole, the experiences of children in kinship care are largely unrepresented.

Recognizing these gaps in the literature, this section endeavors to provide a comprehensive perspective on foster children's well-being. The section begins with a brief discussion of poverty as a major risk factor in many foster children's lives. Then, building on relevant theories and on the large number of studies documenting outcomes for foster children, it highlights findings from the handful of studies investigating children's voices on their experience of support in several specific areas: (a) meeting children's basic health needs, (b) supporting children's academic achievement, (c) supporting children's friendships, (d) furthering attachment, (e) helping children cope with parental separation, (f) explaining reason for removal, and (g) promoting positive future expectations. It should be apparent from this list that many foster child needs are normative, while others reflect their unique experiences.

Poverty As a Major Risk Factor

Much research with foster children has focused on the effects of maltreatment (only sometimes differentiating between forms of maltreatment) and of out-of-home care placement (again, only sometimes differentiating between placement types) on children's development. Meanwhile, foster care literature has generally minimized the deleterious effects of poverty on children's development, particularly during early childhood (Brooks-Gunn & Duncan, 1997; Haveman & Wolfe, 1995), even though this

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relationship is likely to be generalizable to a majority of out-of-home caregivers (Denby & Rindfleisch, 1996; Fein et al., 1990; U.S. Department of Health and Human Services, n.d.). While caregivers attempt to reverse the effects of maltreatment, many, particularly those who are kin, have very limited economic resources for doing so (Berrick et al., 1994; Gebel, 1996). The relationship between poverty and child outcomes is not direct. Instead, it is generally mediated by the timing, depth, and duration of poverty in children's lives, as well as children's continuous access to developmentally challenging resources such as safe play spaces, toys, books, engaging activities, role models, older peers, and adults who can scaffold children's learning and language stimulation within the home (Brooks-Gunn & Duncan).

Meeting Foster Children's Basic Health Needs

Children in out-of-home care experience generally high rates of acute and chronic physical health problems including limited growth, obesity, impaired visual acuity, impaired hearing, dental carries, asthma, and Acquired Immunodeficiency Syndrome (see Rosenfeld et al., 1997; and Simms, 1989 for reviews). The rates of health problems experienced by poor foster children are generally similar to rates experienced by poor non-foster children (Dubowitz et al., 1992; Simms), underscoring the negative impact of poverty on children's physical health. At the same time, the traumatic life histories of foster children often compound the health risks associated with poverty (Berrick et al., 1994; Simms). Differences between children living in kin and non-kin placements within this domain may be minimal (Dubowitz, Simms). Finally, it should also be noted that in addition to experiencing high rates of health problems,

many foster children receive inadequate health care prior to placement and, in some cases, after entering care (see Rosenfeld et al. for a review).

Paralleling high rates of physical health problems, children in out-of-home care also experience high rates of developmental delays and psychopathology, particularly externalizing behavior disorders (see Pilowsky, 1995 for a review). According to Pilowsky, foster children's vulnerability is only partially explained by their exposure to chronic poverty: "Available evidence suggests that the prevalence of psychopathology among children in foster care is higher than would be expected from normative data, even when this population is compared with children who have backgrounds of similar deprivation" (p. 906). From a developmental psychopathology perspective (Garmezy, 1993), foster children's vulnerability is best explained by the presence of multiple risk factors in their lives—most prominently, their experiences with neglect and/or abuse, but also including their experiences living in stressful prenatal, preplacement, and postplacement environments—coupled with a dearth of protective factors (e.g., inadequate access to appropriate care and developmentally challenging opportunities). Comparisons between children living in kin and non-kin placements in this domain are sparse. Two studies found relatively low rates of behavior problems among children in kinship care (Benedict, Zuravin, & Stallings, 1996; Berrick et al., 1994). However, not uncommon in studies with this population, the validity of these findings may be compromised by caregiver reporting bias and by their lack of baseline assessments before or at entry into out-of-home care.

Although caregivers are not responsible for the presence of physical and mental health problems among children entering care, they and the child welfare system as a

whole need to increase early detection efforts (Dubowitz et al., 1994; Simms, 1989). A comprehensive service delivery system should include both preventive and treatment services (Rosenfeld et al., 1997; Schneiderman, Connors, Fribourg, Gries, & Gonzales, 1998). At the same time, caution is warranted, particularly within the mental health field: In the absence of well-developed ecological perspectives on foster children's health and of normative data for this population, early assessments risk labeling transient behaviors as pathological (Schneiderman et al.). It is important to note that timely, appropriate care is needed not only to meet children's physical and mental health needs, but also to increase children's access to permanent placements and to reduce the child welfare system's caseload burden.

In spite of these high rates of problems found among children in out-of-home care, we know very little about foster children's perspectives on the degree to which their basic physical and mental health needs are being met. Zimmerman's (1982) retrospective study provides some insights into this area. The following frequencies were reported for *not* experiencing the following physical conditions in at least one home during their tenure in the system: having one's own bed (22%), adequate bathroom facilities (22%), enough food to eat (14%), and a clean home (2%).

Two studies involving interviews with children while currently in care generally reveal more positive evaluations. In the Wilson (1996) study, nearly every child had received medical and dental care at least once during the previous 12 months. When asked if they were getting enough to eat, over 90% of children replied affirmatively, with minor differences by race/ethnicity. When asked if there were things that they needed but did not have, African American children were more likely to reply affirmatively (50%)

than their Hispanic (38%) or Caucasian (34%) peers, with books/toys and clothes/shoes being some of the most commonly reported needs. Children, on average, also reported being significantly happier with their food, sleep, and overall health during their experience in out-of-home care, relative to their experience in their birth family's home. Finally, Johnson et al. (1990) learned that a third of the 59 children in their sample had individual counselors (whose involvement may have been initiated by a caregiver, relative, friend, social service provider, or teacher). Among those 20 children, a third were unclear about the purpose of the counseling. In response to the question, "Is the counseling helpful?" 14 replied that their individual counseling was helpful, while six replied, "not at all."

Supporting Foster Children's Academic Achievement

Studies of maltreated children, only some of whom were placed in out-of-home care, consistently reveal unmet educational needs evidenced by their overrepresentation in special education programs, limited achievement, high retention rates, and high drop-out rates (see Trocmé & Caunce, 1995 for a review). Underlying these more obvious indicators are significant delays and, in some cases, deficits in cognitive functioning, language, attention, and social-emotional development (Trocmé & Caunce). Again, these deficits may be explained by the presence of cumulative stressors in children's prenatal, preplacement, and postplacement lives, coupled with minimal protective factors (Garmezy, 1993). Important distinctions emerge if one examines this population by child's age, prenatal history, type of maltreatment, type of placement, poverty exposure, and access to various environmental supports.

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In general, though, the literature strongly indicates the need for systemic reforms to ensure that foster children's educational needs are being met. At the same time, caregivers need to become much more skilled at identifying children's educational needs in a timely manner, providing sensitive support at home, collaborating effectively with teachers, and advocating for necessary educational services. To date, only one study has explored children's perceptions of their caregivers' support in one very specific educational realm. According to the retrospective accounts of Zimmerman's (1982) subjects, 77% had sufficient time and space for doing their homework.

There do not appear to be significant differences in educational outcomes between children in kin and non-kin homes (Benedict et al., 1996; Inglehart, 1994; Solomon & Marx, 1995). However, the nature of educational support experienced by children in these two broad placement types is likely to differ. Since non-kin caregivers tend to have higher levels of educational attainment than kin caregivers (Berrick et al., 1994; Gebel, 1996; James Bell & Associates, 1993; Kirby, 1997), they may be more adept at continuously promoting children's academic achievement. On the other hand, since kin caregivers generally provide more permanent homes, children in kinship care are less vulnerable to experiencing multiple school transfers and associated disruptions (Berrick et al.).

Several retrospective studies document subjects' general frustration with the educational instability that they experienced while in care (Barth, 1990; Fanshel et al., 1990; Festinger, 1983), while few studies have endeavored to acquire direct insights into foster children's experiences with school disruptions. In Wilson's (1996) study, 76% of Caucasian children, 61% of Hispanic children, and 46% of African American children

reported that they changed schools when they were removed from their birth parent's homes. Of those who changed schools, between 39% - 62% of the children were "very unhappy" or "unhappy" about the change (with some differences by race/ethnicity), while roughly three quarters of the children felt that things were going "very well" or "well" in school. In the Johnson et al. (1990) study, only 4 out of 59 children remained in the school that they had attended prior to placement. Roughly half of the children said that their new schools were "better" than their previous schools, while one quarter of them said that their new schools were "worse." Slightly over half of the children reported that changing schools was difficult, primarily because they found it hard to develop new relationships with peers and teachers. Nonetheless, many children had become actively involved in their new schools, with almost half of them participating in extracurricular activities at school. Finally, in one study involving interviews with 32 foster children ages 4 - 10, children reported generally positive attitudes toward school, in spite of the fact that most had experienced multiple school changes and were generally doing poorly academically (Wald et al., 1988). To date, no studies have explored ways in which children feel supported—by caregivers, caseworkers, school personnel, or administrative policies—during their transitions to new schools.

Supporting Foster Children's Friendships

While peers can be important sources of social support and inevitably influence development, only three studies have examined foster children's experiences with friendships. In the Wilson (1996) study, children reported being significantly happier with their current friends compared to the friends that they had while living in their birth family's home. Nonetheless, disruption of friendships can be particularly troublesome for

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many children, indicated in Johnson et al.'s (1990) finding that over one third of their preadolescent sample identified friends as the persons they miss most from their previous lives. The fact that 66% of their sample reported having occasional contacts with old friends may be a reflection of their caregivers' efforts and/or these subjects' emerging independence. Finally, among the former foster youth in Zimmerman's (1982) study, roughly one third had lived in at least one placement where their caregiver disallowed access to friends in several specific ways. Of course, without knowing the unique circumstances of these children's experiences, it is impossible to evaluate whether these caregivers were acting in children's short- and long-term interests.

Furthering Attachment

Attachment theory and empirical research is a particularly rich resource for exploring children's experiences in out-of-home care. In its original formulation (Bowlby, 1969/1982), attachment theory asserts that the quality of the infant/caregiver bond strongly affects future relationship building and therefore is an essential component of development. In general, children who have experienced responsive care, thereby forming a secure attachment to their caregiver, internalize working models of others as being available and of themselves as having social agency. Conversely, children who have experienced less responsive care, resulting in an insecure/avoidant, insecure/ambivalent, or disorganized/disoriented attachment to their caregiver, generally internalize working models of others as being less consistently available and of themselves as having relatively less social agency (although important distinctions emerge by classification type). Children's representational models influence the meaning that they give to situations, such as their perceptions of trustworthy support

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available in their social environment. Thus, a secure attachment in infancy serves a protective function, while nonsecure attachments generally predispose children to adaptational difficulties over time. Empirical studies involving maltreated children indicate that they are more likely to have nonsecure attachments with their primary caregivers than are nonmaltreated children, with some variations by maltreatment type. (See Cicchetti, Toth, & Lynch, 1995 for a review of attachment theory and its applications to high-risk populations.)

Attachment theory and empirical research is relevant to understanding the experiences of children in out-of-home care in at least two ways. First, clinical literature underscores the fact that children's removal from their birth parents' care constitutes a severe crisis bearing heavily on children's ability to utilize resources in their environment (Littner, 1950). Meanwhile, children's previously developed attachment patterns are likely to have a major influence on the degree to which they cope with this crisis in an adaptive manner. Second, one of permanency planning's primary assumptions is that all children have a right to constant, nurturing parents, if not from birth, then from another permanent family. Meanwhile, the majority of children entering care are doing so with already developed models of nontrustworthy adults, thus imposing particular challenges on their new caregivers and ultimately on the foster care system as a whole.

Helping Children Cope With Parental Separation

What do we know about the ways that foster children experience the temporary and, in many cases, permanent loss of their families, particularly their primary attachment figures? This question may be contextualized in the very broad literature examining foster children's short- and long-term adjustment. Large-scale,

comprehensive outcome studies generally suggest that remaining in out-of-home care does not significantly compound children's adjustment difficulties in various domains (Fanshel et al., 1990; Fanshel & Shinn, 1978; Fein et al., 1990; Lahti, 1982), implying that preremoval experiences, rather than foster care itself, primarily explain poor outcomes found among fostered populations (previously reported). Although these large-scale, comprehensive outcome studies connote a promising picture, a host of methodological limitations embedded in these studies preclude drawing definitive conclusions.

Reflecting on the inconclusive nature of findings from their five-year, longitudinal study of 624 foster youth in New York City, Fanshel and Shinn (1978) articulated a query that has since served as an impetus for and is often quoted in studies exploring foster children's experiences with parental separation:

> We feel that our measures of adjustment are not without problems, and we are not sure that our procedures have captured the potential feelings of pain and impaired self-image that can be created by impermanent status in foster care. We fear that in the inner recesses of his heart, a child who is not living with his own family or who is not adopted may come to think of himself as being less than first-rate, as an unwanted human being (p. 479).

Fanshel and Shinn are included in the list of researchers who attempted to look much more closely at the "inner recesses" of foster children's hearts. As part of their larger, longitudinal study, they conducted qualitative interviews with 205 children, roughly 7-through 13-years-old, 2½ years following their entry into care. The authors focused on learning about children's immediate reactions to parental separation and tabulated

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children's coded responses to the question, "How did you feel on the day you left your family?" Sixty-three percent of children who remained in foster family homes and 77% of children who reunified with their birth families reported that they felt sad, bad, depressed, or upset on their removal day. In both groups, roughly 10% reported feeling relieved. Older children reported a greater number of occasions when removal was a relief, typically because of the conflicts that they were having with their birth parents.

Other researchers have similarly focused on learning about children's relatively short-term reactions to parental separation. Among the 59 preadolescents interviewed by Johnson et al. (1990), all but three reported missing their families. It should be noted that Johnson et al. restricted their sample to youth who had more recently entered care (between 6 months and 2 years previously), and most still had permanency plans to return home. Fifty-six percent reported that they miss their parents most of the time. When asked, "What do you do [when you miss your families]?" a large majority said that they try to find something to do (87%). More than half said that they cry. More than half said that they try to find someplace to be alone. Forty-four percent said that they try to talk with someone—most commonly, a foster parent.

Finally, interviews with current and former foster youth also provide insights into children's perceptions of meaningful support while coping with parental separation (Johnson et al., 1990; Kufeldt, 1984; Van Der Waals, 1960; Weinstein, 1960; Zimmerman, 1982). For many, the actual removal event was handled in an upsetting manner. For example, Johnson et al. found that at least a quarter of their subjects were taken from school and placed immediately, often with police presence. This event reportedly elicited several subjects' embarrassment and anger. Other common themes

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in this literature include the desire for timely, accurate explanations; the value of caring foster parents, particularly ones who are eager to hear about children's unique histories; and the reassuring presence of biological siblings. Most of these observations will be discussed at greater length in subsequent sections of this paper.

Explaining Reason for Removal

While children cope with family separations, one important question emerges: "To what extent should children be informed about the circumstances surrounding their removal?" As a general principle, the literature argues in favor of disclosure. This knowledge is deemed important to children's development in several ways: to ameliorate possible self-blame and, in some cases, deeply felt shame; to identify unrealistic notions about the degree to which children can influence future reunification; to facilitate the grief process; and to avoid the potential for unresolved separations which, in turn, may interfere with their ability to form trusting relationships with new caregivers. Following her interviews with 277 former foster youth, Festinger (1983) also found that subjects who understood the reasons behind their placement and perceived their placement as a necessity were more satisfied than their less-informed peers. However, while disclosure is an unquestioned goal, in practice, efforts to inform children about the circumstances surrounding their removal involve questions of degree and manner. The child's age and unique history are two critical considerations. For specific guidance on communicating with children about the circumstances surrounding their removal, the reader is referred to clinical resources (Fahlberg, 1991; Harrison, 1988; Stahl, 1990; Steinhauer, 1991).

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Drawing on theory and clinical experience with foster children, Fahlberg (1991) presents three common ways in which children interpret their removal: first, that they are being "given away" by a parent, other relative, social worker, or judge and are, in some way, to blame for the event; second that they are being "taken away" by a parent, other relative, social worker, or judge and have no personal control over the event; and third, that they chose and actually orchestrated the event. Among adolescents, this final interpretation may be accurate, but for younger children, it represents a kind of "magical thinking" characteristic of children ages 3 - 6 which may interfere with their ability to cope effectively with their losses. In any case, Fahlberg urges caseworkers to identify children's interpretations and provide corrective ones when needed. Again, accurate knowledge assists children not only in coping with their present situation, but also in laying a foundation for future development.

While Fahlberg's perspective is shared by most in the child welfare field, research with foster children provides direct insights into their knowledge about the circumstances surrounding their removal. Confusion and/or lack of knowledge may be common to children's experiences, particularly among those entering non-kin foster care. Johnson et al. (1990) found that most of their subjects were able to identify a reason for their removal, but for at least 40%, the circumstances were confusing. Wilson (1996) found similar results in a much larger study. Of those responding to the question whether anyone had explained to them why they were being moved from their home to live somewhere else, between 29% - 41% of the children reported that they had received this information.

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In interviews with current and former foster youth reflecting on their removal experiences (Fanshel & Shinn, 1978; Gil & Bogart, 1991; Johnson et al., 1990; Kufeldt, 1984; Rest & Watson, 1984; Zimmerman, 1982), the most common theme is the perception of having been "taken away" rather than "given away" as a consequence for personal wrongdoings. Few subjects conveyed the belief that they actually orchestrated their removal (i.e., magical thinking)—an unsurprising finding, given the absence of very young children's voices in this literature. Instead, over the course of these interviews, most subjects identified problems existing outside of themselves—including a myriad of parental failures, as well as environmental circumstances—leading ultimately to their removal. One additional impression is that roughly half of interviewed current and former foster youth characterized their removal as being an appropriate event in their lives. Johnson et al. (1990) explicitly asked subjects about their attitudes toward state intervention and found that 58% of their subjects thought it was a good idea to remove children from their homes, primarily to prevent re-abuse.

While this literature suggests that self-blame may be less pervasive than is popularly thought, methodological limitations embedded in these studies impel cautious interpretation. The pattern of findings identified above may be explained, in part, by the investigative, rather than clinical, nature of these interviews; subjects may have felt inhibited in responding to this very personal question within the research setting. Additionally, for subjects in retrospective studies, time and memory may have filtered their responses in significant ways. For example, while caseworkers and other adults may have provided corrective explanations over the years, these subjects may have

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forgotten these conversations in the interview setting or judged them to be of little import.

It is noteworthy that research exploring foster youth's perspectives on their removal experiences may be interpreted in very different ways. Consider two small exploratory studies—one with 40 children ages 6 - 12 (Kufeldt, 1984) and one with 13 adults who were formerly in care (Rest & Watson, 1984). In both of these studies, many subjects attributed coming into care to environmental stresses—economic stresses, in particular. Reflecting on subjects' responses relative to information gained from case record reviews, Rest and Watson generally argue that their subjects responded defensively to avoid facing negative feelings about their birth parents. In contrast, Kufeldt (1984) reflects on Canadian policy and questions whether temporary substitute care is an appropriate solution for alleviating family difficulties associated with economic hardship. From an ecological perspective (Bronfenbrenner, 1979; Garbarino et al., 1992), both interpretations usefully contribute to our understanding of how children explain their entry into out-of-home care; the reciprocal parent/child interaction system is important to examine, but so too is individual behavior interacting with larger social contexts.

Helping Foster Children Cope With Possible Stigmatization

As a whole, the literature suggests that children in out-of-home care feel different, and, in some cases, negatively stigmatized by their foster care status, particularly within the school context. Forty-two percent of the subjects interviewed by Johnson et al. (1990) reported feeling uncomfortable with the fact that others knew their foster care status, primarily because they were afraid of being teased. Forty-three

percent of Zimmerman's (1982) former foster youth recalled "feeling different." Other retrospective studies suggest that some children experience "great anxiety" in talking about their status, leading them to employ unconscious "avoidance techniques" (Rest & Watson, 1984, p. 300), while others deliberately avoid "undesirable attention" because they do not like being associated with the public welfare system (Triseliotis, 1984, p. 163). Almost 58% of Festinger's (1983) subjects said that they often did not want to acknowledge being a foster child (p. 273).

None of these studies specifically explored foster children's experiences of support in coping with possible stigmatization. However, one of the most resounding messages is that many children prefer to keep their status private, particularly within the school context. The implication is that adults should respect foster children's privacy. When appropriate, adults may assist foster children in asserting their privacy. In other cases, foster children may need assistance in developing a "cover story"—a short explanation that they can provide for why they do not live with their birth family (Fahlberg, 1991, p. 350).

Promoting Positive Future Expectations

Studies with high-risk youth—but not specifically children in out-of-home care—document the link between children's positive future expectations with resilient adaptation in the face of major life stress (Werner & Smith, 1992; Wyman et al., 1992). Meanwhile, exploratory studies conducted with current and former foster youth provide some insights into foster children's future expectations. Given a list of professions, the subjects in Gil and Bogart's (1981) study were asked to choose what they would like to be as an adult (i.e., their aspirations). Then they were asked to identify what profession

they thought they would be doing as an adult (i.e., their expectations). For 59% of their subjects, there was an exact match between children's aspired and expected professions. In most cases, children selected "low-status, sex-stereotyped occupations" (p. 357). For 17%, there were large discrepancies, which, according to the authors, may be explained by these subjects' low "self-esteem" (as measured by the Coopersmith Self-Esteem Inventory). The authors did not specifically explore children's perceptions of their caregivers' role in nurturing positive future expectations.

SUPPORTING CHILDREN'S FAMILIES

This section examines two distinct aspects of foster children's "families." First, it examines children's self-reported experiences of continuity with their birth families (a primary goal of the child welfare system), while relating findings to relevant theory and administrative data. Second, given that foster care is designed to replicate home care in most respects (Wolins, 1963), this section also reviews studies that examine the degree to which children experience family-like, out-of-home care. It should be noted that this second examination serves as a useful bridge to the final section of this paper, *Promoting Permanence*, since children's experiences of family-like care in placement generally influence their overall commitment to its continuation.

Family Continuity

<u>Concepts of Family</u>

The fact that foster children always maintain a birth family and simultaneously develop relationships with additional families raises the question, "What are foster children's concepts of family?" To explore this question, Gardner (1996) conducted a study with 43 children living in long-term family foster care and 42 nonfostered, matched

controls. As part of the interview protocol, children ages 8 - 15 chose figures to represent family members and placed them on a board in a manner indicating emotional closeness to each. When asked to represent their family, 100% of children in intact families and 37% of children in care included their birth parent(s). Among those in care, 91% included their foster parent(s). Similarly, while children in intact families included all of their siblings as part their family, children in care included 42% of their biological siblings and 80% of their foster siblings. Removing coresident biological siblings from the analysis, children in care included only 24% of their biological siblings. Finally, Gardner's analysis of children's expressed emotional proximity to placed figures paralleled their patterns of inclusion.

Gardner argues that these findings call into question two common assumptions underlying family foster care policy: (a) the primacy of the biological bond, and (b) that genealogical closeness guarantees socioemotional closeness under all circumstances. This interpretation should be considered cautiously. First, the study's findings are generalizable to a restricted group of children—specifically, children ages 8 to 15 living in long-term care. Second, without controlling for children's levels of knowledge about certain family members, it is impossible to determine whether the subjects' choices were based on limited information rather than perceptive processes. In other words, children in care may have excluded certain individuals from their "family" because they did not know of their existence. Nevertheless, the study usefully illustrates how children in long-term foster care often develop inclusive family representations.

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Knowledge of Birth Families

Many children in out-of-home care, particularly those in non-kin care, have little information about their birth families. Fanshel and Shinn (1978) found that 26% and 22% of the children in their qualitative study could not state their mother's and father's names, respectively. Other studies suggest comparable results, but the fact that most of these studies were conducted nearly two decades ago should be noted. When the former foster youth in Zimmerman's (1982) study were asked about their knowledge of birth family members while in care, 70% reported knowing their mother's name, 47% knew her location, and 28% knew how to contact her. Much lower rates were found for knowledge of fathers, with 21% not knowing if their fathers were alive. Comparing case records with retrospective interviews in which subjects were asked how many biological siblings they had, Zimmerman found that for 21% of subjects, there were inconsistencies, suggesting that either the case records were inaccurate or that subjects lacked accurate knowledge. Finally, among the 277 former foster youth included in Festinger's study (1983), roughly 70% expressed a strong desire to have had more background information on their birth families when they were in out-of-home care. This desire reflected practical considerations (e.g., wanting knowledge of their medical history), as well as subjects' ongoing identity-related struggles (further evidenced in the fact that half of Festinger's subjects described themselves as having no roots). The reader is referred to clinical resources for strategies, such as the construction of autobiographical life books and family genograms, for preserving children's histories (Altshuler, 1999; Fahlberg, 1991; Harrison, 1988).

As part of a retrospective study conducted in Scotland, Triseliotis (1984) explored the impact of having little birth family information on the identity formation of adoptees and former foster youth. The study involved interviews with 44 adults who were adopted between the ages of 3 and 7 and 40 adults who spent most of their childhood in stable, long-term foster homes. For roughly three quarters of the adopted group and half of the fostered group, there was little or no discussion of their birth families until the children entered adolescence. Triseliotis judged that the former foster youth's "genealogical confusion" had a negative impact on their personal identity and generally exacerbated their sense of insecurity in placement. In contrast, for most adoptees, this lack of information was problematic, but it did not significantly impact their sense of belonging to their adoptive families. In spite of these differences, Triseliotis argues that long-term foster care remains an appropriate option for many children in Scotland, provided certain conditions are met.

Continuity With Birth Parents

For the majority of children in out-of-home care (regardless of their permanency plan), the preservation of birth parent ties constitutes a primary goal. The value of continuity with birth parents may be viewed from several perspectives. First, clinical literature, bolstered by findings from empirical research, underscores the importance of child/parent contact to avoid agency- and/or court-created abandonment, ease the trauma of separation, catalyze the work of mourning, prevent the extreme idealization of birth parents, and generally facilitate children's functioning (Fahlberg, 1991; Steinhauer, 1991). Second, supervised visits provide caseworkers with opportunities for direct observation of child/parent interactions and therefore inform case planning in potentially

meaningful ways (Hess, 1987; Hess & Proch, 1988). Third, administrative outcome data on children placed in non-kin care indicate that child/parent contact is highly associated with, but not necessarily causally related to, shorter lengths of stay in out-of-home care (Fanshel & Shinn, 1978; Hess, 1987; Meezan & Shireman, 1985; Milner, 1987), while lack of contact is highly associated with placement disruptions (Berridge & Cleaver, 1987). Finally, for children who remain in care, child/parent visits may increase the probability that birth parents will remain a potentially valuable resource for some youth following emancipation (Fein et al., 1990).

Interviews with current and former foster youth highlight the importance of birth parent visits. Among the 59 children interviewed by Johnson et al. (1990), the majority had at least some regular contact with their birth parents. Again, it should be noted that most of Johnson et al.'s subjects still had permanency plans to return home. Contacts with mothers were more common than contacts with fathers, with over half of their sample reporting at least monthly contact and a quarter reporting weekly contact with their mothers. Twenty-seven percent reported never seeing their mothers. In contrast, 54% reported having had no visits with their fathers within the last year. All but two children felt that visits with birth parents were "a good idea." In the Wilson (1996) study, 55% of children reported having contact with their mothers, while 23% reported having contact with their fathers. When asked, "How often does your parent visit you?" 30% of Hispanic children, 22% of African American children, and 13% of Caucasian children had seen their parent either "never" or "not at all in the past year." Approximately one third of children felt that their visits with birth parents were sufficiently frequent. Without examining differences in subjects' preplacement experiences, retrospective studies

suggest that visits preserved and possibly promoted subjects' belief in "the real devotion of mothers" (Van Der Waals, 1960, p. 31). Similarly, Zimmerman (1982) found a positive association between visiting and likelihood of "feeling loved" by birth parent(s). Finally, in an article where Kufeldt (1984) highlights the importance of birth parent visits as a critical component of "inclusive family foster care practice," she quotes one child, "The child will think that the parents don't care if they don't know when they're seeing each other" (p. 260).

In spite of this convergence of administrative data and qualitative interviews with current and former foster youth on the value of child/parent visits, visiting should not constitute an unquestioned goal (Fein et al., 1990; Hess, 1987; Hess & Proch, 1988). In all cases, systematic planning and caution is warranted. In some cases, postponement may be appropriate. In addition to agency/court mandates, caseworkers should consider factors including the purpose of the visits, the age of the child, the nature and chronicity of family problems, previous intervention efforts, parental motivations, child and parent reactions to visits, the level of risk to the child (see earlier discussion of perceived safety during birth parent visits), and the degree of supervision required (see Hess & Proch, 1988 and Steinhauer, 1991 for thorough reviews on this topic). Finally, children's voices regarding visits should be given serious consideration. Interviews with current and former foster youth consistently reveal that they want to be consulted more about when, where, and with whom visits are conducted (Festinger, 1983; Kufeldt, 1984). Again, inclusion of children's voices in decision-making is likely to bolster their safety during birth parent visits and to enhance the overall success of these visits.

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Clinical literature frequently describes the intense loyalty conflicts that many children in out-of-home care experience, particularly once their proverbial honeymoon periods have ended (Fahlberg, 1991; Steinhauer, 1991). Meanwhile, caregivers are often obliged to facilitate child/parent visits and generally nurture children's relationships with their birth parents, while promoting a sense of belonging in their foster family. Important differences exist by placement type. For example, compared to children in non-kin care, children in kinship care are likely to experience greater continuity with their birth parents, given the higher rates of child/parent contact found in kinship care (Berrick et al., 1994; LeProhn, 1994; Oyserman & Benbenishty, 1992).

The nature of the relationship between birth parents and caregivers also has a significant bearing on children's experience of continuity with their birth parents. Zimmerman's (1982) study of former foster youth provides some insights into this area. In this retrospective study, subjects reported that birth parents' attitudes toward foster parents were more positive than foster parents' attitudes toward birth parents. Reflecting on the latter relationship, 9% of subjects characterized their foster parents' attitudes toward birth parents as positive, 60% characterized their attitudes as neutral, and 30% characterized their attitudes as negative. Subjects who perceived negative attitudes described caregivers' disparaging comments about birth parents and instances when caregivers did not allow child/parent visits.

Continuity With Biological Siblings

Although the federal Adoption Assistance and Child Welfare Act (1980) emphasizes the importance of preserving sibling ties, separation from siblings is a reality for many foster children. At a national level, an estimated 38% of children are

currently placed as full sibling groups (Staff & Fein, 1992). According to an analysis of California's 1995 administrative data, roughly 41% of siblings in the state's foster care system do not live in the same home (California Department of Social Services, 1997). Important subgroup variations exist. Most prominently, children living in kinship care are much more likely to live with their siblings than children in non-kin care (Berrick et al., 1994). Wilson (1996) found that while 14.7% of the study's randomly selected 300 children were living with all of their siblings, children of color were 10 times as likely as to live with all of their siblings as Caucasian children. However, this particular finding is confounded by the fact that children of color, particularly African American children, were also much more likely to live in kinship care than their Caucasian peers.

Current research reveals a host of barriers to sibling group placements. Ward (1984) classifies these reasons into two groups: (a) "administrative" (e.g., difficulties associated with home recruitment, home size, family income, wide age spans between children, or assignment of different caseworkers), and (b) "semi-psychological" (e.g., concerns associated with children's different medical/psychosocial needs, sibling rivalry, one sibling playing a parentified role, or size of the proposed blended family). Currently, many states are pursuing strategies to minimize these barriers and increase the number of siblings who are placed together in permanent foster homes.

Meanwhile, foster children's lived experiences with siblings are largely neglected in the literature. What are their experiences? Under what circumstances are separate, rather than joint, placements in children's best interests? Under what circumstances should social workers promote greater sibling contact among siblings who are separated from one another?

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Theory and empirical research with non-foster children identify several major functions of sibling bonds (Bank & Kahn, 1982). Siblings assist children in becoming socialized to the world, thus playing an important role in children's identity development. They are important sources of social support throughout development. For example, in most cultures siblings have caretaking responsibilities of varying kinds and degrees. Additionally, in the general course of events, children use siblings to transition away from their primary attachment figures.

Children living in out-of-home care may have unique relationships with their siblings (Begun, 1995; Hegar, 1988; Staff & Fein, 1992; Ward, 1984). For some, pre- and postplacement crises intensify bonds of mutual protection. For others, preplacement hostility with siblings persists. In general, this literature argues that sibling contact minimizes the trauma of parental separations, provides essential psychological comfort, and ultimately preserves foster children's experiences of continuity with their families and cultures. In contrast, sibling separations are generally associated with increased short- and long-term adjustment difficulties.

Two retrospective studies underscore the importance of sibling contact. As part of her retrospective study, Festinger (1983) concluded that subjects were generally less satisfied with the amount of contact that they had with their biological siblings, relative to the amount of contact that they had with their birth parents and other relatives. Most had been in contact with at least one sibling while in care (92%), but only 1 in 3 were satisfied with their level of sibling contact. Similarly, among the former foster youth interviewed by Zimmerman (1982), a quarter were entirely separated from at least half of their siblings. That these separations were distressful was evident in their responses

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regarding whom they wished to see more frequently during their stay in foster care. While 30% of the former foster youth wanted to see more of their birth parents, 40% wanted increased sibling contact.

Begun (1995) refers to "unintentional" and "intentional" sibling separation. Without using Ward's (1994) terms, Begun offers "administrative" and "semi-psychological" reasons to describe each phenomenon. Unintentional separation, for example, often results from a general scarcity of family placements that can accommodate large sibling groups. In other cases, siblings have never cohabitated. Alternatively, they may have been removed at different points in time and therefore experienced noncoordinated placement plans. In contrast, intentional separation may be justified in certain situations—most defensibly, in situations when children need to be protected from abusive, but not simply antagonistic relationships with their siblings. Drawing on family systems theory, some have argued that sibling separations are justified to reconfigure dysfunctional relationships—for example, to prevent older siblings from playing parentifed roles, leaving little room for the development of positive child/caregiver relationships in their new placement. However, without empirical support for this particular justification (Staff & Fein, 1992), the child welfare field should be humbled by former foster youth's expressed desire for greater continuity with their biological siblings (Festinger, 1983; Zimmerman, 1982).

When joint placements do not occur, child welfare workers are responsible for facilitating contact. In the Johnson et al. (1990) study, contact with non-co-residing biological siblings was variable, with 14% reporting that they never see their siblings and 40% reporting at least monthly contact. In the Wilson (1996) study, nearly 1 in 5

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children reported not having seen their siblings at all in the past year (excluding African American children). Two thirds of all subjects in the Wilson study reported at least monthly contact with their siblings. Festinger's (1983) subjects provided some specific insights into social workers' performance in this role, although her findings may have limited relevance today. Many subjects reported that their social worker did not inform them when they were in placement that they had biological siblings. Others commented that social workers interfered with their efforts to maintain contact with siblings (e.g., by requiring appointments). Still others reported that their social worker successfully facilitated contact with siblings closest in age to themselves, but did not make sufficient efforts to facilitate contact with siblings when wide age discrepancies existed. In sum, this literature generally suggests that child welfare staff should consider more seriously the value of foster children's sibling bonds.

Children's Experience of Family-Like Care in Placement

Children on Consignment

Stahl (1990) uses the term "children on consignment" to describe the instability experienced by many children in out-of-home care. A relatively large body of research has attempted to evaluate children's placement experiences in terms of several interrelated dimensions: perceived "social environment" (Colton, 1989), "emotional climate" of the home (Zimmerman, 1982); child relatedness with their new caregiver(s) (Fanshel et al., 1990; Johnson et al., 1990; Triseliotis, 1984; Van Der Waals, 1960; Wald et al., 1988; Zimmerman, 1982); structure, including disciplinary practices (Fanshel et al., 1990; Gil & Bogart, 1981; Johnson et al., 1990; Zimmerman, 1982); and "treatment by foster family" (Fanshel et al., 1990; Johnson et al., 1990; Zimmerman,

1982). Implicit in most of these studies is an ideal to lessen children's sense of being "on consignment" and to promote their sense of belonging in a new family, regardless of its potentially temporary nature.

Perceived Social Environment

Colton (1989) conceptualized the social environments of children in out-of-home care in terms of five areas: caregiver strictness, caregiver support, friendliness of children in home, antisocial behaviors of children in home, and overall satisfaction with placement. He administered the *Revised Social Climate Scale* (*RSCS*) to 60 British children—26 children living in family foster homes and 34 living in residential group homes. Comparing the *RSCS*'s five individual subscale scores, foster children's ratings were significantly more positive, relative to residential children's ratings. To capture children's sources of social support, Colton asked a follow-up question: "If you had a personal problem on your mind, who would you discuss it with?" In response, the foster children in his sample awarded the highest mean rank to their foster parents, followed by a member of their natural family. In contrast, residential children gave the highest mean rank to a member of their natural family, with staff placed second overall. Although both groups indicated strong commitments to their families of origin, Colton hypothesized that foster children were more dependent on their foster parents for support than residential children were on staff because many foster children, unlike the majority of their residential counterparts, were unable to maintain contact with their natural families.

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Emotional Climate of Home

Zimmerman (1982) conceptualized the emotional climate of a foster home in terms of the home's inclusiveness, affection for children, provision of reasonable discipline, and openness to discussion about children's concerns. Collapsing former foster youth's ratings for each placement, Zimmerman learned that 58% of former foster youth experienced generally "positive" emotional climates during their total out-of-home care experience, while the remaining 42% gave either "neutral" or "negative" ratings (in roughly equal proportions). Separate from Zimmerman's emotional climate assessment, 73% of subjects reported "always" celebrating their birthdays in care, 11% replied "sometimes," and 16% replied "never." Not surprisingly, subjects' responses to this question strongly correlated with their emotional climate ratings.

Relatedness With New Caregivers

Relatedness, which has its conceptual roots in attachment and self-system theory, reflects the need to feel securely connected to one's social surroundings coupled with the need to experience oneself as both worthy and capable of love (Connell, 1990). Relatedness has two dimensions: "emotional quality" and "psychological proximity-seeking" (defined as the degree to which children wish they were psychologically closer to a specific person). Lynch and Cicchetti (1991) found that maltreated children are more likely to describe confused patterns of relatedness with multiple persons in their lives (i.e., high levels of positive emotion, coupled with extremely high levels of psychological proximity-seeking), while nonmaltreated children are more likely to describe optimal patterns of relatedness (i.e., high levels of positive emotion, coupled with low levels of psychological proximity-seeking). No studies have

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specifically examined foster children's patterns of relatedness with their out-of-home caregivers. However, a few studies have attempted to examine specific aspects of relatedness, including "foster home attachment" (Fanshel et al., 1990); "feeling loved" (Wilson, 1996; Zimmerman, 1982), "feeling emotionally close" (Triseliotis, 1984; Van Der Waals, 1960); and perceived openness to discussion about children's concerns (Johnson et al., 1990, Zimmerman, 1982;).

Fanshel et al.'s (1990) retrospective study included an index of *Foster Home Attachment* which included four questions about their last Casey foster family: Did you feel secure in this home? To what extent did they understand you? How close did you and the foster parents get? Do you keep in touch with the family? Subjects' mean score of 3.61 on this 4-point index suggests that the former foster youth in this sample experienced high levels of "attachment" to their last Casey foster family, although the reported standard deviation of 1.29 also indicates considerable variability. Three statistically significant associations were found. Subjects receiving less extensive psychological services reported closer measures of attachment to their Casey foster family. Length of stay in Casey care and greater contact with birth mothers were also positively associated with closer measures of attachment.

This positive association found between high levels of child/parent contact and "foster home attachment" may seem somewhat counterintuitive. However, from an attachment perspective, continuity with birth parents provides children with the necessary knowledge that they have not been abandoned. In turn, this knowledge allows children to trust and develop distinct relationships with new, substitute caregivers. At the same time, it should be noted that the causal direction of this

relationship is unknown. Did child/parent contact cause the subject to feel more attached to their foster home, or did the experience of foster home attachment in some way facilitate increased child/parent contact? Both phenomena are plausible and may have occurred simultaneously.

A few studies have examined children's experiences of "feeling loved." In her retrospective study, Zimmerman (1982) asked her subjects an open-ended question: "Did you really feel loved by anyone while you were growing up?" Twenty-five percent of her subjects identified at least one foster parent, 26% said that they did not feel loved by anyone while they were growing up, 25% named a natural parent, 12% named a peer, 8% named a combination of individuals, and 3% had unclassified responses. Consistent with Fanshel et al.'s (1990) findings, Zimmerman learned that longer lengths of stay in care and visiting with birth parents at least once in 6 months were significantly associated with feeling loved by a foster parent. More recently, Wilson (1996) found that roughly three quarters of children "always" felt loved in their current homes (with minimal differences by race/ethnicity). Among the 18 children who reported that they "never" felt loved in their current homes, 12 were living in a group care facility, while none were living in kinship care.

Similarly, retrospective studies have examined former foster youth's feelings of emotional closeness with their out-of-home caregivers (Triseliotis, 1984; Van Der Waals, 1960). Among Triseliotis' 40 subjects who spent most of their childhood living with the same foster parents, 70% said that they felt close with their foster parent(s) as a child, while 30% said that the quality of their psychological bonds were either mixed or unsatisfactory. Among Triseliotis' 44 subjects who were adopted when they were

between 3 to 7 years old, 80% said that they felt close with their adoptive parent(s) as a child, while very few said that the quality of their psychological bonds were either mixed or unsatisfactory. In contrast, only 25% of Van Der Waals' 160 Dutch subjects reflecting on their experiences in long-term foster care described positive relationships with their foster parents, while 25% and 50% characterized their relationships as mixed or negative, respectively.

Finally, perceived openness to discussion about children's concerns is likely to be another aspect of relatedness. Sixty-six percent of Zimmerman's (1982) former youth reported that they were able to talk with their foster parents about problems. Directly examining children's experiences while in care, Johnson et al. (1990) found that 71% of their subjects brought their worries to foster parents at least once in a while, while over one third consulted with their foster parents routinely. These subjects reportedly expressed appreciation that their foster parents listened carefully to their concerns and provided experience in helping youth resolve difficulties. In contrast, after 2 years of living in stable placements, the majority of Wald et al.'s subjects did not seem to view their caregivers as emotional resources, even though most of these children reported positive relations with their caregivers (1988).

Structure and Disciplinary Practices

Among others, Stahl (1990) argues that "consistency helps to weave a bond of security" around children (p. 19)—foster children, in particular. Effective rules, according to Stahl, enable children to predict caregivers' behavior, providing a space for them to test the limits of their personal autonomy. Given the inconsistencies in many foster

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children's lives, they are likely to have an even greater need for routines and "effective rules," ones which are clearly stated, well understood, reasonable, and enforceable.

Only a handful of studies have examined children's experiences with structure in their out-of-home care environments, particularly in comparison to their experiences with structure in their birth family's homes. Johnson et al. (1990) conducted the most thorough investigation into this area. Overall, 56% of subjects reported that their foster homes provided them with more structure than their birth homes. While their mealtime and bedtime routines were familiar, children reported having more homework rules, curfew rules, household chores, and consistency surrounding the acquisition of allowance. Children also reported differences in the consequences for breaking rules. Twenty percent responded that nothing happened when they broke rules in their birth homes, while three quarters reported that their current caregivers send them to their rooms or revoke certain privileges (e.g., allowance). Only 2 out of 59 children described being physically punished in their foster home, while one quarter of the children reported that they were physically punished in their birth homes.

Treatment by Foster Family

In their interviews with former foster youth, Fanshel et al. (1990) created a 10-item index measuring the manner in which their last Casey foster family before exit from care had "treated" them. The authors report that the vast majority of subjects positively endorsed an item inquiring about their experience of being "treated kindly and accepted as family members" (p. 92). On the other hand, the mean score on this 10-point index was 4.40 (with a standard deviation of .83), indicating generally low evaluations. A few statistically significant associations were found. Moodiness while in Casey care and one

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boy's prior experiences with abuse in non-Casey foster homes were negatively associated with positive perceived treatment. Multiple out-of-home-care placements prior to Casey placement and maintenance of close relationships with birth mothers were positively associated with positive perceived treatment. Again, it should be noted that without additional data, explanations for these associations are speculative. For example, did the child's moodiness cause the subject to perceive treatment more negatively, or did poor treatment in the home cause the child's moodiness? In all likelihood, these causal chains are complex and multidirectional.

A common theme in interviews with current and former foster youth is the perception that foster parents, particularly non-kin foster parents, "treat" their foster children differently and, in some cases, unfairly, relative to their biological children. For example, among the former foster youth interviewed by Zimmerman (1982), 40% said that foster parents "distinguished" between foster children and their own children. Meanwhile, 22% of the children interviewed by Johnson et al. (1990) reported feeling that their foster parents treat them "worse" than they treat their own children. Specific complaints included the perception that caregivers expect foster children to do more chores around the home and also trust their biological children more readily, particularly when there are conflicts between children in the home.

PROMOTING PERMANENCE

Foster children's experiences of safety, support for their well-being, continuity with their birth families, and family-like care in placement are integrally related to this paper's final discussion—promoting permanence. In spite of this goal's prominence in child welfare policy, planning, and practice, it is the least understood, particularly from

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foster children's perspectives. This section begins with a brief overview of this elusive concept. It then discusses three particular topics: (a) children's self-reported satisfaction in placement as it relates to permanence; (b) children's perspectives on adoptive and long-term foster placements—again, specifically in terms of perceived permanence; and (c) children's inclusion in case planning.

Defining Permanence

The concept of permanency has two aspects—legal and psychological. Legal permanence has its roots in landmark studies documenting "foster care drift" (Fanshel & Shinn, 1978; Maas & Engler, 1959) which, in turn, bolstered interest in permanency planning—generally understood as a time-limited, goal-directed process for maintaining children in their birth families' homes or, if necessary, placing them with families that can provide alternative, permanent homes (Maluccio, Fein, & Olmstead, 1986). Studies conducted in the 1970's such as the Oregon Project (Emlen et al., 1978) and the Alameda Demonstration Project (Stein, Gambrill, & Wiltse, 1978) greatly contributed to the promotion of permanency planning as a large-scale national movement. In 1980, Congress gave federal sanction to permanency planning when it passed the Adoption Assistance and Child Welfare Act (PL 96-272). In policy and practice, legal permanency generally exists in a hierarchy of desirable outcomes: prevention of placement, reunification, adoption, legal guardianship, and long-term foster care. However, the policy pendulum has shifted somewhat in recent years, as children's safety is now considered the child welfare system's premier goal. With passage of the Adoption and Safe Families Act (ASFA) in 1997—resulting in swifter timetables for the termination of parental rights and several measures to encourage more adoptions—adoption now

holds more weight in the hierarchy of desirable outcomes—at least in the policy arena—than it did in the 1980s and most of the 1990s.

Psychological permanence, on the other hand, has its roots in research documenting that a "sense of permanence," rather than a placement's legal status, is one of the best predictors of children's well-being (Lahti, 1982). From this perspective, the legally defined hierarchy of preferred placement outcomes is not consistently compatible with the distinct ways in which children and their caregivers experience particular placements as permanent. Psychological permanence may exist without legal sanctions. Conversely, psychological permanence may be absent, even when legal sanctions are in place.

Large administrative data systems now yield valuable information on the stability and legal permanence of children's placements. We can track children's lengths of stay in the foster care system, placement moves within the system, placement moves out of the system (by outcome including reunification, adoption, legal guardianship, and emancipation), and reentry rates. Outcomes vary considerably by county, child's age, child's race/ethnicity, reason for removal, and placement type. On average, though, children experience high levels of placement instability. In California, for example, 25% of children living with kin, and 52% of children living with non-kin experience at least three placements if their stay in foster care lasts a minimum of 3 years (Needell et al, 1998). Also noteworthy is the finding that only slightly over half of California's children in kin and non-kin foster care return home within 4 years following their entry into the system (Needell et al.), even though reunification is the preferred placement outcome.

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The stories behind the trends that administrative data systems identify are much less clear. How are individual- and group-level outcomes achieved? In particular, how do children's and caregivers' perceptions of permanence influence outcomes? Moreover, we also need to ask whether these data trends provide sufficient information for assessing the child welfare system's success in "promoting permanence." Put differently, are our measures sufficiently aligned with our goal(s)? Recent studies examining the perspectives of caregivers, child welfare workers, and outside reviewers provide some critical insights, while foster children's perspectives merit heightened attention.

Overall Satisfaction in Placement

Children's satisfaction in placement is likely to be highly associated with children's permanence in placement. Children who experience psychological permanence in placement are likely to be relatively satisfied in placement. Conversely, children who are satisfied in placement are likely to be committed to their placement's continuation (Colton, 1989), while those who are not may undermine their placement's long-term viability—either intentionally (e.g., by running away) or unintentionally (e.g., by unconsciously resisting their caregiver's efforts to form a close, positive relationship). Relevant findings are reviewed below.

Gil and Bogart (1981) asked the 100 children ages 8 - 18 in their sample to judge the "best place" that they had "ever lived." Eighty percent of the children living in foster family homes, and 47% of the children living in group homes identified their current placement. Fifteen percent of the children living in foster family homes, and 39% of the children living in group homes identified their home with a relative (most commonly, a

birth parent). It is noteworthy that 76% of the children in foster family care reported living in their current placement for 3 years or more, compared to 42% of children living in group care. Thus in spite of their legal vulnerability, the majority of children in long-term foster family homes reported being highly satisfied with their current placements.

In contrast, Johnson et al. (1990) asked their 59 subjects, "If you could pick anybody you know to live with, who would you most like to be living with now?" Thirty-nine percent identified their birth parents. Other children identified a relative (32%), a current or former foster parent (19%), or a friend (10%). Unlike Gil and Bogart's subjects, Johnson et al. restricted their sample to preadolescents ages 11 - 14 who had more recently entered foster care (between 6 months and 2 years previously). Most still had permanency plans to return home.

Recall that the Wilson (1996) study is, to date, the largest study examining foster children's direct perspectives on their immediate experiences in care. Over 90% of the 300 interviewed children ages 4 - 17 were living in a foster home (rather than a group home). Sixty-seven percent of African American children, 43% of Hispanic children, and 27% of Caucasian children were in kinship care. On average, children's cases were in the Illinois system for nearly 4 years. Children of color tended to have longer lengths of stay relative to their Caucasian peers. Wilson's study included a 15-item "quality of life" scale. Children used a 5-point Likert scale to rank the 15 indicators included in the scale—first, in reference to their birth families' homes and second, in reference to their current homes. Findings from several individual items are described in earlier sections of this paper. It should be noted that children reported quite high levels of satisfaction with their current homes, with minimal differences by race/ethnicity, as well as

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significant increases in overall satisfaction following placement on nearly all 15 items and on the collapsed scale. One year previously, Wilson (1994) administered this same 15-item "quality of life" scale and examined children's overall satisfaction by placement type. Children living in foster homes were found to be significantly happier than children living in other substitute care arrangements (shelters, group homes, child care institutions, and private institutions).

Unlike other studies, the 1994 Wilson study compared the reports of children living in kin and non-kin foster homes. The literature generally indicates that kin placements are less likely to disrupt children's home, school, neighborhood, and community associations (Berrick et al., 1994) and ultimately provide greater placement stability (Courtney & Needell, 1997; Wulcyzn et al., 1998). For these reasons, kin placements may engender relatively high levels of placement satisfaction and commitment. Wilson, however, did not find differences in self-reported satisfaction between children living in kin and non-kin foster homes.

In spite of children's self-reported high levels of satisfaction with their current homes, nearly half of Wilson's subjects replied affirmatively when asked if they would rather live someplace else. With probing, between a quarter and one third of the total sample replied that they would prefer to live in a birth parent's home (with minimal differences by race/ethnicity), regardless of whether that parent was the child's caregiver when the child was removed from the home.

Finally, Zimmerman (1982) asked her 61 former foster youth to name all the places that they had lived while growing up and to identify which home they considered their best. It should be noted that most of Zimmerman's subjects were in long-term

foster care; on average, her subjects had spent 8.9 years in the system. It should also be noted that 53% of her subjects had lived in 1-2 homes, 36% had lived in 3-4 homes, and 11% lived in five or more homes. Overall, 33% percent reported growing up in their best home, 45% reported losing their best home (either their birth parent's home or a foster home), 12% had lived in only one home, and 10% were not able to identify a best home.

Taken together, these studies raise innumerable questions and merely provide hints into children's experience of permanence in out-of-home care. Ideally, children who are satisfied in placement—either absolutely (e.g., living in the "best place" that they have "ever lived") or relatively (e.g., living in a home where they are happier than they were when living in their birth parents' home)—also experience their placement as permanent and are, in fact, given the opportunity to grow up in that home. Unfortunately, none of these studies were longitudinal; outcomes for these subjects remain unknown. Roughly one third of Zimmerman's subjects reported growing up in their best home, but her 1982 findings are likely to have limited generalizability to the present. Moreover, the retrospective nature of her subjects' evaluations should be noted; her subjects may not have recognized the loss of their best home until after the fact and possibly not until Zimmerman interviewed them.

These studies also illustrate that children's placement satisfaction does not necessarily reflect their placement's legal status. Most of these studies included large numbers of children in long-term foster care. In all of these studies, substantial percentages of children reported being generally satisfied. The reader is invited to speculate on the range of potentially important influences on children's satisfaction in

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placement, many of which are addressed in earlier sections of this paper (e.g., child's functioning in various domains prior to removal, age when removed from birth parents' care, reason for removal, length of tenure in the system, number of previous placements, current age, current functioning, relatedness with caregiver, characteristics of current placement, degree of caseworker support, birth family contact, and likelihood of returning home).

In turn, children's placement satisfaction does not necessarily correspond with their stated placement preferences. Most notable is Wilson's (1996) finding that while three quarters of their subjects were happy in placement, nearly half would prefer to live somewhere else—most commonly, their birth families' homes. In the Wilson study and others, children's underlying reasons and degree of attachment to their stated placement preferences were not explored. Some subjects may have been entirely dissatisfied. Others may have been satisfied, but still interested and perhaps firmly committed to the idea of leaving. Others may have developed a capacity to tolerate conflicted feelings and were generally committed to their current placement. Caseworkers have the opportunity to explore children's placement preferences with considerable depth. Indeed the literature consistently reveals current and former foster youth's desire for more consultation in this area (Festinger, 1983; Johnson et al., 1990; Rest & Watson, 1984; Van Der Waals, 1960; Wilson, 1994, 1996).

Adoption vs. Long-Term Foster Care

On a continuum of placement desirability, reunification stands as the prevailing preference, assuming children's home environments are stabilized for their safe return. In recent years, slightly over half of California's children who entered care were

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reunified with their families within 4 years following their entry into the system (Needell et al., 1998). When reunification is not possible, adoptive homes, legal guardianship, and long-term foster homes are generally considered (in that order of preference). For a variety of reasons, though, relatively few children are adopted, and many children remain in long-term foster care. In California, for example, roughly 9% of children who entered care in 1988 were eventually adopted (Needell et al.). In contrast, California's 1997 total caseload included large percentages of children living in kin (48%) and non-kin (30%) foster homes, with the former generally experiencing longer lengths of stay and fewer placement changes (Needell et al.).

One important question that emerges from administrative data is whether children experience adoption as being more "permanent" than long-term foster care, and if so, how? In 1982, Proch completed interviews with 29 adoptive foster children ages 9 - 13, as well as their adoptive foster parents, to identify perceived distinctions between foster care and adoption. Sixty-six percent of her subjects were at least 6 years old when they were adopted, but children had lived 4.8 years on average in their adoptive parents' homes prior to adoption. Among the children who were interviewed, only 28% could distinguish between foster care and adoption. The remaining children either did not know what the two placement options were or considered them to be the same. Not surprisingly, the children who did not make distinctions were those children who could not remember living in any other home than their adoptive foster home. Adoption had much more significance for children who remembered living in other foster homes. These children generally characterized foster care as temporary (e.g., "You keep moving from house to house") and adoption as permanent (e.g., "You don't have

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to move"). Proch's study underscores the point that the presumed psychological permanence gained from adoption is not absolute. Many factors—including children's placement history—impact the degree to which children perceive their adoptive placement as permanent.

Bush and Goldman's (1982) study involved a stratified random sample of 370 state wards ages 9 - 18 in a large metropolitan area. The researchers determined that of the 136 youth in long-term foster care within their sample, 111 (82%) were "unable to return home." Of these 111 youth in the "unable to return home" category, 87% percent reported wanting to stay in their present placement. At the same time, when asked, "If you could choose the adopting parents, would you like to be adopted?" only 44% replied affirmatively. Most commonly, these youth wanted "to ensure the security of their tenure in their placement" or "to have the sense that they now belonged in a real family" (p. 231). Correspondingly, 66% of youth in their sample said that they did not want to be adopted, even though all of them were unable to return home, and the majority wanted to remain in their present placement.

Bush and Goldman (1982) examined the justifications that these 59 youth provided for not wanting to be adopted. The most common theme revolved around wanting to maintain ties with their birth parents. This desire was reflected in subjects' comments: "I want to keep my last name" and "I want to remain with my own identity" (p. 232). Other responses clustered evenly around four additional themes:

1) some children wanted to keep open the possibility, however unlikely, of returning home to their own parents; 2) some felt they were too old to want or need another set of parent figures; 3) some wished to stay as foster children in

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their present foster homes; and 4) some did not want to be tied down to any home, preferring to retain the freedom to move on if they became uncomfortable where they were currently living (p. 232).

Bush and Goldman conclude, "…there remains a large category of children who, while they appreciate stability of care, cannot return home, do not wish to be adopted, and do not wish to become exclusively attached to their foster parents" (p. 232). As Bush and Goldman note, it appears that these youth were prepared to tolerate and actually preferred the ambiguity in their relationships with their foster parents. While some of these youth appeared interested in independence for its own sake, the most common theme revolved around wanting to maintain birth family ties, however tenuous these ties may have been.

Like Proch's (1982) study with slightly younger subjects, Bush and Goldman's (1982) study underscores the complexities inherent in conceptions of permanency and clearly illustrates the relative, rather than absolute, value of adoptive placements. While their data are nearly 20 years old and are only generalizable to youth ages 9 - 18 in long-term foster care, their overall findings have important implications for child welfare practice. Unfortunately, Bush and Goldman did not explore the actual stability of their subjects' placements, raising questions about these youth's permanency plans and placement outcomes. Did caseworkers consider youth's perspectives? If so, how? To what extent did children's placement histories reflect their preferences? The answers to these questions are largely unknown.

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Children's Inclusion in Case Planning

Several authors emphasize the importance of distinguishing between planned long-term placements and unplanned long-term placements—those existing by default from caseworker, agency, or systemic inadequacies (Bush & Goldman, 1982; Steinhauer, 1991). Permanency planning ideally involves the active participation of multiple stakeholders. However, one prominent theme in the literature is that foster children are not regularly included in and/or even informed about circumstances surrounding case-planning decisions (Festinger, 1983; Gil & Bogart, 1981; Johnson et al., 1990).

From foster children's perspectives, experiences with placement changes are particularly troublesome. Among Johnson et al.'s (1990) 59 preadolescent subjects, 61% reported that they were told very little about the reasons for being removed from their former foster homes. More than half reported having no involvement in the decision to move. Although they felt excluded from decision-making, 23 children were asked, primarily by their caseworker, if they wanted to live in their current foster home. Of those who were not asked, almost three fourths said that they would like to have been asked. Similarly, in Wilson's (1996) much larger study, roughly three quarters said that they had not helped their caseworkers decide what would happen to them, and roughly 40% had not attended their last administrative case reviews. Eighty-six percent of African American, 68% of Hispanic, and 44% of Caucasian children replied that they had not seen their service plans—a pattern that may be explained by children's placement types, rather than (or in addition to) children's racial/ethnic identities. Finally, two retrospective studies suggest that some foster children's lack of information about

placement changes may persist into adulthood (Rest & Watson, 1984; Van Der Waals, 1960).

CONCLUSION

The United States' out-of-home care population has increased significantly since the mid-1980s and is now estimated to include more than half a million youth under the age of 18 (Curtis, Dale, & Kendall, 1999). In spite of their growing numbers, foster children's voices remain grossly underrepresented in two parallel realms: first, in the research literature intended to improve the foster care service delivery system; and second, in day-to-day child welfare practice. Foster children's relative silence is not surprising. For researchers interested in conducting studies involving foster children, methodological challenges are formidable. Similarly, child welfare workers are regularly confronted with overwhelming systemic demands and ongoing, immediately pressing crises in the field, leaving little time to focus on individual foster children's unique experiences. In sum, the potential for foster children to assist us in developing richer understandings of the system is considerable, but largely unrealized.

The slowly emerging literature exploring children's experiences in out-of-home care represents an important beginning. While significant methodological limitations generally characterize existing empirical studies, several major themes can be discerned from these studies, as well as qualitative investigations into foster children's experiences. Curran and Pecora (in press) identified five such themes: (a) foster children need to be given accurate information about their family background, including reasons for their placement; (b) older foster youth need much more support prior to and during their transition to independent living; (c) more attention should be paid to foster

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children's educational attainment; (d) more attention should be paid to foster children's safety and overall sense of belonging in their new homes; and (e) foster children should be active participants in the planning that dramatically affects their lives. A sixth theme that should be added to this working list is the need for ongoing, supportive relationships in children's lives (in addition to ongoing, supportive services). While performance indicators usefully track foster children's pathways through the system, interviews with current and former foster youth consistently provide much more intimate pictures of the ways that particular relationships positively influence their subjective experiences of safety, well-being, family, and permanence.

Future research involving foster children should continue to explore the areas reviewed in this paper. At the same time, tenacity, resourcefulness, creativity, and agency/researcher/court collaboration is needed to bolster the overall quality of future studies. Larger, more representative samples are needed so the experiences of foster children by race/ethnicity, class, gender, age, reason for removal, placement type, and a host of other potentially influential factors can be examined. Because the instrumentation for exploring foster children's experiences is scant, future research should also strive to develop a lineage of standardized measures that are valid and reliable for use with this unique population. Equally important, investigators need to disseminate vital study findings in ways that will significantly improve our foster care service delivery system. Until greater attention is directed to these methodological concerns, foster children's experiences in out-of-home care will remain elusive.

Meanwhile, the challenge for child welfare workers is to seriously consider the implications of Festinger's 1983 book, *No One Ever Asked Us*, and strive to listen more

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closely to children's personal perspectives. The theoretical frameworks and empirical findings reviewed in this paper are offered to stimulate greater inclusion of children's voices into child welfare practice. Political, legal, financial, administrative, and pragmatic barriers all conspire to limit child welfare workers' ability to be regularly client-focused in their work with foster children. At the same time, child welfare practice that fails to incorporate foster children's perspectives may exacerbate foster children's commonly experienced feelings of powerlessness and ultimately undermine the possibility of achieving desired client outcomes. Inclusive child welfare practice, on the other hand, constitutes an invaluable opportunity for foster children to have an active, positive involvement in making decisions that will profoundly impact their lives.

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REVIEWED STUDIES INVOLVING INTERVIEWS WITH CURRENT AND FORMER FOSTER YOUTH

Author (Date)	Nature of study	Sample size	Age range	Era in care (Country)	Placement type
Bush & Goldman (1982)	Informal, unstructured, in-person interviews; case record reviews; surveys completed by several individuals	Interviews were conducted with 136 youth. (The larger study involved a total of 370 state wards.)	9 - 18	1970s (U.S.)	The 136 youth were in long-term foster care (> 1 year in placement)
Colton (1989)	In-person, semi-structured interviews involving completion of the *Revised Social Climate Scale*	60	12 - 18	1980s (England)	26 "hard to place" youth in foster homes (> 6 months in placement); 34 youth in residential group homes (> 3 months in placement)
Fanshel & Shinn (1978)	Prospective, 5-year longitudinal study involving in-person, semi-structured interviews. (The larger study involved multiple sources of data.)	Interviews were conducted with 205 children. (The larger study involved 624 subjects.)	7 - 13	Subjects entered care in 1966 and were in care for a minimum of 90 days (U.S.)	Range of substitute living arrangements
Fanshel, Finch, & Grundy (1990)	Retrospective longitudinal study involving case record reviews and in-person, semi-structured interviews with 106 former foster youth.	Interviews were conducted with 106 former foster youth. (The larger study involved 585 subjects.)	Young adults at time of interview	Discharged on or before December of 1984 (U.S.)	Youth participating in The Casey Family Program, a privately funded agency located in western states that emphasizes maintenance of children in long-term foster homes
Festinger (1983)	Retrospective study involving completion of a questionnaire (as part of an in-person interview, a phone interview, or a mailing)	277	Young adults at time of interview	Discharged in 1975 and had been in continuous care for at least 5 years (U.S.)	76 subjects had been discharged from a residential group setting; 201 subjects had been discharged from a foster home

REVIEWED STUDIES INVOLVING INTERVIEWS WITH CURRENT AND FORMER FOSTER YOUTH (cont'd)

Author (Date)	Nature of study	Sample size	Age range	Era in care (Country)	Placement type
Gardner (1996)	In-person, structured interviews involving The Kvebaek Family Sculpture Technique	85	8 - 15	1990s (Australia)	43 in long-term foster care (> 1 year in placement); 42 non-fostered, matched controls
Gil & Bogart (1981)	In-person, semi-structured interviews involving completion of the *Coopersmith Self-Esteem Inventory* and the *Parks Career Role Inventory*	100	8 - 18	1970s (U.S.)	50 in foster homes, 50 in group homes
Johnson, Yoken, & Voss (1990)	In-person, semi-structured interviews	59	11 - 14	1980s (U.S.)	State and privately run foster homes. All youth had been living in family foster care in this county for between 6 months and 2 years.
Kufeldt (1984)	In-person, semi-structured interviews	40	6 - 12	1970s (Canada)	Foster homes
Proch (1982)	In-person, semi-structured interviews	29	9 - 13	1970s (U.S.)	All children had been placed by public child welfare agencies into their adoptive foster homes at a young age. The mean time in the home prior to adoption was 4.8 years.
Rest & Watson (1984)	Retrospective study involving semi-structured interviews	13	Young adults at time of interview	Era is unknown, but predated 1984 (U.S.)	Long-term foster homes

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REVIEWED STUDIES INVOLVING INTERVIEWS WITH CURRENT AND FORMER FOSTER YOUTH (cont'd)

Author (Date)	Nature of study	Sample size	Age range	Era in care (Country)	Placement type
Triseliotis (1984)	Retrospective study involving semi-structured interviews	88	Young adults at time of interview	Era is unknown, but predated 1983 (Scotland)	40 were placed in term foster homes (when they were a few months to 9 years old); 44 were adopted between the ages of 3 & 7.
Van Der Waals (1960)	Retrospective study involving in-person, semi-structured interviews	160	Adults at time of interview (mostly 30s & 40s)	Early to mid 1900s (Holland)	Long-term foster homes
Wald, Carlsmith, & Leiderman (1988)	In-person, semi-structured interviews. (The larger study involved multiple sources of data.)	32	4 - 10	1970s (U.S.)	Foster homes
Wilson (1994 data)	In-person, semi-structured interviews	250	4 - 17	1990s (U.S.)	91% in some kind of foster home (with 62% in kinship foster homes); 9% in residential group facilities. All youth had spent > 3 months in placement.
Wilson (1996 data)	In-person, semi-structured interviews	300	4 - 17	1990s (U.S.)	Similar to Wilson (1994)
Zimmerman (1982)	Retrospective study involving in-person, semi-structured interviews	61	Young adults at time of interview	Subjects entered care between 1951-1969 (U.S.)	Mostly long-term foster homes (> 1 year in placement)

QUESTIONS FOR DISCUSSION

Safety

1. How can child welfare workers and other agency personnel support safe out-of-home care settings for children?

2. Identify reasons why children might not disclose experiences of maltreatment to their child welfare worker. How can child welfare workers increase the probability that children will disclose this information? Consider all contexts where maltreatment may occur, including visits with biological parents. Consider the experiences of children living with kin, as well as the experiences of children living with non-kin.

3. To what extent are child welfare workers responsible for promoting children's subjective experience of safety in various contexts? Toward that goal, what strategies might be employed?

4. Richters and Martinez (1993) found that maternal education mediates the effects of community violence exposure on children's distress levels. How would you explain this relationship? How should this finding inform child welfare policies, planning, and practice?

Well-Being

5. Upon removal from their homes and subsequent entry into the foster care system, should children also be removed from poverty?

6. How can child welfare workers effectively mediate the generally deleterious effects of poverty on children's well-being?

7. Relative to the general child population, children in out-of-home care experience high rates of physical and mental health problems, as well as a host of schooling-related difficulties. To what extent should children entering care be identified and invited to participate in early intervention programs? What are the potential risks and benefits of this preventive approach?

8. Poor outcomes in the domain of foster children's well-being are amply documented. To what extent are children's *biological parents* responsible? To what extent are their *caregivers* responsible? To what extent are the various *systems* impacting foster children's lives responsible? What role and accompanying responsibilities do child welfare workers have in promoting foster children's overall well-being?

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9. Identify the multiple ways in which children's removal from their biological parents' home constitutes a crisis for children. How might this crisis be experienced differently by children living with kin, as opposed to children living with non-kin? Identify services and strategies that child welfare workers can employ to help children cope effectively with this event.

Family/Permanence

10. To what extent should foster children be given background information on their families? For any given child, what factors would you consider in assessing the degree to which s/he should be informed? What kinds of information might be appropriate to withhold from a child?

11. What strategies might foster parents employ to ensure ongoing contact between children and their biological siblings?

12. Fanshel et al. (1990) found that high levels of child/parent contact were positively associated with two particular scales—one 4-item index assessing "foster home attachment" and one 10-item index assessing the degree to which children experience positive "treatment" by their foster family. How do you explain the existence of these positive relationships? What are possible implications of these findings?

13. Brainstorm ways that child welfare workers can assist caregivers, particularly non-kin caregivers, in reducing children's possible sense of being "on consignment" (Stahl, 1990).

14. In the Wilson (1994) study, the majority of children reported high levels of satisfaction with their current homes, while nearly half of Wilson's subjects replied affirmatively when asked if they would rather live someplace else. How should inquiries into children's level of placement *satisfaction* inform child welfare practice? How should inquiries into children's placement *preferences* inform child welfare practice?

15. Several investigators assert that the presumed psychological permanence gained from adoption is not absolute (Bush & Goldman, 1982; Proch, 1982). What theoretical arguments and empirical findings do they present? To what extent do you agree? Disagree?

16. To what extent should foster children be involved in case planning and implementation? For any given child, what factors would you consider in assessing the degree to which s/he should be included?

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SECTION III

KIN AND NON-KIN FOSTER CARE IN CALIFORNIA: CHILDREN'S EXPERIENCES

SECTION III
KIN AND NON-KIN FOSTER CARE IN CALIFORNIA:
CHILDREN'S EXPERIENCES

INSTRUCTIONAL GUIDE

This chapter provides findings from an empirical study involving in-person, semi-structured interviews with 100 Bay Area children in kin and non-kin care. (Please refer to Appendix A for a description of study methods and Appendix C for a copy of the interview instrument.) When appropriate, the study compares children's experiences of safety, family, permanence, and well-being by kin/non-kin placement type. Also, for a smaller group of children, some comparisons are made between children's experiences living with their current caregiver and their recalled experiences living with a biological parent.

Contents

Instructors are encouraged to use this chapter in a range of ways to suit their needs. It may be copied and distributed to students for independent reading or classroom use. Overheads of study results are included for computer or overhead projector use. At the end of the chapter are questions to facilitate small or whole group discussions.

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This chapter can be used to foster the following competencies for public child welfare work: 1.1, 1.9, 2.5, 2.12, 2.14, 2.15, 3.7, 3.9, 3.17, 3.19, 4.1, 4.7, and 6.4.

BACKGROUND INFORMATION ON SAMPLE

Demographic Characteristics of Sample

The sample for this study includes 100 children (Table 1). Fifty-nine children lived with kin caregivers, and 41 children lived with non-kin caregivers. The sample was evenly divided by gender. While the sample was restricted to children ages 6 to 13 years old who had resided in their current caregivers' homes for at least 6 months, 6 children turned 14 years old over the course of the study's data collection period. The resulting age range was 6 - 14 years old. The mean age of the children was 9.89 years. The children were identified by their caregivers as 82% African American, 6% Hispanic, 6% Caucasian, 5% Biracial, and 1% Asian American. The vast majority of children were in long-term foster care, indicated in the finding that children, on average, had lived in their current placement for 5.44 years. Sixteen percent lived in public housing. Fifty-nine percent lived in single-dwelling homes. The mean number of individuals residing in children's homes was 5.19.

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Table 1: Demographic Characteristics of Sample

Variable	N = 100
Placement type	59% Kin 41% Non-kin
Gender	50% Male 50% Female
Age (in years) *(Range = 6 - 14)*	Mean = 9.89 (SD 2.27) Median = 10
Ethnicity	82% African American 6% Hispanic 6% Caucasian 5% Biracial 1% Asian American
Years in current placement *(Range = 4 months - 12.5 years)*	Mean = 5.44 (SD 3.22) Median = 5.29
Living in public housing	16%
Type of housing	59% Single dwelling 30% Apartment 10% 2/3/4 plex 1% Mobile home
Individuals in home *(Range = 1 - 13)*	Mean = 5.19 (SD 2.51) Median = 5

Characteristics of Sample by Kin/Non-Kin Placement Type

Some demographic differences emerged by kin/non-kin placement type (Table 2). Children living with kin were significantly more likely to be African American (92% kin vs. 71% non-kin, p<.01). The ages when children entered care are currently unavailable. However, children living with kin had spent significantly more years (means = 6.00 kin vs. 4.63 non-kin, p<.05) and significantly higher percentages of their life (63% kin vs. 47% non-kin, p<.05) in their current placements. Finally, important differences

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emerged with respect to children's housing situations. Children living with kin were more likely to live in public housing (25% kin vs. 2% non-kin) and significantly less likely to live in single-dwelling homes (46% kin vs. 78% non-kin, p<.01).

Table 2: Demographic Characteristics of Sample by Placement Type

Variable	Kin (n = 59)	Non-Kin (n = 41)
Gender	42% Male 58% Female	61% Male 39% Female
Age (in years)	Mean = 9.85 (SD 2.35)	Mean = 9.95 (SD 2.18)
Ethnicity**	92% African American 8% Other	71% African American 29% Other
Years in current placement*	Mean = 6.00 (SD 3.18)	Mean = 4.63 (SD 3.15)
Living in public housing	25%	2%
Type of housing***	46% Single dwelling 54% Other	78% Single dwelling 22% Other
Individuals in home	Mean = 4.39 (SD 1.72)	Mean = 6.34 (SD 3.0)

*** Indicates p<.001
** Indicates p<.01
* Indicates p<.05

Children's Homes: Internal Conditions and Safety

Two scales were employed to evaluate the internal conditions and safety of children's homes (Table 3). Please refer to Appendix A for a description of the ways in which high inter-rater reliability was achieved on these scales. First, interviewers noted the presence of eight particular hazards within the home (e.g., sharp objects, dangerous electrical fixtures, drug paraphernalia, strange chemical odors). In 21% of homes, at least one hazard was noted. The mean number of hazards in children's homes was .26,

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suggesting that most children's homes had few obvious internal hazards. Second, interviewers used a 10-point rating scale with "10" signifying a positive rating to measure the cleanliness, absence of bugs/rodents, and structural conditions of each home. Overall, homes scored at moderately high ends (with means ranging from 7.25 to 8.41), suggesting that the interiors of most children's homes were fairly clean and well maintained. However, on the index assessing degree of internal home maintenance, ratings for kin homes were significantly lower than ratings for non-kin homes (p<.05).

Table 3: Interviewer Assessment of Children's Home Environments

	Kin	Non-Kin
Presence of at least one hazard inside home	22%	20%
Sharp objects	5%	2%
Dangerous electrical fixtures	5%	0%
Drug paraphernalia	0%	0%
Strange chemical odors	2%	0%
Roof/walls in disrepair	3%	3%
Slippery floors	0%	0%
Adult magazines and/or condoms	2%	0%
Other miscellaneous hazards	14%	15%
Total number of hazards (Mean & SD)	*.31 (.68)*	*.20 (.40)*
Internal Conditions of Home 3-Item Scale Mean (SD), 10 = Positive Score	7.49 (1.88)	7.98 (1.32)
"Filthy" to "Very clean and tidy"	6.75	7.55
"Evidence of numerous bugs or rodents" to "No evidence of bugs or rodents"	8.36	8.41
"Very poor condition" to "Well kept up and in good repair"*	7.25	8.11

*** Indicates p<.001
** Indicates p<.01
* Indicates p<.05

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Children's Immediate Neighborhoods: Overall Quality and Safety

Similarly constructed scales were employed to evaluate the safety and overall quality of children's immediate neighborhoods (Table 4). Again, please refer to Appendix A for a description of the ways in which high inter-rater reliability was achieved on these scales. First, study interviewers noted the presence of nine particular hazards outside the home (e.g., sharp objects, drug paraphernalia, slippery walkways, walkways/steps in need of repair). Outside 33% of homes, at least one hazard was noted, while kin homes evidenced significantly more outside hazards than non-kin homes (p<.05). Kin homes were also more likely to be located in a "generally dangerous-appearing area" (25% kin vs. 5% non-kin, p<.01). Second, study interviewers used a 10-point rating scale with "10" signifying a positive rating to measure the overall quality of children's immediate neighborhoods, using six carefully developed indices. While mean ratings ranged from 5.36 to 8.49, ratings for kin homes were significantly lower than ratings for non-kin homes on all six indices. Relative to children in non-kin homes, children in kin homes lived in neighborhoods that had significantly less pleasant atmospheres (p<.001), more garbage (p<.001), more loitering (p<.001), less green space (p<.001), less space for playing (p<.001), and more poorly kept homes (p<.001).

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Table 4: Interviewer Assessment of Children's Immediate Neighborhoods

	Kin	Non-Kin
Presence of at least one hazard outside home	39%	24%
Sharp objects	12%	12%
Drug paraphernalia	2%	0%
Slippery walkway	0%	0%
Walkway/steps in need of repair	10%	2%
Stray objects hanging from building	0%	0%
Suspicious looking persons in area	17%	7%
Generally dangerous-appearing area**	25%	5%
Condoms	0%	0%
Other miscellaneous hazards	15%	12%
Total number of hazards (Mean & SD)	*.81 (1.27)*	*.39 (.83)*
Conditions of Immediate Neighborhood 6-item Scale Mean (SD), 10 = Positive Score	5.79 (2.34)	7.64 (1.88)
"Unpleasant" to "Pleasant"***	5.53	7.32
"Debris and garbage around" to "No debris and garbage around"***	6.00	7.98
"Loitering" to "No loitering"***	6.54	8.49
"No green space" to "Lots of green space"***	5.36	7.29
"No play area" to "Great deal of play area"***	5.39	7.20
"Very poorly kept" to "Very well kept"***	5.95	7.59

*** Indicates p<.001
**   Indicates p<.01
*   Indicates p<.05

FAMILY

Contact With Biological Family

Following an introductory sequence of questions where children described their unique names for significant individuals in their lives, children were asked about their

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contact with their biological mothers, fathers, and siblings. Nineteen percent of children had a deceased biological parent. Seventy-four percent replied affirmatively to the question, "Have you ever lived with [biological mother]?" while 36% replied that they had lived with their biological father. In response to the question, "Do you ever see [biological parent]?" 71% reported having contact with their biological mother, while 41% reported having contact with their biological father. Children who reported that their current caregiver and biological mother "get along OK" were significantly more likely to report having contact with their biological mother (p<.05). Among children who reported seeing their biological mother at all, 28% reporting seeing her less than once per month, 17% reported seeing her 1-2 times per month, and 55% reported more frequent contact. Among children who reported seeing their biological father at all, 32% reported seeing him less than once per month, 23% reported seeing him 1 - 2 times per month, and 45% reported more frequent contact.

Figure 1: Contact With Biological Family: *Do you ever see [name]?*

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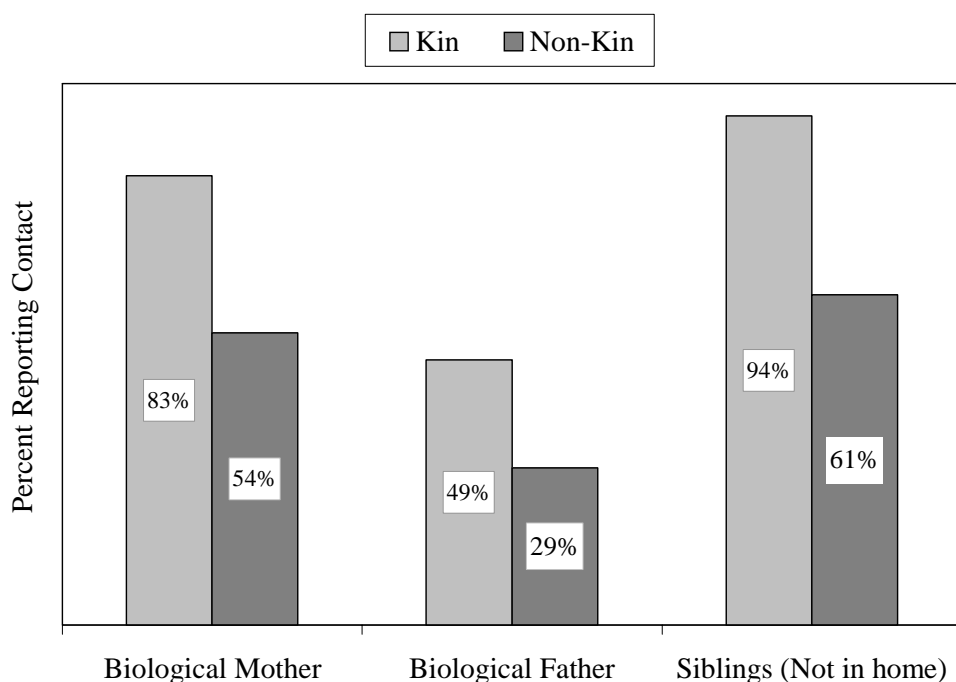
Children in kin placements were significantly more likely to report ever seeing their biological mother, father, and siblings while in care than children in non-kin placements (see Figure 1). More specifically, 83% of children in kin placements had contact with their biological mother in contrast to 54% of children in non-kin placements (p<.001). Also noteworthy, though, is the fact that children reported having lived with their biological mother in fairly comparable proportions (70% kin vs. 81% non-kin). Children in kin placements were also more likely to report having contact with their biological father. Forty-nine percent of children in kin placements reported seeing their biological father, in contrast to 29% of children in non-kin placements (p<.05). However, while children in kin placements were significantly more likely to see their biological father, they were significantly less likely to report having ever lived with him (29% kin vs. 46% non-kin, p<.05). Taken together, if children in either placement type lived with their biological father at any time, they were significantly more likely to report having contact with him while in placement (p<.05).

Finally, children in kin placements were also significantly more likely than children in non-kin placements to both live with and have regular contact with biological siblings not living in the same home (p<.001). Over half of children in kin placements lived with at least one biological sibling (57%). However, of those children, only 15% lived with all of their siblings. In comparison, just under one fourth (23%) of children in non-kin placements lived with any siblings, and of those who did, 30% lived with all of them. When asked about a particular sibling not living in the same home, 54% of children in kin placements, compared to 17% of children in non-kin placements, reported having contact with that sibling "all of the time" or "most of the time" (p<.001).

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In fact, nearly 40% of children in non-kin placements reported that they had contact "none of the time" with at least one biological sibling, while only 6% of children in kin placements reported having no contact with one or more siblings.

Conceptions of Family

Children in the study were asked a number of questions about their biological families and the families with whom they were currently living. One open-ended question asked children to name everyone in their "family" and was intended to include anyone the child perceived to be part of their family, including biological parents, biological

> Can you name everybody in your family for me?
>
> Janelle, age 11, in kin care:
>
> *Mama, papa, my mother, my aunties, my uncles, Kenneth, Terrence, Brianna, Clay, my neighbor (Melanie) my friend (Nakeya), Su Young, Latrice, etc.…*

siblings, foster family members, relatives, friends, neighbors, teachers, religious/community leaders, or even pets. Children responded spontaneously and were not given probes to elicit more information.

Children in kin placements were significantly more likely to name their biological mother (p<.001), biological siblings (p<.05), grandparents (p<.001), and other extended family members such as aunts, uncles, or cousins (p<.001) as part of their family. However, there was no significant difference by placement type in the total number of family members named, in part because of the large proportion of children in non-kin care who identified members of their foster family. (Fifty-four percent of children in non-kin placements named their foster mother, 37% named their foster father, and 34% named foster siblings as part of their family.) Among children in kin placements, approximately two thirds named their biological mother as part of their family (63%),

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while one-third named their biological father (34%). In contrast, only 37% of children in non-kin placements named their biological mother as part of their family, while 39% named their biological father.

Children's contact with particular individuals was significantly associated with whether they named those individuals as part of their family. Children who saw their biological mothers at all were significantly more likely to identify her as part of their family, compared to children who did not see their biological mothers (61% vs. 31%, p<.01). Similarly, children who saw their biological mothers at least once per month were significantly more likely to identify her as part of their family, compared to children who saw their mother less than once per month (66% vs. 36%, p<.05). The same pattern was present for contact with biological fathers. Although the proportion of children who named their biological father was much smaller than the proportion of children who named their biological mother, those children who had contact with their father were significantly more likely to name him as part of their family (56% vs. 22%, p<.001). Finally, children who were living with a biological sibling at the time of the interview were significantly more likely to identify at least one biological sibling as part of their family, compared to children who did not currently live with a biological sibling (86% vs. 67%, p<.05).

The Nature of Children's Contact With Their Biological Parents

Children were also asked to reflect on the nature of their contact with biological parents. A large proportion of children indicated that they wished they had more contact with each of their biological parents. Fifty-four percent of children in kin placements and 69% of children in non-kin placements said that they wanted more contact with their

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biological mother. Among children who saw their biological mother less than once per month, 70% wanted more contact, 15% were satisfied with the amount of contact, and 15% wanted less contact. Similarly, 70% of children in kin placements and 61% of children in non-kin placements said that they wanted more contact with their biological father. Among children who saw their biological father less than once per month, 80% wanted more contact, 20% were satisfied with the amount of contact, and no children reported wanting less contact.

The children who indicated that they had contact with their biological parents were also asked about their involvement with them. The *Positive Involvement Scale* included three questions: "Do you do fun things with [your mother or father] when you see [her or him]?" (scale = 1 - 5, 5 = "all of the time"); "Do you talk to [your mother or father] about important things in your life when you see or talk to [her or him]?" (scale = 1 - 5, 5 = "all of the time"); and, "How often are you afraid of [your mother or father]?" (scale = 1 - 5, 5 = "none of the time"). The overall mean score for involvement with biological mothers (11.85 out of 15) was significantly higher than the mean score for involvement with biological fathers (10.66 out of 15), indicating that children who had contact with both parents had more overall 'positive involvement' with their mothers than with their fathers (p<.05). There were no significant differences in involvement by kin/non-kin placement type.

Social Climate of Children's Homes

The *Revised Social Climate Scale*, developed and used by Colton (1989) in England to assess children's perceptions of their overall social environment in foster family homes and group homes, was adapted for the current study population of

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children in foster family placements. The 32-item scale contains five subscales, each using a yes/no format: *perceptions of caregiver support* (scale = 1 - 8), *caregiver strictness* (scale = 1 - 8), *friendliness of other children in the home* (scale = 1 - 5), *overall satisfaction* (scale = 1 - 4), and *presence of negative child behaviors* (scale = 1 - 7). Mean scores were obtained for the scale and each of its subscales. All children were asked to respond in reference to their current caregiver's home, whether they were living with kin or non-kin. Children who were old enough to remember living with their biological mother before entering the child welfare system also completed the satisfaction and negative child behavior subscales in reference to their biological mother's home.

Children's mean scores for the overall scale and for each of its five subscales point to quite positive conceptualizations of their current home's social climate, with no significant differences by kin/non-kin placement type. The mean scores indicate high levels of perceived caregiver support (mean score of 7.22 out of 8), fairly high levels of caregiver strictness (mean score of 6.07 out of 8), moderate levels of child friendliness in the home (mean score of 3.14 out of 5), high levels of satisfaction with the home environment (mean score of 3.54 out of 4), and low levels of negative child behaviors in the home (mean score of 1.99 out of 7). Also noteworthy is the fact that children reporting more positive overall conceptualizations of their home's social climate also reported more positive perceptions of their caregiver's involvement in their lives (r = .400, p<.01).

A comparison of the two subscales that children completed in reference to their current caregiver's home and their biological mother's home did not reveal significant

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differences. Children's recollections of their biological mother's home—specifically in terms of its social climate—also indicate high levels of satisfaction with the home environment (mean score of 3.23 out of 5) and low levels of negative child behaviors (mean score of 1.58 out of 7). Additionally, children who reported being in contact with their biological mother had significantly higher mean scores on the home environment satisfaction subscale (p<.05) and lower mean scores on the negative child behavior subscale (p<.01).

Relatedness With Caregivers

The *Relatedness Scale,* adapted from the Rochester Assessment Package for Schools (RAPS) and originally developed by Wellborn and Connell (1987), was used in this study to assess children's patterns of relationship to one of their biological parents and one of their current caregivers. The theoretical basis for the scale is centered on the notion that children's early primary attachment relationships influence the quality of their subsequent relationships. Prior normative research indicates that children's relatedness patterns are consistent with attachment and self-system theory.

The scale measures two dimensions of relatedness that are then combined to develop the overall relatedness pattern for specific relationships. The first dimension measures *emotional quality* and includes items that assess specific positive and negative emotions that children have when they are with a particular individual. Using a 4-point rating scale, children respond to the statement, "When I'm with _____, I feel _____." The feelings probed are: relaxed, ignored, happy, mad, bored, important, unhappy, scared, safe, and sad. The second dimension of the scale measures *psychological proximity-seeking*, or, in other words, the degree to which children wish

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they were psychologically closer to a particular individual. These items also employ a 4-point response format and include statements such as, "I wish _____ knew me better," and "I wish _____ paid more attention to me."

The five relatedness patterns, *Optimal, Adequate, Disengaged, Deprived,* and *Confused*, are created by comparing the configuration of both the emotional quality and psychological proximity-seeking dimensions. In general, the more positive the quality of emotion the child reports feeling when with a particular individual, the less the child should report needing to feel psychologically closer to that person. Therefore, children with *optimal* patterns of relatedness report higher than average levels of positive emotion and lower than average amounts of psychological proximity-seeking; these children feel very positive and secure in their relationships and are satisfied with existing degrees of closeness. Children with *adequate* patterns are considered average; they feel fairly positive and secure in their relationships and evidence fairly low need for greater closeness. In contrast, children with *deprived* patterns have relationships characterized by feelings of negativity and insecurity and express a desire for more closeness. Children with *disengaged* patterns also have relationships characterized by feelings of negativity and insecurity, but do not express a desire for more closeness. Finally, children with *confused* patterns feel emotionally positive and secure in their relationships and, at the same time, express a desire for much more closeness. Also noteworthy, some studies group data into three categories: optimal/adequate, disengaged/deprived, and confused.

In a study comparing low SES nonmaltreated and maltreated children's patterns of relatedness with their mothers, Lynch and Cicchetti (1991) found the following

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proportions for nonmaltreated and maltreated children respectively: Optimal – 34%, 17%; Adequate – 20%, 17%; Disengaged – 4%, 4%; Deprived – 16%, 11%; Confused – 15%, 30%; and Unclassifiable – 11%, 21%. Inferential analyses indicated that maltreated children were significantly more likely to have confused patterns of relatedness with their mothers, while nonmaltreated children were significantly more likely to have optimal patterns of relatedness with their mothers.

The relatedness patterns of children in this sample of maltreated children living in out-of-home care are similar to the proportions found for maltreated children in Lynch and Cicchetti's 1991 study (Figures 2 and 3). When considering children's relationship with their primary biological parent (73 mothers and 12 fathers), the following proportions were found, with no statistically significant differences by kin/non-kin placement type: Optimal - 13% (14% kin, 10% non-kin); Adequate - 20% (22% kin, 17% non-kin); Deprived - 23% (24% kin, 21% non-kin); Disengaged - 5% (2% kin, 10%

Figure 2: Relatedness with Primary Biological Parent*
(n = 80)

Optimal
13%

Adequate
20%

Deprived
23%

Disengaged
5%
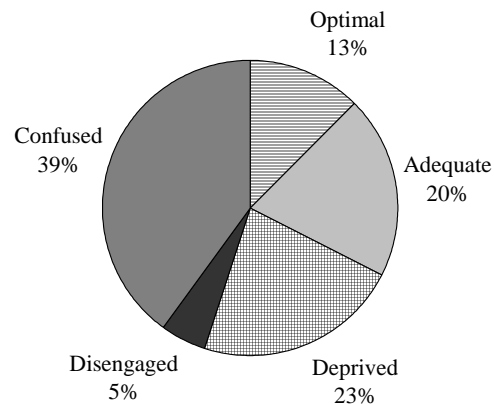
Confused
39%

Figure 3: Relatedness with Primary Caregiver*
(n = 100)
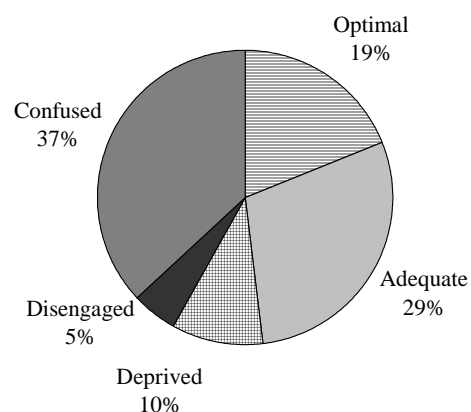
Optimal
19%

Adequate
29%

Deprived
10%

Disengaged
5%

Confused
37%

* No significant differences in relatedness were found by kin/non-kin placement type.

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non-kin); and Confused - 40% (39% kin, 41% non-kin). In the context of their relationship with their primary current caregiver, the following proportions were found, again with no statistically significant differences by placement type: Optimal - 19% (25% kin, 10% non-kin); Adequate - 29% (31% kin, 27% non-kin), Deprived - 10% (7% kin, 15% non-kin); Disengaged - 5% (7% kin, 2% non-kin); and Confused - 37% (31% kin, 46% non-kin).

A comparison of children's relatedness patterns with their biological parent and current caregiver indicated significant differences; 73% of children who experienced optimal/adequate relatedness with their biological parent also experienced optimal/adequate relatedness with their current caregiver (p<.01). This particular finding provides support for Lynch and Cicchetti's (1991) claim that children form both generalized/global and specific representational models of relationships.

Children's relatedness to their biological mothers were examined by frequency of contact with her. Chi square analyses indicated that children who saw their biological mother at least once per month were significantly more likely to have an optimal/adequate relatedness pattern with her.   More specifically, among children having an optimal/adequate pattern with their biological mother, 79% reported seeing their mother at least once per month, while 21% reported seeing their mother less than once per month (p<.01).

One-way ANOVAs were conducted to examine the relationship between children's relatedness with their current caregiver and their perceptions of their current home's social climate (Table 5). Results indicated that children with optimal relatedness patterns to their caregiver also had the highest mean scores on the social climate scale

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(mean = 19.74, p<.001). Children with adequate relatedness patterns had the next highest score on the scale (mean = 18.48, p<.001), followed by children with the confused pattern (mean = 17.97, p<.001), the disengaged pattern (mean = 15.20, p<.001), and the deprived pattern (mean = 14.60, p<.001).

Table 5: Children's Perceptions of Their Home's Social Climate by Relatedness With Caregiver

Relatedness patterns	Mean scores on Social Climate Scale (max. = 32)	
Optimal (n = 10)	19.74	***
Adequate (n = 29)	18.48	***
Confused (n = 37	17.97	***
Disengaged (n = 5)	15.20	***
Deprived (n = 10)	14.60	***

*** Indicates p<.001

Finally, children's patterns of relatedness were also compared with their mean scores on the three-item *Positive Involvement Scale.* Results of the one-way ANOVA indicated that children having an optimal/adequate relatedness pattern with their biological mother, in comparison to children having other relatedness patterns, also reported higher levels of positive involvement with their biological mother (p<.05). Similarly, children having an optimal/adequate relatedness with their caregiver, in comparison to children having other relatedness patterns, reported higher levels of positive involvement with their caregiver (p<.05).

PERMANENCY

To elicit children's experiences of permanency, we asked a series of questions to explore their expectations and hopes for where they will live in the future, including, but

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not limited to, the following: Do you think that you'll be living with [current caregiver] next year? When you're a teenager, who do you think you will live with? Can you keep living here until you grow up? Do you want this to be your permanent home—a home where you will live until you are grown? If you could live anywhere or with anyone, who would it be with?

Consistent with many participants' probable case plans (given the fact that all of the children in this sample were living in long-term foster care), 69% of children reported that they expect to live with their current caregiver the following year. However, when asked, "When you are a teenager, who do you think you will live with?" children, particularly those in non-kin placements, were significantly less likely to identify their current caregiver's home. Fifty-four percent of children living with kin, as opposed to 34% of children living with non-kin, expected to live with their current caregiver as a teenager ($p < .05$). Among those who did not expect to live with their current caregiver, 24% identified a biological parent's home, 9% identified an extended relative's home, and 9% provided a response that we later classified as "other." Sixteen percent said that they did not know where they would live as a teenager.

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Figure 4: When you're a teenager, who do you think you will live with?

Don't know 16%

Other 9%

Caregiver 42%

Extended relative 9%

Biological parent 24%
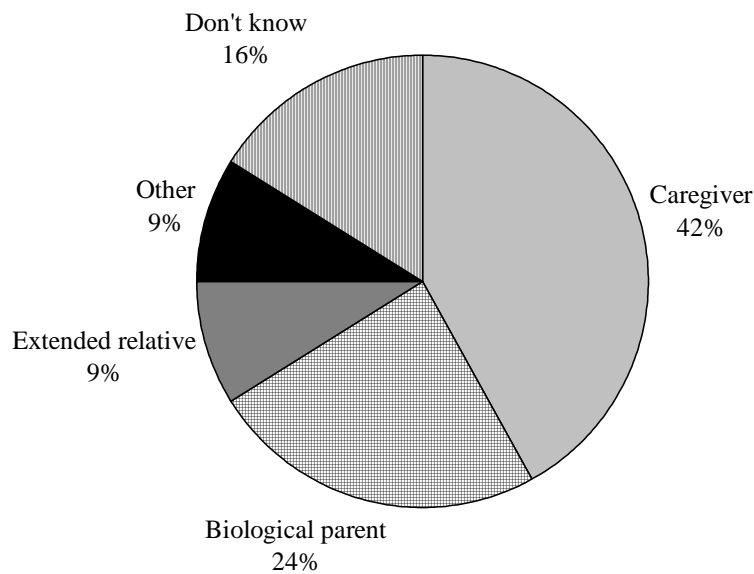
Uncertainty characterized some children's expectations. Twelve percent of the total sample reported that they did not know where they would live the following year. Sixteen percent reported that they did not know where they would live as a teenager. When asked, "Can you keep living here until you grow up?", 17% replied, "don't know." Ninety-four children were asked, "Has [caregiver] talked to you about having this be your permanent home—a home where you'll live until you're grown?" Forty-seven percent of children replied "no." Of the 85 children who reported that they had a social worker, 61% reported that their social worker had not talked to them about living in their home until adulthood.

Children's expectations surrounding where they would live as a teenager were significantly associated with several variables. Compared to children who reported thinking that they would live someplace else, children who thought that they would live

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with their current caregiver as a teenager were more likely to have an adequate/optimal relatedness pattern with that caregiver (p<.05) and to report more positive perceptions of their home's social climate (t = -2.428, p<.05). Also noteworthy, children who thought that they would live with their biological parent as a teenager had spent significantly fewer months (t = 4.128, p<.001) and significantly lower proportions of their lives (t = 3.206, p<.01) in their current homes. On the other hand, length of stay variables were not found to be significantly associated with children's expectations that they would live with their caregiver as a teenager.

Children's hopes were also explored—first, with a forced-choice item ("Do you want this to be your permanent home?") and second, with an open-ended question ("If you could live anywhere or with anyone, who would it be with?"). For children who might have assumed their current placement was permanent (mostly children in kin placements), the forced choice question was not asked (n = 14). Please refer to Figures 5 and 6 on the following page. In response to the forced-choice item, 77% of children reported that they want their current home to be permanent. However, when this same group of children were asked the open-ended question, only 37% identified their current caregiver's home, with the rest identifying an extended relative's home (22%), a biological parent's home (20%), "don't know" (11%), or an individual whom we classified as "other" (11%).

Children who replied affirmatively when asked the forced-choice question, "Do you want this to be your permanent home?" were also more likely to report feeling "very safe" in that home (p<.01), to spontaneously identify their caregiver's home as the place where they feel "most safe in the world" (p<.05), to "like living" with the people in their

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home (p<.05), to "feel part of" their caregiver's family (p<.05), and to report more positive perceptions of their home's social climate (t = -2.081, p<.05). Also noteworthy, children who had spent more months (t = -3.403, p<.01) and higher proportions of their lives (t = -2.740, p<.01) in their current homes were more likely to express this desire to live in their caregiver's home permanently.

The degree of congruence between children's expectations and hopes appears to be greater when children reflect on a more distant future (i.e., when they are a teenager), than when they reflect on the following year, evidenced in the following findings. Among children who reported that they expect to live with their current caregiver the following year (n = 69), only 45% identified their current caregiver's home as the place where they would most like to live, while 55% identified someplace else (p<.001). Conversely, among children who reported that they expect to live with their current caregiver as a teenager (n = 42), 60% identified their current caregiver's home as they place where they would most like to live, while only 40% identified someplace else (p<.001). The specific hope for reunification with a biological parent was also found
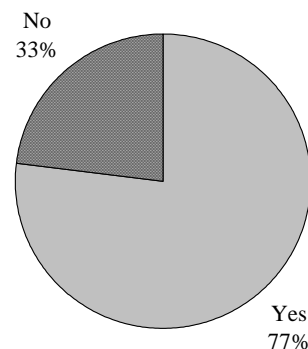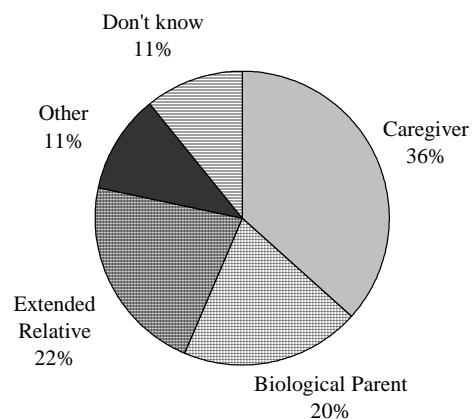
Figure 5: Do you want this to be your permanent home?

No
33%

Yes
77%

Figure 6: If you could live anywhere or with anyone, who would it be with?

Don't know
11%

Other
11%

Caregiver
36%

Extended Relative
22%

Biological Parent
20%

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to be significantly associated with children's expectations—again, particularly when children are asked to reflect on a relatively distant future. Among children identifying a biological parent's home as the place where they would most like to live (n = 21), 62% reported that they expect to live with a biological parent when they are a teenager, while 38% reported that they expect to live someplace else (p<.05).

Children's expectations surrounding reunification with their biological parents were explored with additional questions. In response to the question, "Do you think that you will live with your [biological mother/father] again someday?" 61% replied affirmatively. Of these 54 children, 37% reported that they expect to live with a biological parent when they are a teenager, while 63% reported that they expect to live elsewhere (p<.001), suggesting that the majority of these children imagine that they will live with a biological parent sometime following their emancipation from the foster care system. In spite of these 54 children's expectations that they will live with a biological parent again someday, only 56% reportedly believe that "things would be different than they were before."

The majority of children characterized their current caregivers' homes as generally positive and reported that they want their current home to be permanent (even while they may have preferred to live someplace else if given the choice). On the other hand, an important minority of children reported having experienced much less stability in their current homes. Fifteen percent of children had "asked someone if they could leave [their current home] or stop living [in their current home]," and 11% had actually "tried to leave" their current home. Thirteen percent replied affirmatively to the question, "Has [current caregiver] ever threatened to send you away to live with someone else?"

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Finally, children's understandings of who has control over their future living arrangements were found to be quite unclear (see Figure 7). When asked, "Who decides whether this will be your permanent home?" nearly half identified their current caregiver, while 26% identified themselves. Very few children thought that social workers, relatives, and/or biological parents hold this decision-making power, while 18% identified "other" individuals (largely judges). When asked, "Could you live with someone else if you wanted to?" nearly half reported that they could indeed move.

Figure 7: Who decides whether this will be your permanent home?
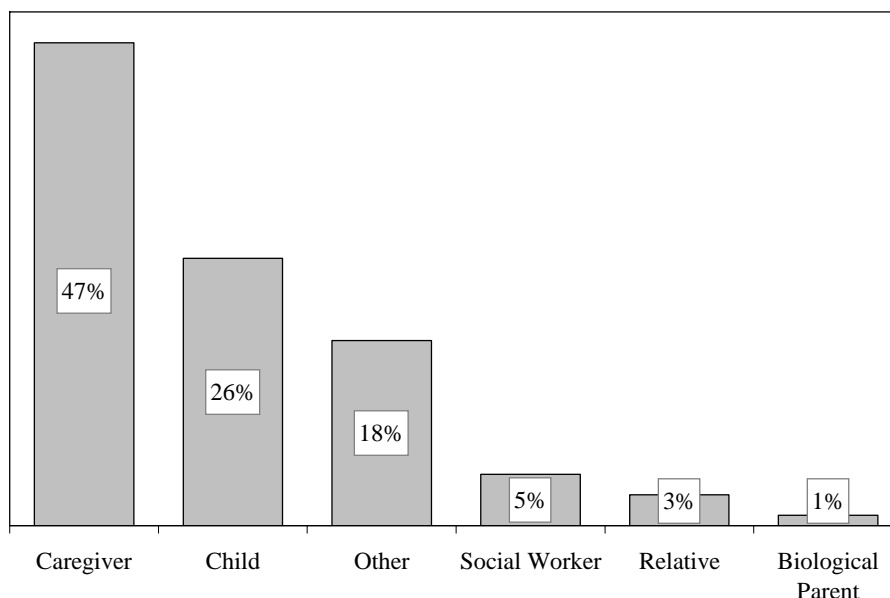
In sum, three broad statements can be made about children's responses to our questions in the area of permanency. First, while all of the children in this sample were living in long-term foster care, children's self-reported, subjective experiences of permanency were heterogeneous—with 12 - 17% expressing considerable uncertainty about their futures and children in kin placements being significantly more likely to

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believe that they would live with their current caregiver as a teenager than children in non-kin placements. Second, at the individual level, children's experiences varied substantially depending on the nature of the specific question presented to them, indicating the complexity and possible ambivalence underlying many children's experiences of permanency. Finally and not surprisingly, children with longer lengths of stay, adequate/optimal relatedness with their caregiver, a sense of safety in their homes, and overall positive conceptualizations of their home's social climate tended to both expect and hope that their current placements would be permanent.

SAFETY

Caregiver Supervision

Children completed a 4-item scale to assess their perceptions of caregiver supervision (Table 6). Roughly 3 - 5% of children reported experiencing essentially no caregiver supervision (i.e., knowing where child is when not at home, knowing where child is going when child leaves home, giving time frames for returning home, and ensuring that a substitute adult is in charge when the primary caregiver is not home). For 10 - 12% of children, these supervisory practices reportedly occurred "some of the time." For 11 - 21% of children, these practices reportedly occurred "most of the time." For the majority of children (66 - 74%), these practices reportedly occurred "all of the time." Frequencies were highly comparable by kin/non-kin placement type.

A single caregiver supervision index was constructed to facilitate additional analyses. Significant positive associations were found with children's favorable perceptions of their home's social climate (r = .352, p<.001), their caregiver's overall involvement in their lives (r = .375, p<.001), and their caregiver's support for their

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physical (r = .440, p<.001) and school-related (r = .292, p<.01) well-being. (See subsequent sections for descriptions of these well-being scales.)

Table 6: Children's Perceptions of their Caregivers' Supervision

Items	Frequency (n = 98)
When I am not at home, [caregiver] knows where I am.	3% None of the time 10% Some of the time 19% Most of the time 67% All of the time
When I leave the house, [caregiver] knows where I am going.	4% None of the time 12% Some of the time 13% Most of the time 70% All of the time
When I leave the house, I know what time I need to be back home.	5% None of the time 10% Some of the time 11% Most of the time 74% All of the time
When [caregiver] isn't around, another grown up [defined as <u>not</u> including older teenagers] is in charge.	1% None of the time 12% Some of the time 21% Most of the time 66% All of the time

Exposure to Violence in Current Placement

To examine children's exposure to violence while living in out-of-home care, this study used *Things I Have Seen and Heard* (Richters & Martinez, 1993) and six additional questions developed by CSSR (Table 7). *Things I Have Seen and Heard* is a 17-item semi-structured interview designed to probe young children's exposure to generally severe forms of violence. The six additional questions were included to probe young children's exposure to relatively moderate forms of violence within their homes. Also noteworthy, while the original instrument does not specify location of event, the

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interview protocol for this study directed children to report violence occurring "in or near this home" (defined as being within eyesight of their home). Certain questions directed children to report violence occurring specifically within their homes.

Table 7 indicates incidence rates for violence exposure, according to a rough "witnessing" versus "victimization" taxonomy. In the witnessing domain, children reported the following rates of exposure to events occurring "in or near [their] home" (in descending order of commonality): seeing somebody get arrested (72%), seeing somebody being beat up (63%), hearing gun shots (57%), seeing a drug deal (50%), seeing somebody get shot and/or stabbed (23%), and seeing a dead body outside (10%). In the domain of exposure to events occurring specifically in children's homes, 45% reported witnessing domestic violence, 12% reported seeing a gun, and 10% reported seeing drugs. In response to CSSR-developed questions, 60% reported that "grown ups yell at kids in [their] home when they are mad," 40% reported that "kids hit, push, or throw things at other kids in [their] home," and 18% reported that "grown ups hit, push, or throw things at kids in [their] home." A comparison of frequencies by kin/non-kin placement type revealed one statistically significant difference: Children in kin placements were more likely than children in non-kin placements to report having witnessed a stabbing and/or shooting at least once "in or near [their] home" (31% kin vs. 10% non-kin, p<.05).

In the victimization domain, 30% reported that they had been "beat up" in or near their home, and 12% reported that they had been lethally threatened in at least one way–again, in or near their home. In response to CSSR-developed questions, 45% reported that "[they] never know when [they] will get into trouble," 38% reported that

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"people in [their] home say mean things to [them]," and 19% reported that "somebody [had] touched [them] in a way that made [them] feel uncomfortable." One statistically significant difference was found by placement type: Children in non-kin placements were much more likely than children in kin placements to report that "people in [their] home say mean things to [them]" (50% non-kin vs. 29% kin, $p<.05$).

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Table 7: Children's Exposure to Violence in Current Caregiver's Home

Things I Have Seen and Heard
17-item instrument collapsed into 14 categories
5-point Likert response scale collapsed (1 = at least once)   **Frequency (n = 100)**

Witnessing domain

Stabbing/shooting in or near home[3]*	23%	(31% kin vs. 10% non-kin)
Dead body outside	10%	(14% kin vs. 5% non-kin)
Gun shots in or near home	57%	(64% kin vs. 46% non-kin)
Somebody get arrested in or near home	72%	(79% kin vs. 62% non-kin)
Drug deals in or near home	50%	(53% kin vs. 44% non-kin)
Somebody being beat up in or near home	63%	(55% kin vs. 74% non-kin)
Gun (specifically in home)	12%	(17% kin vs. 5% non-kin)
Drugs (specifically in home)	10%	(7% kin vs. 15% non-kin)
Domestic violence (specifically in home)[3]	45%	(43% kin vs. 47% non-kin)

Victimization domain

Lethally threatened in or near home[3]	12%	(7% kin vs. 18% non-kin)
Beat up in or near home	30%	(24% kin vs. 39% non-kin)

Additional CSSR-developed questions

Somebody has touched me in a way that made me feel uncomfortable.	19%	(16% kin vs. 23% non-kin)
I never know when I am going to get into trouble.	45%	(42% kin vs. 50% non-kin)
Grown ups yell at kids in this home when they are mad.	60%	(55% kin vs. 68% non-kin)
Grown ups hit, push, or throw things at kids in this home.	18%	(21% kin vs. 13% non-kin)
Kids hit, push, or throw things at other kids in this home.	40%	(38% kin vs. 42% non-kin)
*People in this home say mean things to me.**	38%	(29% kin vs. 50% non-kin)

*** Indicates p < .001
** Indicates p < .01
* Indicates p < .05

Most studies assessing children's exposure to community violence have employed samples of older youth living in urban neighborhoods (see Jenkins & Bell,

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[3] The "stabbing/shooting" category is comprised of children's responses to two statements: *I have seen somebody get stabbed* and *I have seen somebody get shot*. The "domestic violence" category is comprised of children's responses to three statements: *Grown ups in my home hit each other*, *Grown ups in my home threaten to stab or shoot each other*, and *Grown ups in my home yell at each other*. The "lethally threatened" category is comprised of children's responses to three statements: *Somebody threatened to kill me*, *Somebody threatened to shoot me*, and *Somebody threatened to stab me*.

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1997 for a review), but at least two of these studies included large numbers of young elementary-age children and found comparable and, in some cases, much higher rates than were found with this sample of children in out-of-home care. As part of the NIMH Community Violence Project, Richters and Martinez (1993) administered *Things I Have Seen and Heard* to a sample of young children in grades 1 - 2 and a more detailed questionnaire to a sample of older children in grades 5 - 6. According to official crime data, these children lived in a moderately violent Washington, DC neighborhood in comparison to other neighborhoods within the district. Following are the rates reported for directly witnessing at least one shooting (47% for young children, 31% for older children), stabbing (31%, 17%), mugging (45%, 43%), arrest (88%, 74%), open-air drug deal (69%, 67%), and dead body outside (37%, 23%). While this study was not designed to examine the experiences of children living in a particular neighborhood (unlike the NIMH Community Violence Project), the rates cited above offer some perspective on the consistently lower rates found for this sample of foster children.

Self-reported violence exposure, as measured by children's overall scores on *Things I Have Seen and Heard*, was significantly associated with several other variables. Children living in public housing reported significantly higher levels of violence exposure relative to children not living in public housing ($p<.01$). Self-reported violence exposure also was significantly associated with the two interviewer assessment scales: positively, with number of hazards outside of the home ($r = .331$, $p<.05$) and negatively, with overall neighborhood quality ($r = -.331$, $p<.01$). Finally, children reporting lower levels of violence exposure also reported more positive perceptions of their home's

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social climate (r = -.414, p<.001), their caregiver's involvement in their lives (r = -.265, p<.01), and their caregiver's supervisory practices (r = -.390, p<.001).

The relative contributions of these variables to the prediction of children's overall scores on *Things I Have Seen and Heard* scores were examined using two statistically significant forward stepwise regression models (Table 8). In the first model, living in public housing had the greatest effect, followed by perceived caregiver supervision, and finally perceived social climate of home. In the second model, explaining a somewhat larger portion of the variability in scores, the interviewer assessment of neighborhood quality had the greatest effect, followed by perceived caregiver supervision, perceived social climate of home, and finally living in public housing.

Table 8: Summary of Regression Analysis for Predicting Children's Violence Exposure (n = 94)

Variable	B (Std. Error)	Standardized B
Model I (R^2 = .27)		
Living in public housing *(interviewer assessment)****	6.872 (2.069)	.304
Caregiver's supervision *(child report)**	-.812 (.331)	-.234
Social climate of home *(child report)**	-.660 (.275)	-.233
Model II (R^2 = .37)		
Neighborhood quality *(interviewer assessment)****	-.199 (.054)	-.334
Caregiver's supervision *(child report)***	-.912 (.311)	-.263
Social climate of home *(child report)**	-.640 (.257)	-.226
Living in public housing *(interviewer assessment)**	4.311 (2.054)	.191

*** Indicates p<.001
**   Indicates p<.01
*   Indicates p<.05

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Violence Exposure: Profiles of Representative Children

Additional analyses were conducted with data generated from *Things I Have Seen and Heard* to examine individual response patterns and obtain representative profiles of children's self-reported exposure to violence.[4] Table 9 profiles three children whose distinct patterns of relative frequencies are highly consistent with the overall pattern of relative frequencies found for the entire sample. Case 1 is representative of roughly 50% of the sample. Case 2 is representative of roughly 35% of the sample. The remaining 15% of the sample had witnessed comparable or, in some cases, much greater levels of violence found for Case 3.

Table 9: Representative Profiles of Children's Violence Exposure in Current Placement

Case 1 ("Low")	Case 2 ("Moderate")	Case 3 ("High")
This 12-year-old girl endorsed 2 out of 17 items: "I have heard guns being shot in or near this home" and "I have seen somebody get beat up in or near this home."	This 13-year-old girl endorsed 4 out of 17 items. She has seen somebody get arrested, seen somebody get beat up, heard guns being shot, and seen drug deals–all "in or near [her] home."	This 10-year-old girl endorsed 8 out of 17 items. She has seen somebody get arrested, seen somebody get beat up, heard guns being shot, and seen drug deals – all "in or near [her] home." She also endorsed the item, "Grown ups in my home yell at each other." Less common, but still expectable based on the overall pattern of results, is the fact that she has seen a gun in her home, seen somebody get shot "in or near [her] home," and seen a dead body outside.
Roughly 50% of the sample endorsed 0 - 3 items.	*Roughly 35% of the sample endorsed 4 – 6 items.*	*Roughly 15% of the sample endorsed 7 - 15 items.*

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[4] "Quest" program software permits generation of "kidmaps." Kidmaps illustrate the response patterns of individual cases and also provide several statistics for determining the degree to which a case's response pattern conforms to a model of relative frequencies (generated from the sample as a whole).

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Violence Exposure: Living in Biological Parent's Home vs. Caregiver's Home

Children who remembered living with their biological parent completed *Things I Have Seen and Heard* twice (n = 41): first, in reference to their current placement experience and second, in reference to their recalled experience. Paired-sample *t*-test analyses with these 41 children indicate that they moved to generally safer home environments. Comparing scores on the full scale, children reported significantly lower mean rates of violence exposure in reference to their current living situation, relative to their past experience living with a biological parent (p<.001). Without evidence of reliable subscales, however, it is not possible to distinguish between children's exposure to violent events occurring "in or near [their] homes" and their exposure to within-home violent events. Nor is it possible to determine whether children experienced fewer events as a victim of violence and/or fewer events as a witness to violence.

Subjective Experience of Safety

Children completed a 4-item scale to assess perceived safety in various contexts (Table 10). A large majority of children reported feeling "very safe" when they are "inside [their caregiver's] home" (84%), 10% reported feeling safe "a lot," and 6% reported feeling either "a little" or "not at all" safe. When asked how safe they feel "when playing outside, but close to [their caregiver's] home," children's responses indicated lower levels of perceived safety: 41% reported feeling "very safe," 38% reported feeling safe "a lot," and 21% reported feeling either "a little" or "not at all" safe. When asked how safe they feel "when [they] are walking around [their caregiver's] neighborhood," their evaluations dropped even further with 28% feeling "very safe," 28% feeling safe "a lot," and 25% feeling either "a little" or "not at all" safe. Finally, 51% of children reported

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feeling "very safe" when they are "outside on the yard at school," while the remaining 49% reported lower levels of perceived school playground safety.

Table 10: Children's Subjective Experience of Safety in Various Contexts

Items	Frequency (n = 98)
When you are inside this home, how safe do you feel?	3% Not at all 3% A little 10% A lot 84% Very
When you are playing outside, but close to this home, how safe do you feel?	2% Not at all 19% A little 38% A lot 41% Very
When you are walking through your neighborhood, how safe do you feel?	12% Not at all 33% A little 28% A lot 28% Very
When you are outside on the yard at school, how safe do you feel?	10% Not at all 17% A little 21% A lot 51% Very

Feeling "very safe" when "inside [their caregiver's] home" was significantly associated with several variables. Children who reported feeling "very safe" in this context were more likely to have low overall scores on *Things I Have Seen and Heard* (p<.001), as well as more positive perceptions of their home's social climate (p<.001), their caregiver's involvement in their lives (p<.001), and their caregiver's support for their physical (p<.01) and school-related (p<.05) well-being. Feeling "very safe" within the home was also positively associated with relatedness. Among children having an

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adequate/optimal relatedness pattern with their caregiver, 94% reported that they felt "very safe" in their caregiver's home, while 6% reported otherwise (p<.01).

Children were asked two questions to determine where they feel most safe. The first question was asked of 64 children who recalled their biological parent's home and required a forced-choice response: "Where do you feel more safe—in [caregiver's] home or in [biological mother's] home?" A large majority of children reported that they feel more safe

Figure 8:
Out of anyplace in the world,
where do you feel most safe?

Other (most commonly church) 18%

Other Relative's Home 6%

School 1%

Biological Parent's Home 13%
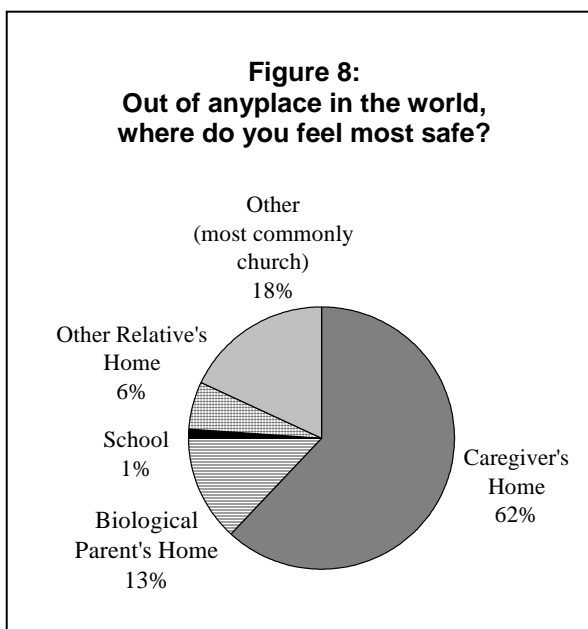
Caregiver's Home 62%

in their caregiver's home (81%). The second question was asked of all children and was open-ended: "Out of any place in the world, where do you feel most safe?" (Figure 8). Sixty-two percent identified their caregiver's home, 13% identified a biological parent's home, 6% identified an extended relative's home, and 1% identified school. Eighteen percent identified another setting (most commonly, church).

The final question in this portion of the interview was, "If something happened [in caregiver's home] that made you feel unsafe, would you tell anyone?" The majority of children said that they would (83%). Eleven percent said that they would not, while 6% replied either "maybe" or "not sure." A review of qualitative notes indicates that children were most likely to inform caregivers and extended family members about situations that made them feel unsafe.

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WELL-BEING

Caregiver Support for Overall Physical Well-Being

Children completed a 7-item scale to assess the degree to which they feel that their caregivers provide support for their physical well-being (Table 11). The seven items included in this scale constitute indicators of basic physical health care (receiving care when sick, going to the doctor when needed, getting enough sleep, getting enough to eat, brushing one's teeth, having clean clothes to wear, and wearing a seatbelt in the car). On six of the seven items, 92% - 98% of children indicated that their needs are met either "most of the time" or "all of the time." On the seventh item, "get[ting] enough sleep," children were relatively less satisfied with 65% replying "all of the time," 16% replying "most of the time," 19% replying "some of the time," and 1% replying "none of the time."

Table 11: Caregivers' Support for Children's Physical Well-Being

Items	Frequency (n = 97)
When I am sick or hurt, [caregiver] takes care of me or arranges for someone else to take care of me.	98% Most/All of the time
When I need to see the doctor, [caregiver] takes me to the doctor or arranges for another grown up to take me.	92% Most/All of the time
I get enough sleep.	80% Most/All of the time
I get enough to eat.	96% Most/All of the time
I brush my teeth.	94% Most/All of the time
I have clean clothes to wear.	94% Most/All of the time
When I am in a car, I wear a seat belt.	97% Most/All of the time

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Caregiver Support for School-Related Well-Being

Children also completed a 6-item scale to assess the degree to which their caregivers provide support for their school-related well-being (Table 12). Overall, children reported high levels of educational support with respect to the six items included in this scale. Particularly high frequencies were found on items indicating very minimal standards of educational support, with 98% of children reporting that they regularly attend school and 92% of children reporting that they regularly get to school on time. Eighty-nine percent of children replied either "most of the time" or "all of the time" in response to the statement, "When I'm not doing well in school, caregiver is concerned." Relatively low frequencies were found on three items assessing children's perceptions of their caregivers' attention to homework-related concerns, with children's most common concern being the provision of "a quiet space to do homework." While the majority of children replied that they have a quiet space to do homework "all of the time" or "most of the time" (80%), 13% replied "some of the time," and 7% replied "none of the time."

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Table 12: Caregivers' Support for Children's School-Related Well-Being

Items	Frequency %: Most/All of the time (n = 97)		
	Total	Kin	Non-kin
I go to school.	98	100	95
I get to school on time.	92	95	87
When I don't understand my homework, [caregiver] helps me or finds someone to help me.*	86	93	77
When I'm not doing well in school, caregiver is concerned.	89	89	87
I have a quiet space to do my homework.	80	84	74
I have enough time to do my homework.*	87	93	79

***   Indicates p<.001
**   Indicates p<.01
*   Indicates p<.05

Relative to children in non-kin placements, children in kin placements reported significantly higher mean scores on the full scale assessing caregiver support for school-related well-being (p<.05). This overall difference may be explained by significant differences in the provision of homework-related support. Ninety-three percent of children living with kin reported that their caregiver personally helps or finds someone to help them with their homework, as opposed to 77% of children living with non-kin (p<.05). Similarly, 93% of children living with kin reported having enough time to do homework, as opposed to 79% of children living with non-kin (p<.05). Also noteworthy, children with optimal/adequate relatedness to their caregiver reported significantly higher mean scores on the full scale assessing caregiver support for school-related well-being (p<.05).

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Future Expectations Scales

Children completed two 12-item scales to assess expectations for their future, specifically in terms of educational attainment, employment, involvement in various risk-taking behaviors, family life, *success*, and *happiness* (Table 13). The first scale assesses children's perceptions of their caregiver expectations. Children were asked, "Does *caregiver* say or think that you will…" and were given Yes/No response options. The second scale assesses children's personal expectations. On this scale, children were asked, "Do *you* think that you will…" and were given the additional option of replying, "Maybe." An identical list of twelve outcomes was generated for both scales, while interviewers were directed to clarify language when necessary.

Frequencies ranging from 93% - 99% for the positive expectations subscale indicate that the vast majority of children believe that their caregivers hold positive expectations for their future. Many fewer children reported that their caregivers hold negative expectations for their future, with 7% believing that their caregiver expects them to "get into trouble with the police" and 5% believing that their caregiver expects them to become involved with various kinds of drugs. While 25% of children reported that their caregiver expects them to "[get pregnant/become a dad] as a teenager," children's perceptions of this outcome's desirability were not explored. The fact that 31% of children subsequently reported that they themselves expect to "[get pregnant/become a dad] as a teenager" further suggests the relative acceptability and/or desirability of this particular outcome within some families.

Children's personal outlooks for their future were also quite optimistic, evidenced by frequencies ranging from 74% - 92% on the positive expectations subscale and from

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4% - 31% on the negative expectations subscale. At the same time, given the option to reply "maybe," children's personal outlooks tended to be less optimistic than their perceptions of their caregivers' outlooks. The most prominent differences on the positive expectations subscale emerged with respect to educational attainment and the expectation to "be successful" (defined by the child). While 95% of children reported that their caregiver expects them to finish high school, 85% of children reportedly share this belief. The discrepancy widens much further with respect to attending college (93% vs. 74%, p<.01). Meanwhile, 99% of children reported that their caregiver expects them to "be successful," in contrast to the 86% of children who endorsed this item upon personal reflection. The most prominent difference on the negative expectations subscale emerged in response to the question, "Do you think that you will get into trouble with the police?" On this item, 12% of children replied that they will (or might), in contrast to the 7% of children who reported that their caregiver holds this expectation (p<.01).

In spite of these differences, the large majority of children communicated generally optimistic outlooks for their future. To facilitate additional analyses, children's scores on the negative expectations subscales were subtracted from their scores on the positive expectations subscale to create an *Overall Outlook* variable. Paired-sample *t*-tests with the Overall Outlook variable indicate that children's perceptions of their caregiver's expectations are significantly associated with children's personal expectations (r = .484, p<.001). Comparisons of means indicate that this relationship is particularly strong with respect to positive expectations (r = .582, p<.001), but is also present with respect to negative expectations (r = .247, p<.01).

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Finally, children's personal outlooks for their future varied significantly by age, gender, and relatedness to caregiver. Older children had significantly higher mean scores on the overall outlook scale (r = .365, p<.001), indicating more positive and/or fewer negative expectations for their future. Females also had significantly higher mean scores on the personal outlook scale (p<.05), again indicating more positive and/or fewer negative expectations for their future. Finally, children with optimal/adequate relatedness to their caregiver had significantly more positive (p<.05) and significantly fewer negative (p<.01) expectations for their future.

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Table 13: Caregivers' and Children's Expectations for Children's Futures

	Does [caregiver] say or think that you will…		Do *you* think that you will…	
	Positive [Yes]	Negative [Yes]	Positive [Yes]	Negative [Yes/Maybe]
Finish high school?	95%		85%	
Go to college?**	93%		74%	
Have a job when you're a grown-up?	95%		92%	
Get into trouble with the police?**		7%		12%
Smoke cigarettes?		5%		6%
Have problems with alcohol?		5%		8%
Use drugs?		5%		4%
[Get pregnant/become a dad] as a teenager?		25%		31%
Show respect to older people?	97%		95%	
Stay safe and not get killed?	97%		92%	
Be successful?	99%		86%	
Be happy?	99%		92%	
Mean Scores (SD)				
Positive Expectations Subscale, max. score = 7	6.74 (.88)	-----------	6.15 (1.21)	-----------
Negative Expectations Subscale, max. score = 5	-----------	0.48 (.99)	-----------	0.60 (.99)
Total Outlook (Positives – Negatives), max. score = 7				
	6.25	**(1.67)**	**5.55**	**(1.88)**

*** Indicates p<.001
** Indicates p<.01
* Indicates p<.05

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RELATIONSHIP WITH SOCIAL WORKER

Several questions were included in the interview protocol to assess the degree and nature of children's contact with their social workers. When asked, "Do you have a social worker?" 85% of children replied "yes," 9% replied "no," and 6% replied "don't know." Among children who reported having a social worker (n = 85), 81% replied that they had contact with their social worker at least once during the last year. For most, this contact was infrequent with 72% reporting contact less than once per month, 15% reporting contact 1 - 2 times per month, and 13% reporting contact several times per month. When asked, "Are you able to call your social worker if you want to?" 51% replied "yes," 40% replied "no," and 10% replied "don't know." The 43 children who said that they could call their social worker were asked, "When you call your social worker, does s/he call you back?" Eighty-four percent replied "yes." Sixteen percent replied "no." The 85 children who reported having a social worker were also asked to reflect on their last meeting with their social worker. Eighty-seven percent replied that they have talked with their social worker about "how things were going," and 56% said that their social worker helped them with a problem. When asked, "Has your social worker ever talked to you about having this be your permanent home—a home where you'll live until you're grown?" 39% replied affirmatively.

85% of children reported that they have a social worker.	Yes	No	Don't know
Are you able to call your social worker if you want to? (n = 85)	51%	40%	10%
When you call your social worker, does she/he call you back? (n = 43)	84%	16%	

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QUESTIONS FOR DISCUSSION

SAFETY

1. While children's ages were not significantly related with any outcome variable included in this study, caregivers inevitably vary their practices along this dimension—in part because of systemic considerations and in part because of children's evolving developmental needs. Consider child welfare workers' responsibilities vis-à-vis children's experiences of safety, family, permanence, and well-being. How should child welfare workers change their practices as children grow older?

2. Many children in this study lived in generally distressed neighborhoods, some of which are potentially dangerous. These neighborhood conditions were particularly prevalent for children in kin placements. Should children be placed in neighborhood settings that child welfare workers perceive to be dangerous? Alternatively, what services can child welfare workers provide to caregivers and children in this domain?

3. What factors potentially mediate the relationship between children's exposure to discrete acts of violence and their subjective experience of safety? Consider findings from this study. How can child welfare workers help children cope with potentially dangerous situations in which they feel unsafe?

4. Children's perceptions of their caregivers' supervision patterns mediated children's perceptions of safety. What can child welfare workers do to support kin and non-kin caregivers in their supervision of children?

WELL-BEING

5. Children reported very high levels of caregiver support regarding their basic health needs. How much should caregivers be held responsible for not only meeting children's basic health needs, but also improving their overall health and well-being? In turn, what are child welfare workers' responsibilities in this domain?

6. Relative to children in non-kin placements, children in kin placements reported significantly higher mean scores on the scale assessing caregiver support for children's school-related well-being. What factors might explain this difference? What services can child welfare workers provide to caregivers and children in this domain?

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7. Paired-sample *t*-tests indicate that children's perceptions of their caregiver's expectations are significantly associated with children's personal expectations. At the same time, children tended to think that their caregivers have higher expectations for their future than they themselves have. How would you explain each of these two findings? How can these findings usefully inform child welfare practice?

8. Thirty-one percent of children reported that they expect to "[get pregnant/become a dad] as a teenager," while 25% of children reported that their caregivers also hold this particular expectation for their future. How should this finding be interpreted? How might this finding inform your practice?

FAMILY

9. How does the amount of contact that children have with their biological family affect their experience of family continuity? Consider the findings that children living in kin placements have much more contact with their biological mothers, fathers, and siblings. Do children living in kin placements have a different experience of family continuity compared to children living in non-kin placements?

10. How should we understand the finding that only one third of children living in non-kin foster care identified their biological mother when asked, "Can you name everybody in your family for me?" Do these children's biological parents lose significance and/or become replaced by foster parents?

11. Among children who recalled living with their biological mother, children who currently had contact with their biological mother reported significantly more positive recollections of their mother's home's social environment (relative to children who currently did not have contact with their biological mother). How should this finding be interpreted?

12. Seventy-three percent of children who experience optimal/adequate relatedness with their biological parent also experienced optimal/adequate relatedness with their current caregiver ($p<.01$). What are the implications of this finding for child welfare workers who strive to promote positive relatedness between children and their substitute caregivers?

PERMANENCE

13. Many children in out-of-home care feel that they have little control over their future living arrangements. What can child welfare workers do to give children greater authority over their futures?

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14. When asked, "Who decides whether this will be your permanent home–a home where you will live until you are grown?" children's responses were highly varied and indicated an overall uncertainty. How should this finding be interpreted? How should it inform child welfare practice?

15. Thirty-nine percent of children who reported having a child welfare worker said that their worker had talked with them about the possibility of their current home as a permanent placement. What is the value of child-worker conversations on this topic?

16. Some children may not like living with their caregiver, indicated in the finding that 10 - 15% of children in this study reported having asked and/or tried to leave their current homes. In contrast, some caregivers may not like living with the children in their care, indicated in the finding that 13% of caregivers had reportedly "threatened to send [that child] to live with someone else." How can child welfare workers balance the stated wishes of children and caregivers? Should one person's emotional experience predominate over another?

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SECTION IV

OUT-OF-HOME CARE IN CALIFORNIA: ADOLESCENTS' PERSPECTIVES

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SECTION IV
OUT-OF-HOME CARE IN CALIFORNIA:
ADOLESCENTS' PERSPECTIVES

INSTRUCTIONAL GUIDE

This chapter provides findings from three focus groups conducted with adolescent foster youth in a cross-section of California counties. (Please refer to Appendix B for a description of the study methods.) Each focus group addressed nine questions designed to assess participants' perspectives on their experiences of safety, family, permanence, and well-being while in care. Here, youth recount some of their experiences and make recommendations for improving the delivery of child welfare services.

Instructors are encouraged to use this chapter in a range of ways to suit their needs. It may be copied and distributed to students for independent reading or classroom use. Questions are included at the end of the chapter to facilitate small or whole group discussions.

This chapter can be used to foster the following competencies for public child welfare work: 1.1, 1.9, 2.5, 2.12, 2.14, 2.15, 3.7, 3.9, 3.17, 3.19, 4.1, 4.7, and 6.4.

BACKGROUND

During the spring of 1999, the Center for Social Services Research conducted three focus groups in three San Francisco Bay Area counties with 32 adolescent foster youth, most of whom were still in out-of-home care. The purpose of this study was to acquire retrospective accounts from older youth of their experiences in out-of-home care and to compare these relatively abstract findings to information from our study with

younger foster youth in care (see Chapter IV). Each focus group addressed nine questions. Taken together, these questions were designed to assess participants' perspectives on four fundamental goals of the child welfare services system: protecting children from harm, supporting children's families, promoting permanence, and fostering children's well-being. Please refer to Appendix B for additional information on the study's sample and design.

THEMES

Brief, open-ended questions revealed a series of themes highlighting the issues of importance for adolescent foster youth. These themes are described below.

> ***What can caregivers and social workers do to help children feel a sense of belonging in their foster families?***

Recruit Caring Foster Parents

One common theme in all three focus groups was a skepticism that foster parents are "just doing it for the money" and "don't really care" about the children in their care. One young man's suggestion was echoed in the comments of others: "Social workers should ask foster parents what their motivation is. If it's money, that's not right." Similarly, many youth mentioned that they felt welcomed when they first entered out-of-home care, but that their sense of belonging diminished over time: "Social workers and caregivers are nice and helpful in the beginning, but after one week they stop helping." Another added, "We need foster parents who will stick it out with us and care for a long time."

> We need foster parents who will stick it out with us and care for a long time.

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Show Us That You Care

While many foster parents say to incoming foster children, "Make yourself at home," a number of youth said that their caregivers didn't behave in ways that made them feel supported. One young woman described how her caregiver said, "You're my child, just like the kids I gave birth to" during private conversations, but then referred to her as "[her] foster kid" during conversations with family friends. This young woman added, "I lived with her for 14 years, but there were lots of times like that when I felt like I didn't belong." Another young woman said that she never felt like she belonged because her foster mother never said that she cared about her. Others described wanting their caregivers to "not just say that they care," but to "prove it" by spending more time with them, listening non-judgmentally, asking questions about their lives, taking them places, and including them in family activities. One young man said that he feels like a "second class citizen" in his foster home. Similarly, one teen said that her former caregiver frequently told her, "I didn't have to take you in," and then threatened to "send [her] away."

Treat All Kids Equally

A prevailing theme in the focus groups was that caregivers treat foster children and biological children differently. One young man reported that the foster children who live in his home are physically isolated: "In my foster home, foster kids are separate from everyone else. We can't go into *their* area of the house." The common perception that caregivers are "unfair" to foster children is reflected in the following statements: "They discipline me, but they don't discipline their own kids;" "I do all the house chores; their kids don't do anything except make their beds;" "My foster parent gives me my

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allowance in small parcels, but she lets her own kids get their allowance in whatever way they want;" and "If [the biological son] asks for a ride, he gets it, but if I want a ride, I have to take the bus with my own money."

> My foster parent gives me my allowance in small parcels, but she lets her own kids get their allowance in whatever way they want.

Several youth also described home environments in which biological children "boss" foster children around. In some of these homes, caregivers reportedly assign biological children to be in charge. In other homes, biological children actively take on this authoritative role, with varying levels of parental knowledge. With frustration, one young man said, "My social worker knows about everything that's going on between the kids in my house, but nothing's done about it." With probing, no participants were able to identify a specific instance when their social worker effectively intervened to lessen negative interactions between children in foster homes, but one teen offered a systems-level suggestion: "Natural kids need training, too. They should go to the foster parent training, or maybe they could have one of their own."

> Natural kids need training, too. They should go to the foster parent training, or maybe they could have one of their own.

How Has Your Sense of What "Family" Means Changed Over Time?

Consider "Family" in Its Most Inclusive Sense

In seeming contrast to many participants' perceptions that caregivers treat foster children and biological children differently, many youth also described how their

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understanding of family has become more inclusive over time. The majority stated that biological ties are not necessarily present in families: "Blood doesn't make a family. Anyone can be a mother, but blood doesn't make her a mom."

> Blood doesn't make a family. Anyone can be a mother,
> but blood doesn't make her a mom.

Instead, family includes "anyone who is always there for you." One young man said that he refers to any parent that he's ever had as a "mom" or "dad." (He named one biological mother and four foster parents.) In a focus group with two non-related foster brothers, the two young men talked about being family for one another. One said, "Time isn't an issue. You can know someone for just a short time and have them feel like family, or know someone for a really long time and never feel like they are family."

> Time isn't an issue. You can know someone for just a short time and have them feel like family, or know someone for a really long time and never feel like they are family.

Consistent with many of her peers' perspectives, one young woman stated that her family includes both kin and non-kin: "My family? I love them! What words come to me? Mother, sister, aunties, nieces…family! My foster family is in my family, too."

> My family? I love them! What words come to me? Mother, sister, aunties, nieces…
> family! My foster family is in my family, too.

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<u>Consider Family Losses</u>

Although most youth expressed feeling a sense of belonging within some sort of "family," several youth focused on their losses, rather than their gains. One young woman said that she "[doesn't] know what to think" when she hears the word, "family." She "[doesn't] trust the word." She added, "My family disregards me like a piece of tissue." One boy mentioned that he "[doesn't] believe in family," even though he recently developed closer relationships with his birth father and biological brother. He added, "I don't have family. I only have friends. People who care for you and look after you are family. I don't have anyone like that and never did."

> I don't have family. I only have friends. People who care for you and look after you are family. I don't have anyone like that and never did.

What can social workers do to help children develop positive relationships with their birth families?

Talk Respectfully About Our Birth Parents

A number of participants said that social workers should convey more respect for birth parents during child/worker conversations: "Social workers always tell you about the bad things that your parents did." This particular teen added, "Their criticisms make you not want to meet your parents." Other teens described feeling upset when they visited their birth parents because they recalled their social workers' negative comments.

Help Us See Our Birth Families

Many participants expressed wanting their social workers to take more responsibility for ensuring that foster youth see their birth families—birth parents,

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biological siblings, and other relatives—more regularly. Some said that they did not see their social worker for several months. During these absences, their social worker did not appear to make efforts to coordinate visits. One participant commented, "Social workers don't put any effort into making visitations happen."

Social workers don't put any effort into making visitations happen.

Another added, "Social workers don't even think about scheduling [visits]." Some said that their social worker scheduled visits, but didn't follow through with appointments responsibly. These youth complained that social workers often miss appointments, change appointments, don't give youth adequate notice about appointments, don't call promptly or at all, are late, and terminate visitations earlier than planned.

Participants were particularly frustrated with social workers' reported failures in coordinating sibling visits. One participant said that the only way he could see his biological brother was by using his birth mother as an intermediary; he added that his social worker "didn't do anything" to help him see his brother. A large number of participants recommended that social workers be given smaller caseloads, while youth be given more information about their social workers' responsibilities, as well as some sort of grievance procedure.

Help Us Live With Our Biological Siblings

Many participants expressed frustration that they were not included in critical decisions pertaining not only to themselves, but also their biological siblings. Some complained that they were not informed about their siblings' court hearings, and others

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complained that they were never consulted. A large number of youth also voiced their desire to live with biological siblings in out-of-home care. Acknowledging that joint placements are not always possible, some youth argued that geographical proximity should be a top priority. Others told stories about being separated from siblings for weeks, months, and sometimes years: "If you split up families, kids get more upset. I haven't seen my siblings in years. They're lost and gone."

> If you split up families, kids get more upset. I haven't seen my siblings in years. They're lost and gone.

One young woman said that she was separated from her biological sister and then placed in a home with caregivers who wanted to adopt her, but not her sister. She concluded, "I probably won't see my sister again."

> ***What can social workers do to help children develop realistic ideas about who they will live with in the future and also feel a sense of security about their future?***

Communicate Regularly

Almost all youth stated that social workers should communicate regularly about permanency-related decisions, regardless of the child's age. Many youth said that they were not given enough notice about placement changes. One participant said that advance notice provided him with opportunities to say good-bye to friends. Another participant described a series of placement changes that he experienced. In each instance, he was told several weeks in advance that he would move, but then was only given a few days notice of the actual move. "After a while," he stated, "I just stopped

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telling people, like my friends from school, that I was moving away because I never really knew if I could count on what my social worker told me."

> I just stopped telling people, like my friends from school, that I was moving away because I never really knew if I could count on what my social worker told me.

"Be Honest"

Many youth said that they'd rather hear disappointing, but honest news, than be "kept in the dark" about their futures. One young man described an occasion when he was prepared to move into a particular foster home, but then his social worker didn't inform him about a last-minute placement change. Instead, "When I got in the car, my social worker started driving in the opposite direction from where my placement was supposed to be. I asked him, 'Where are we going?' He said that we were going to this one home that I had never heard of."

> When I got in the car, my social worker started driving in the opposite direction from where my placement was supposed to be. I asked him, 'Where are we going?' He said that we were going to this one home that I had never heard of.

A large number of participants said that they disliked having a social worker appear at their school to coordinate an unexpected placement change. For most, this practice is not only stigmatizing; as one teen said, "It's more fuel for the fire" to distrust the foster care system.

Involve Us in Case Planning

Almost all youth expressed a desire to be included more fully in decisions about their future. They want social workers to meet with them more regularly to discuss their

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options. Several participants emphasized the importance of youth involvement in case planning when reunification is a serious option: "Reunification shouldn't be forced. We need a say."

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Reunification shouldn't be forced. We need a say.
</div>

A large number of youth expressed court-related frustrations. They argued that youth receive little information about their case: "When there's a court hearing, they should send the exact information to kids and parents. We get the date but nothing else." Many participants suggested that foster youth be given a formal orientation on the court process, along with a personal mentor—in some cases, a CASA worker—to help guide them. A few participants argued that youth should receive all court reports so they can be fully informed about outcomes for themselves and their biological siblings.

Consider Our Identities in Case Planning

According to several participants, one reason to include youth in case planning is to avoid placement mismatches. Youth seemed particularly cognizant of the ways in which their identities strongly influence their ability to adapt to particular family environments: "I'm placed with a Chinese-speaking family. They always talk Chinese. I never know if they're talking about me;" "You also got to be careful about religion. My foster mother is Catholic, but they placed a Gothic girl in her home. You've got a conflict right there;" and "They moved me because of my sexuality. Nobody talked to me about how I felt." In contrast, one young woman reported a positive experience: "I was

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bounced all over the place. Then they let me have a choice to match my racial identity. That really helped. I'm still in that home."

> **Did you blame yourself in any way when you were removed from your birth family's home? And, during your stay in care, did you think that your behavior made a difference in terms of placement decisions?**

It's Not Our Fault

While the majority of youth participants stated that, as adolescents, they do not feel responsible for their removal from their birth parents' homes, most participants said that they blamed themselves when they were younger. Youth were less clear on how this change in perception occurred. For example, considerable controversy surrounded our queries about the role of social workers in ameliorating possible self-blame. Some youth felt that social workers should not tell children about the circumstances surrounding their removal until a certain age, primarily to protect children from feeling overwhelmed by the details of their parents' difficulties. In contrast, other youth reported feeling glad when adults gave them prompt, full explanations for the circumstances surrounding their removal. This information reportedly alleviated existing confusion and self-blame. A few participants commented that children independently develop appropriate perspectives: "No one needs to tell us that it's not our fault." This particular teen added that she thinks most children eventually learn the reasons underlying their removal and therefore "grow out" of blaming themselves.

On the whole, participants' responses strongly indicated the value of adult intervention in correcting self-blaming perceptions and generally explaining the circumstances surrounding their removal. At the same time, implicit in many participants' comments was an appeal to consider children's unique circumstances in

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determining the manner and degree of explanation. One participant made an explicit comment to this effect: "Why don't you just ask kids how much they want to know, and then go from there?"

> Why don't you just ask kids how much they want to know, and then go from there?

Show Us How Our Behavior Makes a Difference

Most youth expressed a belief that their behavior strongly impacts placement decisions. Some said that their social workers helped them seriously consider the relationship between their behavior and their ability to remain in a particular placement. Others said that they learned "the hard way" and would have liked their social worker to be more explicit. One boy stated that he experienced a placement change specifically because he was engaging regularly in illegal behaviors, but that he didn't take responsibility for his actions until his social worker confronted him. A large number of youth also commented that their social workers typically "take the side" of foster parents in discussions about children's behavior. In reference to these instances, some said that social workers should "try to understand what we're going through," while a few argued that social workers should "at least be honest" about the fact that they are going to align themselves with foster parents.

> ***What can caregivers and social workers do to help foster children stay safe at home, during visits with birth parents, at school, and in their neighborhoods?***

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Do Background Checks on Foster Parents

Several foster youth discussed the necessity of background checks on caregivers and their homes. At a minimum, youth argued, these background checks should include an examination of prospective caregivers' criminal records. Some said that these records should be made available to the public, along with evaluations written by youth who formerly lived in caregivers' homes.

Make Regular, Unscheduled Home Visits

Foster youth repeatedly suggested that social workers make regular, unscheduled home visits so they can see "what truly goes on." Their experiences are reflected in the following statements: "Don't give them time to get their hair combed and make the beds;" "Whenever the social worker comes, the heater is on, the house is clean, my foster parents are dressed up, and there is food in the house. You should see what it is like most of the time! They should do unscheduled visits;" and, "Surprise visits, surprise visits, surprise visits! My foster mama had lasagna on the table and flowers in the house when the social worker came. We never got to have lasagna."

> Whenever the social worker comes, the heater is on, the house is clean, my foster parents are dressed up, and there is food in the house. You should see what it is like most of the time! They should do unscheduled visits.

Protect Children's Confidentiality

Many youth said that they weren't always honest with their social workers about seemingly unsafe situations because they either didn't know about their confidentiality rights or, in cases when they were informed, they judged that their social workers would

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breach confidentiality. In both cases, youth perceived that their foster families' acceptance of them was conditional; they feared various forms of retaliation. One young man explained that he never confided in his social worker about fights between children in his home: "I knew that that conversation would get right back to my foster mom, and I'd end up in big trouble from just about everybody in the house." Others provided similar reasons to explain why they were reticent about their concerns—most notably, foster parents' poor supervision of children in their home and misuse of county funds.

Finally, some youth said that social workers should not inform caregivers about their desire to change placements until the last minute: "When I say, 'I want to leave,' your foster parents hold it against you. You lose privileges, and they treat you bad until you leave. Social workers shouldn't tell your foster family that you're leaving until the last minute." On the other hand, it should be recalled that youth themselves want time to prepare for placement changes and say their good-byes. Clearly youth's confidentiality concerns often reflected their unique past experiences and present circumstances.

Should children be placed with relatives in dangerous neighborhoods or with non-relatives in safe neighborhoods?

Place Us With Our Families

The majority of participants stated that kin placements are preferable in most cases. Many spoke about the importance of maintaining close relationships with kin: "Being with relatives is better than being in any foster home. Kids should get to have a close relationship with their family." Some challenged the notion that some neighborhoods are safer than others: "You can never tell what bad stuff can happen in a good neighborhood." Others spoke about the relative importance of environments that

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feel safe, in contrast to environments that are "objectively" safe: "If you are in a safe neighborhood with non relatives, it could be cool physically, but not mentally. Kids feel safer with their people."

> If you are in a safe neighborhood with non-relatives, it could be cool physically, but not mentally. Kids feel safer with their people.

A few participants said that placement decisions should be made on an individual basis with the child's input and, in some cases, birth parents' input, but the most resounding message was that living with kin creates a kind of "emotional safety."

> ### What can caregivers and social workers do to help children develop and meet positive goals for their future?

Be a Friend

Participants described wanting social workers and caregivers to be their friends—people who will listen, empathize, guide, and encourage. One young woman described a situation when her social worker clearly lacked empathy:

> She said that she just got through reading my file. She said, "I don't know why you're here. You don't have any bruises. Emotional abuse? Right now you're a drain on the system. You're wasting the system's money. We're going to push to get you out of here quick."

This young woman added, "You know, emotional abuse is a serious thing. She didn't see it. She really hurt my feelings." A few teens suggested setting up a system so that children in out-of-home care can be assigned to social workers and caregivers who have gone through the system themselves: "People who have gone through the system

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truly understand what foster kids are going through. Why don't we set up a way for them to be social workers and foster parents?"

Guide Us Through a Goal-Setting Process

Several youth talked about positive experiences when adults—social workers, in particular—helped them establish goals for their future. "The way to start," said one young woman, "is to find out what you like to do and also what you're good at." From there, caregivers and social workers can help youth identify goals. One youth added, "Social workers should never tell you that your hopes are too high."

> The way to start is to find out what you like to do and also what you're good at.

Several participants cautioned: "You should help us, but don't tell us what to do. Let us make mistakes so we can learn from them." Instead, caregivers and social workers should guide youth through a planning process, similar to one described by this young woman: "My social worker set up possibilities for me. She asked me what I want to do, helped me write down goals, gave me feedback on what's realistic, and then pushed me."

> My social worker set up possibilities for me. She asked me what I want to do, helped me write down goals, gave me feedback on what's realistic, and then pushed me.

Provide Instrumental Support

Most participants expressed their interest in information on how to achieve their goals, rather than advice. Several youth said that their social workers helped them see pathways from education to employment in particular fields. Others were appreciative that their social workers referred them to tutoring programs, after-school programs,

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summer camps, mentoring programs (e.g., Big Brothers/Big Sisters), programs to assist emancipating youth (i.e., Independent Living Skills Programs), vocational schools, and advocacy groups (e.g., California Youth Connection). However, some youth said that simple referrals are insufficient without guidance on how to access them: "My social worker gave me information about a program, but then she didn't help me sign up for it. Also, the place didn't offer any transportation. I had no way of getting there."

> My social worker gave me information about a program, but then she didn't help me sign up for it. Also, the place didn't offer any transportation. I had no way of getting there.

How can social workers help promote children's overall well-being?

Make Sure Money Is Spent on Us

The prevailing response to this very general question was that money matters: "They need to help us with money, not just caring. What do they do with the money?" Several youth raised questions about misuse of county-given funds and suggested that social workers closely track how foster parents spend money (e.g., by mandating a formal review of receipts). A few participants complained that their caregivers did not provide basic necessities such as heat and sufficient food. Two young men who live in the same home said that they get sick "more than anyone [they] know" because their caregiver never turns the heat on. More commonly, youth complained that they needed money to support less basic, but strongly felt needs: money for clothes; money to buy phone cards for calling their families; and transportation money. One young woman said, "I had to go by myself to the county to ask for money to help pay for my prom

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dress. My foster mother didn't care. My social worker didn't care either. No one else helped me. These things are important."

CONCLUSION

The 32 adolescent youth included in this study spoke candidly about the most salient aspects of their out-of-home care experience. They were forthcoming in their critiques of social workers, caregivers, and the child welfare system as a whole. Youth were most vocal about their need for adults to treat them with overall respect, to include them in case-planning decisions, to be accountable for their respective responsibilities, and to provide them with support in a myriad of ways. Many of their recommendations constitute practice tips for social workers and child welfare administrators (see Chapter VI). Finally, in spite of their critiques, youth regularly communicated a perception that the child welfare system is genuinely striving to act on their behalf. This sentiment was aptly expressed by one participant: "Social workers, foster parents, and attorneys don't get enough appreciation. They deserve more gratitude." Like her, most youths' concerns focused on how they could work with representatives of the child welfare system, while advocating for necessary changes.

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QUESTIONS FOR DISCUSSION

1. Some children are maltreated in kinship, foster, and group care, in spite of licensing requirements, training, spot-checks, and other procedures. What else could be instituted at the policy, administrative, or practice level to keep children safe from harm in out-of-home care?

2. Relative to children in non-kin care, children in kin care are more likely to live in public housing, poorer neighborhoods, neighborhoods with higher levels of community violence, and homes with less-educated caregivers. Do these factors influence placement decisions? Should they? Can the child welfare profession do anything to mitigate the differences between children's experiences in kin and non-kin care? How?

3. Many children in foster care do not feel that they "belong" in their new family. What else can child welfare workers do to promote children's integration into their new caregiving environments—particularly when children will not be staying long?

4. Definitions of "family" grow wider and more complex as American society moves into the 21st century. What role should the social work profession play in promoting the acceptance of these broad definitions and how might children living in out-of-home care benefit from child welfare workers' involvement in this arena?

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SECTION V

PRACTICE TIPS FOR CHILD WELFARE WORKERS

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SECTION V
PRACTICE TIPS FOR CHILD WELFARE WORKERS

INSTRUCTIONAL GUIDE

A review of the literature (Chapter II), interviews with foster children (Chapter III), and focus groups with adolescent foster youth (Chapter IV) informed the development of practice tips for child welfare workers. These practice tips are designed to help child welfare workers improve the quality of care provided to children and their caregivers. Practice tips are presented, as well as children's verbatim responses to open-ended questions asked during in-person interviews.

For additional guidance, the reader may also want to consult clinical resources and materials generated by advocacy groups (cited in the Bibliography).

Instructors are encouraged to use this chapter in a range of ways to suit their needs. It may be copied and distributed to students for independent reading or classroom use.

This chapter can be used to foster the following competencies for public child welfare work: 1.1, 1.5, 1.13, 2.6, 2.9, 2.10, 2.12, 2.14, 2.15, 2.17, 3.1, 3.6, 3.13, 3.19, 3.24, 4.1, 4.5, 5.1, 5.3, 5.6, 5.7, and 5.9.

GENERAL PRACTICE TIPS FOR SOCIAL WORKERS

Prior to developing a relationship with a child, develop an independent relationship with the child's caregiver(s).

- Prior to your initial visit with a caregiver, clearly communicate the purpose and expected length of your visit.

- Expect that caregivers who are unfamiliar with the child welfare system—many of whom may be kinship caregivers—are likely to need additional time during your initial visit to the home.

- Arrive on time.

- Remember that you are a guest in the caregiver's home.

- Take time to build rapport with caregivers before "getting down to business."

- Spend one-on-one time together.

- Make sure that discussions of sensitive issues occur in private spaces (i.e., spaces that are beyond children's earshot).

- Clarify your professional role(s) and responsibilities.

- Let caregivers know what they can expect from you in terms of communication.

- Carefully explain policies and practices involving confidentiality.

- Consistently communicate positive regard and expectations.

- Provide lists of community resources (e.g., numbers for emergencies, respite care, support groups/associations, parenting classes, daycare centers, educational programs, mentoring programs, recreational programs, and summer camps).

- Offer other concrete forms of support (e.g., detailed explanations of how caregivers can access community resources, periodic assistance with completion of paperwork pertaining to the children in their care, and periodic assistance with daily tasks).

- Return phone calls in a timely manner.

- Don't make promises that cannot be kept.

- Follow through with promised services.

- Regularly express appreciation to caregivers for their efforts and specific accomplishments.

Model appropriate, positive interactions with children.

- Get down to children's physical level before you talk with them.

- Spend one-on-one time together; take at least a few minutes to play, eat snacks, talk, assist with homework, or go on outings before discussing more serious matters.

- Encourage children to take responsibility for their behaviors.

- Positively reinforce desired behaviors.

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- Regularly compliment children.

During your initial visit with children, clarify your professional role(s) and responsibilities.

- Challenge yourself to identify your most important professional role(s) and responsibilities in a developmentally appropriate manner. Complete organizationally sanctioned tasks, but simultaneously maintain attention to individual children's needs.

- Give children your full name and tell them your professional title—social worker.

- Clearly distinguish your responsibilities from those assigned to police, judges, lawyers, and mental health therapists.

- Assist children so they may develop an adequate understanding of why you play the multiple roles that they inevitably perceive—police person to assure children's safety, enabler for reunification and/or movement to a permanent placement, special friend to children, special friend to caregivers, and agent of the court.

- Clearly communicate the limits of your role (and power).

- Make sure children know that you are available to help during times of difficulty. Even children in kinship care—many of whom may not know they are part of the child welfare system—should be aware of their social worker's role as a helper during times of need.

Spend one-on-one time with children as a way of conveying genuine interest and beginning the process of building mutual trust.

- Advocate for reduced caseloads, thus allowing you to develop long-term relationships with children during their tenure in the system.

- Know that it may take more time to build trust with older children, children whose racial/ethnic background is different from yours, children who have experienced ineffective and/or multiple social workers, and children who are generally struggling with their ability to establish positive relationships with adults.

- If time is limited, phone calls, letters, cards, and postcards may serve as valuable substitutes for in-person meetings.

Let children know what they can expect from you in terms of communication.

- Give children realistic information about the frequency of your visits.

- Let children know that they have the right to call you.

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- Give children your business card so they know how to contact you.

- Provide examples of situations when children should call you.

- Describe instances when you will respond immediately, as well as instances when you are likely to respond more slowly.

- Encourage children to leave messages if you are unavailable.

Terminate relationships with care and skill.

- Give children and their caregivers sufficient notice.

- Be clear that you will not be involved with the family any longer.

- Answer all questions as accurately as possible and respond sensitively to affect.

- Reflect on shared experiences and lessons learned.

- In most cases, your final good-byes should be in person.

- If another social worker will be taking your place, personally introduce the new social worker to the family as a way of easing the transition. Alternatively, give the family some information about the new social worker and his/her business card.

   Thirteen-year-old Jessica had lived with her aunt for 8 years and experienced five different workers. She considered Shirley, the social worker with whom she worked for the longest period of time, as her best since they could "talk about anything." During their last visit, Shirley told Jessica that she would be leaving and brought the new worker, Helen. Jessica reported feeling sad when she said "good bye" to Shirley, but since Shirley reported liking Helen, Jessica felt confident that she would, too.

   Ms. Johnson told us about Bernice, the social worker with whom she worked since her granddaughter was a baby. When Bernice retired, she sent Ms. Johnson and Maya a note informing them of her retirement. She also sent them their new social worker's business card.

   Roger said that he doesn't know who his social worker is anymore. He said that he has had many social workers who never stick around long enough so he no longer bothers to get to know them. He relies on his aunt to keep track of their appointments, and when his social worker leaves his home, he doesn't say goodbye because he doesn't care.

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IN WHAT WAYS HAS YOUR SOCIAL WORKER BEEN HELPFUL TO YOU?

Every Monday she takes me to the library, she takes me shopping, and she came to my graduation *(age 13, kin).*

She takes me places like Marine World and gives me things for my birthday *(age 8, non-kin).*

She talked to me and asks me how things are for me *(age 8, non-kin).*

She helped me because she came to my school and talked to my teacher *(age 7, kin).*

Makes me stay out of trouble. They help me with problems *(age 11, non-kin).*

She takes me places. She makes sure I get to see my mom, I have what I need, that I'm happy. She's very nice *(age 10, non-kin).*

One social worker would let you call, and when you did, she would come out the next day. The rest of them would take a long time to get back *(age 14, non-kin).*

She helps my mommy learn to take care of us better *(age 8, non-kin).*

She let me go camping to a place called Opportunity Camp for a week *(age 11, kin).*

She gave me a number to call her and answers my questions *(age 9, non-kin).*

Telling my mom not to whip me with no belt *(age 10, non-kin).*

My social worker helps me cool down when I get really angry *(age 9, kin).*

She helps me solve my problems, talks to me, give me stickers, gives me money, plays video games with me, talks to my grandma a lot *(age 10, kin).*

She takes care of things when I have a problem. She plays with me and always answers my questions *(age 10, kin).*

They ask questions. He said if I need help, I could call *(age 14, kin).*

Social workers took us places like the zoo. They came over and talked about things often *(age 13, kin).*

She's concerned about my schoolwork, my report card, and what's happening in my household *(age 12, kin).*

She tells me to tell the truth and to stop writing on the walls *(age 6, kin).*

She explained to me why I don't live with my mommy *(age 13, non-kin).*

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PRACTICE TIPS FOR PROTECTING CHILDREN FROM HARM

Develop a relationship built on trust so children will disclose situations that make them feel unsafe at home, during birth parent visits, at school, and in their neighborhoods. One way to do this is to clearly explain policies and practices involving confidentiality.

- Give children a clear understanding of what the right to confidentiality means and why it exists in your relationship.

- Be clear that confidentiality is one-way; social workers must respect the confidentiality of conversations, while children are free to talk to whomever they want about any matter.

- Carefully describe instances when confidentiality must be broken.

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- If you need to break confidentiality, remind the child that you had previously discussed exceptions to the rule and that these exceptions are necessary to assure the child's safety.

- Honor confidentiality without hindering collaboration with other involved professionals.

- When in doubt about situations involving confidentiality, consult with colleagues and/or a supervisor without disclosing the child's name.

Maintain awareness that children in out-of-home care are frequently questioned about sensitive matters. It is not uncommon for children to perceive questioning as confusing, frightening, invasive, insensitive, and/or mean-spirited.

Voice of "Angel" in *Orphans of the Living*, p. 176, responding to the author's question, "The people who asked you the questions—did you feel like they were there to help you?"[5]

I think that they is nosy. I think they perverts, and they get off listening to it... I didn't like it at all. I thought they were nasty people who wanted to hear it over and over so they could criticize me like a judge... When I think about it now, I think it's not what happened that messes you up. It's just all the time you're questioned. First you're questioned by your parents, then you're questioned by police, then you're questioned by the judge, then you're questioned by the doctors and the judge. That's what makes kids angry.

Respect children's privacy.

- If possible, allow a relationship of mutual trust to develop prior to asking sensitive questions.

- Don't ask sensitive questions that aren't necessary for your work together.

- Challenge yourself to be clear about the reasons for your questions.

- Communicate those reasons to the child who you are questioning.

- Check in with children to determine their level of comfort during the beginning, middle, and end of your questioning.

- Whenever possible, give children choices about the content of your discussions as a way of promoting children's feelings of control. Most important, communicate their "right to pass" on questions.

- Reflect back feelings with care and accuracy.

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[5] Toth, J. (1997). *Orphans of the living.* New York: Simon and Schuster.

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- Answer questions thoroughly and with sufficient detail.

Provide extra support to families living in chronically violent neighborhoods.

- Acknowledge some of the extra difficulties that caregivers often experience when trying to provide positive care for the children in their homes.

- Coach caregivers on ways to supervise the children in their care more closely.

- Encourage caregivers to identify "safe homes" in the neighborhood where children can go if their caregivers are unavailable.

- Help children and caregivers identify safe recreational spaces—both in and outside their immediate neighborhood.

Advocate for systemic changes:

- Increased recruitment, screening, training, and supervision of caregivers.

- Increased social worker training on recognizing signs of abuse.

- Increased social services.

- Physical maintenance of neighborhoods.

- Safe recreational spaces in neighborhoods.

- Active, responsible police forces.

- Gun control laws.

- School- and/or community-based efforts to curb interpersonal violence.

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**IF YOU WERE IN CHARGE, WHAT IS ONE THING
YOU WOULD CHANGE AROUND HERE TO KEEP KIDS SAFE?**

Don't open the door to strangers. I'm in charge sometimes, and I tell my cousins to come get me if they need anything *(age 10, kin)*.

Have better schools so kids don't use drugs *(age 11, kin)*.

Do not go out on the street. Stay away from kids who want to get into fights *(age 11, kin)*.

Make a park for kids to go to *(age 13, kin)*.

I would say "no more fighting" *(age 9, non-kin)*.

Don't go out of the house without a grownup's permission *(age 7, kin)*.

Don't go outside. One hour of TV and then bed. They watch violence on TV *(age 13, kin)*.

Lock the doors and windows. Lock everything. Put the dog in the house. Also keep the phone next to me *(age 10, kin)*.

I'd have a big house where everyone could fit and have lots of police guard them *(age 11, kin)*.

Don't go into the street without anyone *(age 7, kin)*.

Keep them out of this bad neighborhood. Keep kids away from drugs and guns *(age 14, kin)*.

If someone tries to kill me, I'll kill them back. I will try and protect kids and not let them climb over the fence *(age 7, kin)*.

The kids wouldn't be able to go outside. Put all three locks on the door *(age 11, kin)*.

I would make a lot of rules. Stay close to the house. Go to the park, but nowhere else far *(age 10, kin)*.

Put an alarm on the door or the window so no one breaks in *(age 10, kin)*.

Get the boys off the corner cuz all they do is sell drugs *(age 13, kin)*.

Give kids a decent time to be in. Make them use a helmet when riding bikes *(age 12, kin)*.

Add rules. Everyone would have to listen to everything I say *(age 11, kin)*.

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PRACTICE TIPS FOR FOSTERING CHILDREN'S WELL-BEING

Consider children's removal from their parents' homes as a severe crisis bearing heavily on children's short- and long-term well-being. Attend to children's individual needs to the greatest extent possible.

- When interviewing children, particularly in relatively public settings such as schools, strive to protect children's privacy and make the event as non-stigmatizing as possible.

- When escorting children in a police car from their home, a relative's home, school, or community center, do so as discretely as possible.

- Quickly identify children's understandings of why they were removed from their birth parent's home. If needed, provide more thorough and/or accurate explanations.

- Make sure that children do not blame themselves for the event.

- Make sure that children do not have unrealistic ideas about the degree to which they can influence future reunification.

- Consult clinical resources for specific guidance on communicating with children about the circumstances surrounding their removal.

Consider potentially difficult events as critical opportunities for workers to promote healthy coping strategies and overall adjustment. Make efforts to prepare children for occasions when they may feel particularly vulnerable:

- Transitions to new homes, schools, communities, and cities.

- Visits with birth parents, siblings, relatives, or former foster family members.

- Traditional celebratory times that may evoke memories of life with birth parents (e.g., birthdays, Mother's Day, Father's Day, and other major holidays).

- Anniversaries of events associated with children's removal from their birth parents' homes (e.g., the actual removal day, the day when they learned that their parents' rights had been terminated, and the day when they moved into a pre-adoptive home).

- Anniversaries of significant losses—deaths, in particular.

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Help caregivers attend to children's overall well-being in a timely manner.

- Facilitate timely foster care payments to ensure children's needs are being met without jeopardizing the family's financial resources.

- Assist caregivers in quickly assessing children's physical, cognitive, and social-emotional development. Identify children's individual strengths and specific needs.

- Assist caregivers in identifying school- and/or community-based resources that might assist them in meeting children's needs. Locate programs providing medical, psychological, educational, extracurricular, and/or recreational services.

- Assist caregivers in accessing affordable services (e.g., acquiring relevant phone numbers, completing necessary paperwork, and identifying transportation options).

Consult with children, caregivers, teachers, school administrators, and social service personnel on ways to facilitate foster children's educational achievement.

- Advocate for continuous school placements (when appropriate).

- When a child moves to a different school and/or district, facilitate rapid transfer of paperwork—including cumulative files and, in some cases, special education files.

- Advise schools to maintain regular contact with caregivers, even though the child's tenure in a particular school may be unknown.

- Assist caregivers in quickly identifying children's educational needs, providing sensitive educational support at home, acquiring phone numbers for school personnel, collaborating with teachers, and advocating for necessary educational services.

- Assist children in coping with the social awkwardness that sometimes accompanies foster care placement and possible stigmatization; help children assert their privacy and/or develop a short public explanation that they can provide for why they do not live with their birth family.

Promote continuity in relationships.

- Identify at least one adult who has provided positive emotional support for a particular child. Make considerable efforts to help the child stay regularly engaged with that adult.

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- When appropriate, encourage caregivers to facilitate contact between children and individuals that children miss from previous homes, schools, and/or communities.

- Encourage caregivers to honor the personal possessions that children bring into their new homes, particularly items that were given to them by persons who are significant to them.

Assist caregivers in nurturing positive future expectations for the children in their care.

> *Eleven-year-old Janelle said that she wants to attend Morehouse College and then become a doctor. Her grandmother appears to have helped shape Janelle's future expectations: "My mama told me that I'll be good at whatever I decide to do. I can do whatever I put my mind to." Later, Janelle's grandmother brought out Janelle's certificates and report cards. She also showed us an article written for a local paper about grandmothers as foster parents.*

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IS THERE ANYTHING ELSE THAT YOU THINK I SHOULD KNOW ABOUT WHAT IT'S LIKE FOR CHILDREN WHO LIVE SEPARATE FROM THEIR BIRTH MOTHER?

It's sad. It's not fun. You cry sometimes. You miss them a lot. You want to be with them every day *(age 11, kin)*.

It is sometimes difficult to be around someone you don't know *(age 8, non-kin)*.

They will feel sad. They will be thinking about them. They can keep calling the social worker until they can visit their parents *(age 12, non-kin)*.

It's scary, and you don't know what's gonna happen *(age 10, non-kin)*.

They're hurting inside *(age 8, non-kin)*.

Stay positive. Listen to your foster parents and be thankful for them because your real parents couldn't do it *(age 10, non-kin)*.

Sometimes it can be sad, but sometimes it can be not sad *(age 13, kin)*.

My mom and dad still come and see me *(age 10, kin)*.

They feel sad, feel bad, and want to go back with their real parents *(age 10, kin)*.

It's hard because people ask questions like why you don't live with your mom. I feel embarrassed about telling them *(age 13, kin)*.

They should know how they feel, like sad or happy sometimes like me *(age 8, non-kin)*.

It's kinda good and kinda bad. I like it here, but I miss my mom sometimes *(age 10, non-kin)*.

It's hard. You can't tell a kid what to do or to ask too many questions too soon. Let kids know what is going on. Be honest with kids. Take time to get to know them *(age 14, non-kin)*.

It can be just like living with your parents. They can help you and listen to you *(age 13, kin)*.

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PRACTICE TIPS FOR BOLSTERING FAMILY CONTINUITY

Assist children in acquiring information about their birth families.

- Let children know the names and whereabouts of their birth parents, biological siblings, and other relatives.

- Inform children about their biological siblings' case plans and pending placement changes, particularly adoption proceedings.

- Consult clinical resources for strategies to preserve children's histories (e.g., personal life books and family genograms).

Promote continuity with biological siblings.

- Advocate for family placements that can accommodate large sibling groups.

- Advocate for joint placement of siblings in nearly all instances, except those involving abusive sibling relationships.

- Facilitate contact between non-co-residing siblings, even when wide age discrepancies exist.

Consider child/parent visits as an opportunity that is simultaneously invaluable and risky.

- In determining whether and/or when visits should occur, consider agency/court mandates, the purpose of visits, the age of the child, the nature and chronicity of family problems, previous intervention efforts, parental motivations, child and parent reactions to visits, the level of risk to the child, and the degree of supervision required.

- Include children in decision-making about whether, when, where, and with whom birth parent visits are conducted.

When child-parent visits are appropriate, employ strategies to increase the frequency and probability that these visits will be successful.

- Make sure caregivers have a clear understanding of visitation orders.

- Assist caregivers in developing a positive stance toward birth parents and child-parent visits.

- Assume that visits with birth parents and other relatives will be stressful to children.

- Assist children and their caregivers in preparing for visits.

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- Assist children and their caregivers in readjusting following visits.

- Prepare children and their caregivers for subsequent visits, particularly after cancelled and/or unsuccessful visits.

- Consider visits as an important opportunity to directly observe child-parent interactions and ultimately inform case planning.

- If and when conflicts arise between caregivers and birth parents, be prepared to intervene and maintain the relationship on the best terms possible.

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WHAT KIND OF PERSON MAKES A GOOD CAREGIVER?

Takes care of you. Feeds you. Gives you a roof over your head. Takes you places, plays games, is nice, and you have fun with them *(age 11, kin)*.

Someone who is happy to take good care of their kids *(age 11, kin)*.

A person who knows how to take care of kids. Feed them, give them good clothes and shelter. Hire a housekeeper if you need to *(age 8, non-kin)*.

Play with you. Don't get into trouble. Help you get educated *(age 11, non-kin)*.

Make sure kids are healthy and have good vegetables to eat. Someone to make sure kids are clean, good in school, stay off drugs, and don't stay on the streets *(age 10, non-kin)*.

Nice, sweet person who takes care of you, but someone who is strict who wants you to be the best you can be *(age 14, non-kin)*.

Someone who plays right with their kids *(age 9, non-kin)*.

A person who has respect for children. A person who can help give love, food, clothes, and a roof over your head *(age 12, kin)*.

Someone that loves you *(age 13, kin)*.

Being nice. Making sure your children stay safe *(age 11, kin)*.

They are there for their kids when they need them *(age 7, kin)*.

Someone who looks out for me like my mom. Someone who gives me clean clothes to wear *(age 10, kin)*.

A person who is there for you and interested in what you say and think. Someone who cares about your opinions *(age 13, kin)*.

Someone who treats you fairly. Someone who can discipline and reward you for doing good things *(age 11, non-kin)*.

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WHAT KIND OF PERSON MAKES A NOT-SO-GOOD CAREGIVER?

Someone who touches their kid and is mean to them *(age 10, non-kin).*

Someone who does drugs and doesn't have a house *(age 8, non-kin).*

A person who is too strict, hits you, curses at you for no reason *(age 9, kin).*

Doesn't feed their baby, makes their kids wear dirty clothes and have sloppy hair, have a bad house, and don't have no money *(age 10, non-kin).*

Someone who lets you do whatever you want. Someone who lets you stay at home and skip school *(age 11, non-kin).*

Not letting them see their brothers and sisters *(age 12, non-kin).*

A person who does drugs, who throws things at you and fights in front of you *(age 9, kin).*

Foster homes. Sometimes they might not let you go outside. Sometimes they will. You never know when you can or can't *(age 7, non-kin).*

When they run away and leave their kids *(age 7, kin).*

Real mean, every time you say something, they say no and hit you all the time *(age 10, kin).*

A person who drinks, uses drugs, beats kids, doesn't show love. A person who doesn't do anything for themselves *(age 12, kin).*

Always fussing over you and gives you whoopings, don't listen to you *(age 13, kin).*

Someone who does not care if you go to school or not, care for you, and who does not care if you are out or not *(age 13, kin).*

A person who is not fair, a person who gives a whipping for no reason *(age 8, kin).*

A parent that is too busy to talk with their kids or do things with them *(age 10, non-kin).*

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PRACTICE TIPS FOR FACILITATING FAMILY-LIKE OUT-OF-HOME CARE

Support caregivers in developing positive relationships with the children in their care.

- Children's private experience of family may be difficult for them to translate publicly, particularly among peers. Child welfare workers should be keenly aware of this social awkwardness that sometimes accompanies foster care placement and possible stigmatization. Help children and caregivers identify brief explanations that children could disclose publicly, if needed, for why children do not live with their birth families.

- Assume that it will take children a while to identify names for their caregivers that feel comfortable. Children's self-selected names for calling their new caregivers should be respected.

- Assume that children's problematic behaviors serve important psychological functions (usually associated with their past experiences).

- Encourage caregivers to take a child-centered view on children's behavior.

- Consider yourself as a consultant to caregivers who may benefit from opportunities to acquire greater knowledge, skills, objectivity, and/or confidence in working with particular children.

Support caregivers in developing family-like home environments.

- Assist caregivers in developing home environments that are safe, supportive, inclusive, friendly, and open to discussion about children's concerns.

- Assist caregivers in developing meaningful home routines.

- Assist caregivers in developing rules that are clearly stated, well understood, reasonable, and enforceable on a consistent basis.

- If caregivers have biological children, assist them in treating all children in their home fairly.

- If conflicts arise between children in the home, assist caregivers in addressing these conflicts.

Offer caregivers specific strategies to promote children's sense of belonging in their homes.

When Daniel first moved into his new home, he and his foster father painted his bedroom and built a sleeping loft together.

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Mrs. Evans posts chores on the refrigerator door as visual reminders that children are required to clean their rooms, pick up their toys, help with dishes, and take out the trash.

After the interviewer left the Burnetts' residence, she noted that the entire household was involved in an outdoor yard project and seemed to be having fun.

Every Sunday evening, Latrice watches a video and eats popcorn with her foster family.

Mrs. Wallace reported that all birthdays are celebrated in her home.

Help children adjust to their new home environments.

- Encourage reflection and discussion about how children's new "families" are different from previous "families" that they may have had (in terms of race/ethnicity, class, religion, parenting practices, and other potentially salient differences).

- Assist children in understanding their new home's routines and rules.

- Encourage and possibly role-play ways in which children can communicate directly with their caregivers.

- Encourage and possibly role-play ways in which children can communicate directly with other children in their home.

- Encourage children to take responsibility for their behaviors.

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WHAT IS THE BEST THING ABOUT LIVING HERE?

It's fun because we're a big happy family *(age 13, kin)*.

Grandma always brings us a lot of new clothes from Target, helps us with our homework, lets us play, watch movies, go to Chuck E. Cheese *(age 11, kin)*.

I'm safe. I don't have to live in other foster care, and this is the only one I like *(age 8, non-kin)*.

They are taking care of me. They treat us right. They do not beat us *(age 12, non-kin)*.

She is really respectful and lets you invite friends over *(age 14, non-kin)*.

I have friends. I love my sisters *(age 8, non-kin)*.

Being with my grandma and knowing that she loves me *(age 12, kin)*.

All of my achievements hanging on the wall *(age 7, kin)*.

I get to be with my grandma and see my relatives. Everybody knows my grandma *(age 14, kin)*.

It has lots of toys and food, and my mom cooks good, too *(age 9, non-kin)*.

Holidays. Everyone is together. Grandma makes good pies and stuff *(age 13, kin)*.

You get to eat, play games. I'm happy. I feel good *(age 11, kin)*.

I like it good. We eat chicken every day. Good house. Clothes on my back *(age 13, kin)*.

I have friends. I can go play outside in the backyard, or I can go to the store down the street and play video games *(age 9, kin)*.

I'm glad because I live near the store. I got a roof over my head. I got friends *(age 9, kin)*.

On Fridays and Saturdays I get to stay up until 10 o'clock *(age 8, non-kin)*.

My foster mom is the best. She treats me well. When she puts me in the corner I know why. And I like it here a lot *(age 8, non-kin)*.

We are really close *(age 13, kin)*.

Lots of people live in the house, and I never get lonely *(age 10, non-kin)*.

I get a lot of stuff I never had before. I get to go places *(age 13, kin)*.

I feel how it is to have a family that loves you *(age 13, non-kin)*.

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WHAT IS THE WORST THING ABOUT LIVING HERE?

Sharing the bed with my brother. When we try to sleep at night, people play loud music and talk all night long *(age 7, kin)*.

When I get into fights *(age 8, non-kin)*.

The graffiti. The gangs on the corner selling drugs. Fights *(age 11, kin)*.

The kids like to have their way, and if they don't, they start arguing *(age 14, non-kin)*.

When the other kids here do something bad and blame it on me. When the kids always have to argue *(age 9, non-kin)*.

Bees and mosquitoes in the backyard *(age 9, kin)*.

Punishments and spankings *(age 11, kin)*.

I wish my brother would be quiet *(age 13, kin)*.

My sister curses too much *(age 9, non-kin)*.

Punishments like no TV and lots of cleaning *(age 13, kin)*.

If one person loses something, we all have to look for it *(age 9, non-kin)*.

I don't get to do what I want to do *(age 10, non-kin)*.

I don't get along with my 9-year-old brother *(age 13, kin)*.

I don't have any girls to play with around here *(age 10, non-kin)*.

I'm away from my mom *(age 9, non-kin)*.

I miss my mom *(age 13, kin)*.

PRACTICE TIPS FOR PROMOTING PERMANENCE

Involve children of all ages in case planning.

- Children in foster care often feel powerless when birth parents, caregivers, social workers, and judges are making decisions on their behalf. Child welfare workers should be aware of children's experiences of powerlessness and develop

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strategies to give children empowering experiences in aspects of their lives over which they have more control.

- Don't assume that the legally defined hierarchy of preferred placement outcomes is consistent with the distinct ways in which children and their caregivers experience particular placements as "permanent."

- In developing permanency plans, explore children's satisfaction in placement and possibly their placement preferences—including their justifications and degree of attachment to particular preferences. Pay particular attention to children's self-reported experiences of safety, support, belonging, and stability in placement. Regularly assess the quality of their relationships with their caregiver and other children in the household.

- While a large percentage of children want to live with their caregiver, some children may not benefit from frank discussions about permanency. Child welfare workers should impress upon caregivers the need to talk about this subject sensitively with children.

- Help children understand how their behavior does and/or does not affect their case plan; help them distinguish between reality- and fantasy-based beliefs.

- Provide written information to children, birth family members, and out-of-home caregivers on all aspects of the court process and the child welfare system.

- Educate older children about the importance of attending their court hearings.

- Encourage lawyers to meet with children prior to and following court hearings.

- Let children know that birth parent visits are part of their reunification plan.

- Make sure children know that their birth parents have a certain amount of time to comply with their reunification plan.

- Whenever possible, provide children with specific information on their current placement status and projected plans.

- If placement changes occur, make sure children know the reasons for these changes.

- Don't tell children that they are unadoptable.

- Always include children in adoption decisions.

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DO YOU WANT THIS TO BE YOUR PERMANENT HOME?

"YES" RESPONSES:

Because my brothers and cousins are here, but I miss my dad a lot *(age 10, kin).*

I love my grandmother. She takes care of me, sends me to camp, and we have fun *(age 11, kin).*

It's better here. I can do more stuff over here. I have a lot of friends over here. Dolores cares about me a lot *(age 14, non-kin).*

They are nice and loving, and I do not want to be with my mom yet. She lies, my mom, sometimes, and is sick *(age 8, non-kin).*

I want both homes. Me and my mom can live upstairs. Hazel can live downstairs *(age 7, kin).*

I want to live with both Ms. Hentz and my mama. I want to live with my mama and spend some nights with Ms. Hentz *(age 9, non-kin).*

I like living here. They're family *(age 13, kin).*

I've been here a long time already *(age 8, non-kin).*

Because it's nice. I get treats. Because they love me, and I love them *(age 8, non-kin).*

I like it here. I can talk to my grandma when I need to. It feels like home *(age 12, kin).*

I like it here. I got used to it already *(age 8, non-kin).*

There's nowhere else to go *(age 14, non-kin).*

Because I never used to have a place I could call home. Now I do *(age 13, non-kin).*

"NO" RESPONSES:

I like it here, but I want to live with my mom again someday *(age 8, non-kin).*

I want to see my daddy. I want to live with my daddy *(age 7, non-kin).*

If I had a choice, I'd stay with my mom *(age 14, kin).*

Because my mommy will get a house, and I want to live with her *(age 7, kin).*

I want to spend some time with my mom and see how it is to live with her *(age 13, kin).*

I'd rather be with my mom, although I don't know who to choose *(age 9, kin).*

I want to live with my mom *(age 13, kin).*

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IF YOU MET A PERSON ABOUT YOUR AGE WHO COULD NOT LIVE AT HOME WITH [HIS/HER] BIRTH PARENTS, YOU MIGHT BE ABLE TO GIVE HIM OR HER SOME ADVICE. WHAT ADVICE WOULD YOU GIVE?

Go. It will be better *(age 13, kin).*

Living in foster care is difficult when you first get there, but you get used to it *(age 8, non-kin).*

Everything is gonna be OK. They can be happy in another home. She can always talk to her social worker *(age 10, non-kin).*

Your parents won't always be there, but someone else might be able to help *(age 14, non-kin).*

Don't ask to go home because your mom or dad might not be ready for you. You should always be good *(age 8, non-kin).*

Don't worry. Everything will get better soon *(age 8, non-kin).*

Ask them about their needs. Help them if they need to go to the hospital or doctor *(age 7, kin).*

Go back to your house and apologize to your parents and ask if you can come back and live with them *(age 11, kin).*

Tell them to make sure that you do the right thing *(age 9, non-kin).*

Don't be bad. Stay in school. Don't run away. Be good *(age 9, non-kin).*

You might feel better in a new house, and maybe you will have more fun *(age 10, kin).*

I would take them to their mom *(age 7, kin).*

Show manners at the table. Listen to your new parents. Pray before you eat. Do not act up *(age 7, non-kin).*

You can try and work it out because foster homes aren't that bad *(age 13, kin).*

You should stay with your mommy until you grow up, or else you might cry and get mad *(age 8, non-kin).*

She will be loved in another household *(age 12, kin).*

Stay in touch with your own family and respect the people you live with *(age 11, non-kin).*

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SECTION VI

CASE VIGNETTES

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SECTION VI
CASE VIGNETTES

INSTRUCTIONAL GUIDE

Twelve vignettes were generated from actual child welfare cases. The names have been changed, and certain elements have been omitted to safeguard confidentiality. While the case information is incomplete, the vignettes are designed to prompt discussion about children's experiences of safety, family, permanency, and well-being while in care. Accompanying each vignette are standardized questions for discussion, case-specific questions for discussion, and suggested role-playing exercises.

Instructors are encouraged to use this chapter in a range of ways to suit their needs. It may be copied and distributed to students for independent reading or classroom use.

This chapter can be used to foster the following competencies for public child welfare work: 1.1, 1.5, 1.13, 2.6, 2.9, 2.10, 2.12, 2.14, 2.15, 2.17, 3.1, 3.6, 3.13, 3.19, 3.24, 4.1, 4.5, 5.1, 5.3, 5.6, 5.7, and 5.9.

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AUDREY

Audrey (age 10) lives with her foster mother (Ms. Gomez) and four other non-kin foster children. Audrey was removed from her mother's care when she was 8 years old and placed in a temporary foster home. The primary reason for her removal was neglect. A year ago she entered Ms. Gomez's care. Audrey has weekly phone contact and spends every other weekend with her biological mother. She has no contact with her biological father, nor does she have contact with her five biological siblings who live in various foster homes throughout the county. When asked who she considers part of her family, Audrey identified her biological mother, her five biological siblings, Ms. Gomez, and her four foster siblings.

Audrey reported that even though she is the newest member of Ms. Gomez's home, she feels welcomed and comfortable. At the same time, Audrey hopes and expects to live with her biological mother and siblings in the future. When asked if she thinks things would be different if she returned to live with her biological mother, Audrey replied, "Yes, because my daddy won't be there anymore and won't be mean to my mom." She also said, "I will never complain again about my daddy or anyone else, and then I won't have to worry about the social worker taking me away."

Audrey sees her social worker approximately once per week and seems to have some definite opinions about her social worker's strengths and weaknesses. On the one hand, her social worker is "helpful because she picks me up and drives me places and makes sure I get to see my mom." On the other hand, her social worker "never explains stuff to me like why judges do the stuff they do and when I get to go back home to my mom."

Audrey identified the court as being in charge of placement decisions. She is angry about the role of judges in her life: "I hate judges because they made me leave my mom's house and never said how come." At the conclusion of our interview, Audrey said, "It's really hard to be a foster child because it's scary when you don't know what's going to happen."

Questions:

1. What are the positive aspects of Audrey's experience in out-of-home care?
2. What are your concerns?
3. How would you address your concerns?
4. What services or community resources would improve the quality of Audrey's experience?
5. What ethnic/cultural considerations seem particularly relevant?

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<u>Probes</u>:

1. Audrey is at least temporarily experiencing a loss of contact with her five biological siblings. How do you imagine she experiences these separations? If you were assigned to be Audrey's new social worker, you might consider providing Audrey with the opportunity to reestablish contact with her biological siblings. What factors are important to consider? How would you proceed?

2. Audrey stated that she considers Ms. Gomez and her foster siblings as part of her family. What could you do to help Audrey maintain continuity with them in the event that she returns to her biological mother's care?

3. Audrey seems to believe that her social worker "took her away" because she "complained" about her father. In what ways is this belief concerning? What could you say or do to assure Audrey that she is not to blame for her removal? *Role play conversations that you might have with Audrey to explain why she was removed from her birth mother's care.*

4. Compare and contrast Audrey's perceptions of judges and social workers in terms of their domains of responsibility. Does Audrey seem to have an accurate understanding of the judicial system and her social worker's role within the system? *Role play conversations that you might have with Audrey to explain the child protective system.*

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JEROME

Jerome (age 7) lives with his aunt (Mrs. Franklin), his younger sister (Janea), and Mrs. Franklin's grown daughter (Latrice). Jerome's responses to our direct questions about concrete ways in which Mrs. Franklin cares for Jerome suggest that Mrs. Franklin is responsible and generally attentive. At the same time, Jerome seems to experience a great deal of ambivalence when he spends time with Mrs. Franklin, and we know from an independent conversation with Mrs. Franklin that Jerome is persistently challenging in his interactions with everyone in the family. According to Mrs. Franklin, the relationship between Jerome and Latrice is particularly antagonistic. As interviewers, we observed Jerome taunting Latrice. Her response was forceful: "Get out of my way. I hate you!"

Prior to our interview with Jerome, Mrs. Franklin reported that Jerome was removed from his mother's care 3 years ago and was immediately placed in Mrs. Franklin's care. Jerome, however, believes that he has lived with his aunt "since [he] was a baby" and does not seem to remember living with his mother. According to Jerome, he sees his mother "only a little bit." Even though these visits are not consistently positive and seem to evoke a range of strong emotions, Jerome wishes that he saw his mother more frequently. Moreover, while Mrs. Franklin reported that Jerome will not reunify with his mother, Jerome firmly wants and believes that he will live with her again some day. Jerome is aware that he has a social worker who sometimes talks to him about his future. At the same time, Jerome stated that it is his choice to decide whether he will live with his aunt until he is grown.

Although Jerome has not lived with his mother for several years and currently sees her infrequently, Jerome perceives his mother as his primary caretaker. When asked, "Who takes care of you the most?" he identified his "mama." He continued, "She doesn't cook for me. She doesn't wake me up in the morning or take me places, but she takes care of me the most."

Questions:

1. What are the positive aspects of Jerome's experience in out-of-home care?
2. What concerns do you have?
3. How would you address your concerns?
4. What services or community resources would improve the quality of Jerome's experience?
5. What ethnic/cultural considerations seem particularly relevant?

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<u>Probes</u>:

1. Jerome is unlikely to live with his mother again, at least while he is a minor. How would this information impact your practice with Jerome and other important people in his life? *Role play possible conversations with Jerome about his future.*

2. Jerome reported that his mother takes care of him the most. Where do you think this belief (or feeling) comes from? How might this belief (or feeling) impact Jerome's experience, both positively and negatively, while living in Mrs. Franklin's care? How would this information impact your practice with Jerome and other important people in his life?

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JANELLE

Janelle (age 11) lives with her grandparents, two younger cousins, and a 2-year-old foster child in an urban public housing development. She has lived with her grandparents since she was removed from her biological mother's care at age 7. She refers to her grandmother as "mama," her grandfather as "papa," and all of the children in her home as "sisters." When asked who she considers part of her family, Janelle identified an exceptionally long list including everyone in her household, aunts, uncles, cousins, her biological parents, friends, church members, and neighbors.

Over the course of the interview, Janelle offered several images depicting her relationship with her grandmother: "We are best friends because we love to do everything together, especially shopping… My mama knows all the stuff that kids want like pizza and ice cream… We always like to go places together because we laugh at all the same things… I always feel loved in my mama's family… I can't imagine being anywhere else." Similarly, Janelle reported enjoying the almost daily contact that she has with her biological mother. Janelle's biological mother frequently picks Janelle up from school. They typically spend afternoons together, sometimes with Janelle's grandmother. To Janelle's dismay, she sees her biological father infrequently. While Janelle regularly spends time with her biological mother, Janelle wants and expects that she will live with her grandparents until she is grown.

Janelle lives in a neighborhood with an unusually high crime rate, but she reported that she has never witnessed drug deals, nor a range of violent events in or near her home. She said, "There is bad stuff happening, but my mama makes sure nothing bad is going on out there when I go outside to play." Moreover, Janelle reported feeling "almost always" safe at home and in her neighborhood.

Janelle has positive expectations for her future. She wants to go to a college in Atlanta where her uncle, aunt, and grandparents attended. She said that she wants to be a doctor. Her grandmother appears to have played an important role in shaping Janelle's future expectations: "My mama told me that I'll be good at whatever I decide to do. I can do whatever I put my mind to." At the conclusion of the interview, Janelle's grandmother brought out Janelle's certificates and report cards. She also showed us an article written for a local paper about grandmothers as foster parents.

Questions:

1. What are the positive aspects of Janelle's experience in out-of-home care?
2. What are your concerns?
3. How would you address your concerns?
4. What services or community resources would improve the quality of Janelle's experience?

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5. What ethnic/cultural considerations seem particularly relevant?

<u>Probes</u>:

1. What are some concrete ways that you could support Janelle (and her caregivers) to increase the possibility that Janelle will, in fact, achieve her future goals?

2. What lessons could other kinship foster parents learn from Janelle's grandmother? What could you do to facilitate and support the positive work of these relatives?

3. Janelle lives in a very unsafe neighborhood, although she does not experience it as such. What strategies do you think her grandparents apply to make her feel so safe? Had you been the child's placement worker, would the neighborhood conditions have influenced your placement decision?

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TRAN

Tran is a 13-year old Vietnamese-American boy. Tran's mother and younger sister were killed in Vietnam when he was an infant. Tran and his father subsequently moved to live with extended family in a large, urban city on the West Coast. A year ago, Tran ran away from the downtown hotel where he and his father lived: "I don't like him. He just lay around. He got drunk all of the time. He stole from me. He hit me bad." The Department of Social Services subsequently placed Tran in a foster home with Mr. O'Leary, one of the county's most experienced and reputable foster parents.

Mr. O'Leary's home is located in a quiet, middle-class neighborhood in the hills. The house itself is spacious and lovely. Books and art from around the world adorn the walls. As Mr. O'Leary says, "They're there for storytelling and knowledge that there are other worlds out there to explore." He bought big comfortable furniture so the four adolescent boys in his care would enjoy spending time in the house's common spaces, as well as their private bedrooms. Mr. O'Leary clearly strives for an orderly home atmosphere and in his efforts to achieve that goal, he regularly solicits support from social workers, therapists, and volunteer mentors.

During the interview, Tran reported that he doesn't like Mr. O'Leary because "he talks too much and thinks he knows everything." Tran also perceives that Mr. O'Leary has consistently low expectations for Tran's future, while Tran believes that he will finish high school, go to college, have a job when he's older, and generally stay out of trouble. In spite of his criticisms of Mr. O'Leary, Tran said that he likes the people with whom he lives and is proud of his new home. When asked if he wants Mr. O'Leary's home to be permanent, Tran replied, "Yes, my father can't get at me here, and there's nowhere else to go."

Prior to the interview, Mr. O'Leary told the interviewer that Tran steals from the other boys, regularly beats up on a developmentally delayed 15-year-old boy who also lives in the home, and is frequently involved in physical fights outside of the home. The Department of Social Services and Juvenile Probation Department are currently conducting two separate investigations into Tran's behavior. During the interview, Tran reported that physical fighting, stealing, drug deals, and arrests frequently occur in Mr. O'Leary's home, but Tran did not identify himself as the perpetrator. Tran also said that although he feels safer in Mr. O'Leary's home than in his father's home, he still feels "not at all safe" in Mr. O'Leary's home. Out of any place in the world, he feels most safe in church. At the conclusion of our interview with Tran, we asked, "If you were in charge here, what is one thing you would change around here to keep kids safe?" He recommended that Mr. O'Leary give personal keys to the boys for their bedrooms, install metal bars on the windows, and purchase an alarm system for the house.

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Questions:

1. What are the positive aspects of Tran's experience in out-of-home care?

2. What are your concerns?

3. How would you address your concerns?

4. What services or community resources would improve the quality of Tran's experience?

5. What ethnic/cultural considerations seem particularly relevant?

Probes:

1. Tran is living in a physical and ethnic/cultural environment that is dramatically different in several ways from the one that he left. How do you imagine Tran is experiencing this transition?

2. Hypothesize reasons why Tran feels "not at all safe" in Mr. O'Leary's home. How would this information influence your practice? What could you do or say to help Tran feel more safe in Mr. O'Leary's home?

3. Tran wants Mr. O'Leary's home to be a permanent placement. Suppose Mr. O'Leary's home is, in fact, Tran's best option. What short- and long-term goals would you pursue to increase the likelihood that Tran will remain in Mr. O'Leary's care until he is 18 years old? *Role play a conversation that you might have with Tran about his future in Mr. O'Leary's home. Begin a goal-setting process.*

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MICHAEL

Michael (age 8) has lived with his non-kin foster mother, Ms. Daniels, since he was removed from his mother's care 2 years ago. While Michael was placed in Ms. Daniels' care, his older sister was placed with a relative. Michael has seen his mother nearly every weekend during the last 2 years. At the time of our interview, Michael had 6 more weeks before he would reunify with his mother and sister.

Michael said that he is happy about returning to live with his mother again, but that he will miss Ms. Daniels a lot. He said that he will go back to the elementary school that he attended prior to his removal, but that his mother and Ms. Daniels also made arrangements for him to continue playing in the baseball league that meets near the school he attended while living with Ms. Daniels. Similarly, Ms. Daniels told Michael that he can visit her and stay the night if he wants.

Michael and Ms. Daniels have created a scrapbook over the course of the last 2 years which includes awards, certificates, and a collection of photos documenting Michael's classes, baseball teams, birthday parties, visits with his mother, various outings, and vacations. Reflecting on the time when he was removed from his mother's care, Michael said that he was initially sad, but that now he feels good because he has two families. The scrapbook captures Michael's two families; it includes photos of Ms. Daniels' extended family, as well as photos that Michael's mother contributed.

Questions:

1. What are the positive aspects of Michael's experience in out-of-home care?
2. What are your concerns?
3. How would you address your concerns?
4. What services or community resources would improve the quality of Michael's experience?
5. What ethnic/cultural considerations seem particularly relevant?

Probes:

1. What are some thoughts and feelings that Michael might experience when he transitions home? How would you assist Michael during this time?
2. Is it in Michael's best interest to maintain a relationship with his foster mother? *Role play a conversation that you might have with Michael about the nature of his future relationship with Ms. Daniels.*
3. What function does the scrapbook serve in Michael's life?

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STEVEN

Steven (age 10) lives with his non-kin foster parents (the Sanders), their 13-year-old daughter, and two other non-kin foster siblings. Steven was removed from his mother's home at the age of 4 and has not had any contact with her since he was 6 years old. Prior to his placement with the Sanders 6 months ago, he lived in two other foster homes and two group homes. When asked who he considers part of his family, Steven identified all the members of his current household and the foster parents with whom he lived prior to moving in with the Sanders.

Steven identified his 17-year-old non-kin foster sister as the person who takes care of him the most: "My foster mom and dad almost never take me places or eat with me. They never read me stories or play games with me. My sister does everything." Steven believes that while he felt happy with his mother, he almost never feels happy with the Sanders. Moreover, Steven reports that the other children in his home are always fighting. On the whole, Steven doesn't like living with the Sanders because "everyone is mean to each other."

While Steven does not believe that he will be living in the Sanders' home for more than a few additional months, he does not know where he might live instead. When asked who decides where he will live, his reply was, "I don't know." When asked where he would like to live if he could choose, he answered, "I don't know, but I wouldn't choose to leave the Sanders' house because I don't know where else to go." During his monthly meetings with his social worker, Steven talks about his dissatisfaction living with the Sanders, but he does not feel that she has been helpful.

Questions:

1. What are the positive aspects of Steven's experience in out-of-home care?
2. What are your concerns?
3. How would you address your concerns?
4. What services or community resources would improve the quality of Steven's experience?
5. What ethnic/cultural considerations seem particularly relevant?

Probes:

1. How would you respond to the fact that Steven views his 17-year-old foster sister as his primary caretaker?
2. Steven identified the Sanders as part of his family, but does not believe that he will be living with them for more than a year. What thoughts, feelings, or behaviors might be associated with that experience?
3. How would you address Steven's feelings of uncertainty about the future?

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TAMMY

Tammy (age 7) lives with her grandmother in a spacious apartment in a busy, low-income, urban neighborhood. She has lived with her grandmother since birth and seems to have a positive relationship with her. She described her grandmother as both nurturing and strict. When asked about contact with her biological parents, Tammy replied that she never sees her father since he has been in prison for years, but she talks to him on the phone almost every week. When asked about her mother, she answered, "I only saw her once which was when she came to the door and tried to snatch me away from my granny. It was really scary. Now I hate my mom and don't want to see her again."

On the subject of safety, Tammy immediately responded, "There's some stuff I'm not allowed to talk about unless I ask granny first." She then said, "I don't want to talk about the bad stuff my mean cousin used to do to me." When asked about things that she has seen or heard living in or near her home, Tammy replied, "Sometimes I hear guns, especially on the fourth of July. I seen stuff like people dealing drugs and beating each other up downstairs in our building and also down the street." When asked if she would tell anyone if something happened that made her feel unsafe Tammy said, "Maybe, it depends on what." While Tammy seems to have been exposed to a fair amount of violence, she reported that her grandmother carefully supervises her and that she feels safe "all of the time" in her grandmother's home.

Tammy perceives that her grandmother has consistently positive expectations for Tammy's future. Tammy, on the other hand, believes that she will finish high school and "maybe" go to college. When asked whether she would get pregnant as a teenager, or whether she would use drugs as a grown-up, she responded, "Yes." To our question, "Do you think that you will stay safe and not get killed?," she replied, "Maybe." Finally, Tammy offered a picture of her possible future: "Granny works in the nightclub and takes me there sometimes. Maybe I'm going to work there someday."

Questions:

1. What are the positive aspects of Tammy's experience in out-of-home care?

2. What are your concerns?

3. How would you address your concerns?

4. What services or community resources would improve the quality of Tammy's experience?

5. What ethnic/cultural considerations seem particularly relevant?

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Probes:

1. How safe is Tammy in this placement? Would you do anything to lessen the possibility that Tammy might become involved in unsafe situations? Alternatively, would you do anything to increase Tammy's expectations about staying safe in the future?

2. How would this family's concern for privacy impact your practice?

3. How would you assist Tammy in developing more positive expectations for her future?

4. How would you assist Tammy in fulfilling her personal goals?

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DAVID

David (age 13) lives with his foster father, Mr. Knox, in a small apartment in a busy, low-income, urban neighborhood. Prior to moving in with Mr. Knox, David lived in various group home facilities for children who are severely emotionally disturbed. Although David is considered "SED," he was well behaved during our interview, attentive to questions, and articulate. Mr. Knox had established a clear behavior management system with strict rules and logical consequences for both negative and positive behaviors (similar to systems that David knew from his experiences living in group homes). Mr. Knox also communicated that he wants David to express himself creatively within his home. When David moved in, they spent time together building a loft for David's bedroom so he could have a "hangout area." Mr. Knox and David also painted his bedroom in ways that David wanted. David feels that his room is "really cool." When asked who he considers part of his family, David identified Mr. Knox, his biological mother (who he sees weekly), and biological sister (who he also sees weekly).

Questions:

1. What are the positive aspects of David's experience in out-of-home care?
2. What are your concerns?
3. How would you address your concerns?
4. What services or community resources would improve the quality of David's experience?
5. What ethnic/cultural considerations seem particularly relevant?

Probes:

1. How do you imagine being severely emotionally disturbed impacts a child's experience in out-of-home care?
2. What lessons could other foster parents learn from Mr. Knox? What could you do to facilitate and support the positive work of foster parents caring for particularly vulnerable children?
3. What is the short- and long-term value of the loft-building activity? What are other ways to achieve similar goals during a child's transition to a new home?

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ARNOLD

Arnold is an 8-year-old boy who has lived with his grandmother since birth in a low-income, urban neighborhood. He is physically small and shows signs of cognitive delay. While Arnold frequently talks on the phone with his mother, he has not seen her in 2 years. Arnold believes that he will never live with his mother because "she won't be out of prison until I am 21." Arnold has met his father once, but does not have any contact with him. While Arnold does not live with his biological siblings, he sees them regularly and appears to have positive relationships with them.

Arnold has known about and witnessed considerable violence over the course of his life. When he was younger, his mother shot herself in the leg with a handgun. His 14-year old cousin was recently killed. He sees relatives take drugs on a regular basis. He reported that he feels unsafe at school because children often make fun of him and occasionally beat him up. Finally, Arnold reported a high level of exposure to drug deals and violence in his immediate neighborhood.

Arnold reported feeling happy "almost all of the time" with his grandmother. He feels safest in his grandmother's home and doesn't generally go outside. He is glad that his grandmother always knows where he is and never leaves him alone. He told us that his grandmother "respects me, buys me clothes, cooks for me, takes care of me when I am sick, plays games with me, helps me with my homework, and lets me sharpen my own pencils." He likes having his own room with his own television, home video game system, toys, and games. He is also proud of the awards that his grandmother has displayed around the house to remind the family of Arnold's school achievements. Arnold identified a couple of things that he doesn't like about living with his grandmother: the roaches (in the kitchen and top drawer of his bedroom dresser) and the strong smell of cigarettes.

Questions:

1. What are the positive aspects of Arnold's experience in out-of-home care?
2. What are your concerns?
3. How would you address your concerns?
4. What services or community resources would improve the quality of Arnold's experience?
5. What ethnic/cultural considerations seem particularly relevant?

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<u>Probes</u>:

1. How would you address Arnold's vulnerability and victimization at school?

2. How is Arnold's grandmother effectively protecting Arnold from danger and instilling a psychological sense of safety?

3. Will Arnold's grandmother have to change her strategies as Arnold grows older? If so, how?

4. What would you do to maximize the possibility that Arnold will remain safe—physically and psychologically—as he grows older?

5. How would you address Arnold's concerns about roaches and the smell of cigarettes?

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CHRISTINA

Christina (age 13) has lived with her grandmother, aunt, and younger siblings since she was eight. She has no contact with her mother or father. Christina's grandmother has threatened to send her away. For this reason, Christina does not believe that she will remain in her grandmother's care for more than another year. Out of any place in the world, Christina would like to live with her friends. However, since Christina is generally happy living with her family, her second choice is to continue living where she is.

Christina perceives that her grandmother has negative expectations for her future. According to Christina, her grandmother thinks Christina will end up like her mother—a "drug addict" and "always in trouble with the police." In fact, the police arrested Christina after she beat someone up near her home. Since then, Christina's grandmother has attempted to supervise Christina more carefully, but Christina says that her grandmother does not know where she is most of the time. Meanwhile, Christina thinks positively about her future. She expects that she will be happy and successful. She does not want or expect to be like her mother. She also expects that she will graduate from high school, go to college, and get a job. More specifically, Christina said that she wants to be a lawyer or "someone who works to get teenagers off the streets."

Questions:

1. What are the positive aspects of Christina's experience in out-of-home care?
2. What are your concerns?
3. How would you address your concerns?
4. What services or community resources would improve the quality of Christina's experience?
5. What ethnic/cultural considerations seem particularly relevant?

Probes:

1. How would you address Christina's uncertainty about where she will live in the future?
2. More specifically, how would you build Christina's sense of responsibility for her behavior and understanding that her behavior may have an impact on her ability to remain living with her family? *Role play a conversation that you might have with Christina on this subject.*
3. How would you address Christina's perception that her grandmother has generally negative expectations for Christina' future?
4. How would you address Christina's previous and potential involvement in risk-taking activities?
5. How would you support Christina in achieving her personal goals?

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ANNETTE

Annette (age 8) lives with her foster parents (the Jacksons) and nine other children, most of whom are unrelated to the Jacksons. Annette was removed from her biological parents' care when she was 5 years old. Prior to her placement with the Jacksons, Annette lived with her aunt for a few months and then in another non-kin foster placement for 2 years.

While the Jacksons have professional jobs, in addition to their responsibilities as foster parents, Annette's descriptions of them suggest that they are very involved in the lives of the children in their care. They help with homework and meet with teachers. They coordinate daily housekeeping and gardening rituals. They are available to listen when children have concerns. Annette feels particularly close with Mr. Jackson who she calls, "Daddy," and wishes that she could spend more time with him.

Annette's primary complaints revolved around relationships with her foster siblings. She reported that sometimes her foster siblings are helpful, but that most of the time, they get really angry with one another. Children who talk about their feelings are teased, and younger children are sometimes forced to give things to older children. Finally, Annette said, "One of the things I really don't like about living here is that sometimes children blame me for things that I don't do."

Overall, Annette reported feeling that she is a part of the Jackson family and likes the people in her home. She stated that she wants to live with her aunt as a teenager, but that she also wants to maintain a relationship with the Jacksons. When asked what she would tell other children who can't live with a biological parent, Annette said, "Sometimes it is hard being with people you don't know, but you get used to it."

Questions:

1. What are the positive aspects of Annette's experience in out-of-home care?
2. What are your concerns?
3. How would you address your concerns?
4. What services or community resources would improve the quality of Annette's experience?
5. What ethnic/cultural considerations seem particularly relevant?

Probes:

1. What do you imagine life is like for a child living in a non-kin foster home with nine children and two busy adults? What are some negative and positive aspects?

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2. How would you address Annette's concerns about her foster siblings' behavior?

3. Hypothesize reasons why Annette might want to live with her aunt when she is a teenager.

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SERENITY

Serenity (age 13) has lived with her non-kin foster parents (the Burnetts) for 12 years, along with four other children, three of whom are foster children. Serenity has monthly contact with her biological mother. Their visits are "always fun," and Serenity frequently tells her biological mother about important things that are going on in her life. Serenity reported that she used to imagine living with her biological mother again, but that her social worker was helpful in explaining to her why she was initially removed and why she would not be able to return. Now Serenity does not want to live with her biological mother again, but she wishes that they could visit more often. Serenity has not had contact with her biological father and siblings in several years, but she believes that they live in nearby towns and is very interested in finding them. She has asked her social worker to help her find them, but does not yet know if her social worker will, in fact, help. Serenity reported feeling proud of her home with the Burnetts. She gave many examples of ways in which they are supportive. She is pleased that the Burnetts are pursuing legal guardianship and wishes that they would adopt her.

Questions:

1. What are the positive aspects of Serenity's experience in out-of-home care?
2. What are your concerns?
3. How would you address your concerns?
4. What services or community resources would improve the quality of Serenity's experience?
5. What ethnic/cultural considerations seem particularly relevant?

Probes:

1. How would you respond to Serenity's interest in seeing her biological mother more often?
2. How would you respond to Serenity's interest in finding her biological father and siblings?
3. How would you respond to Serenity's interest in being adopted by the Burnetts?

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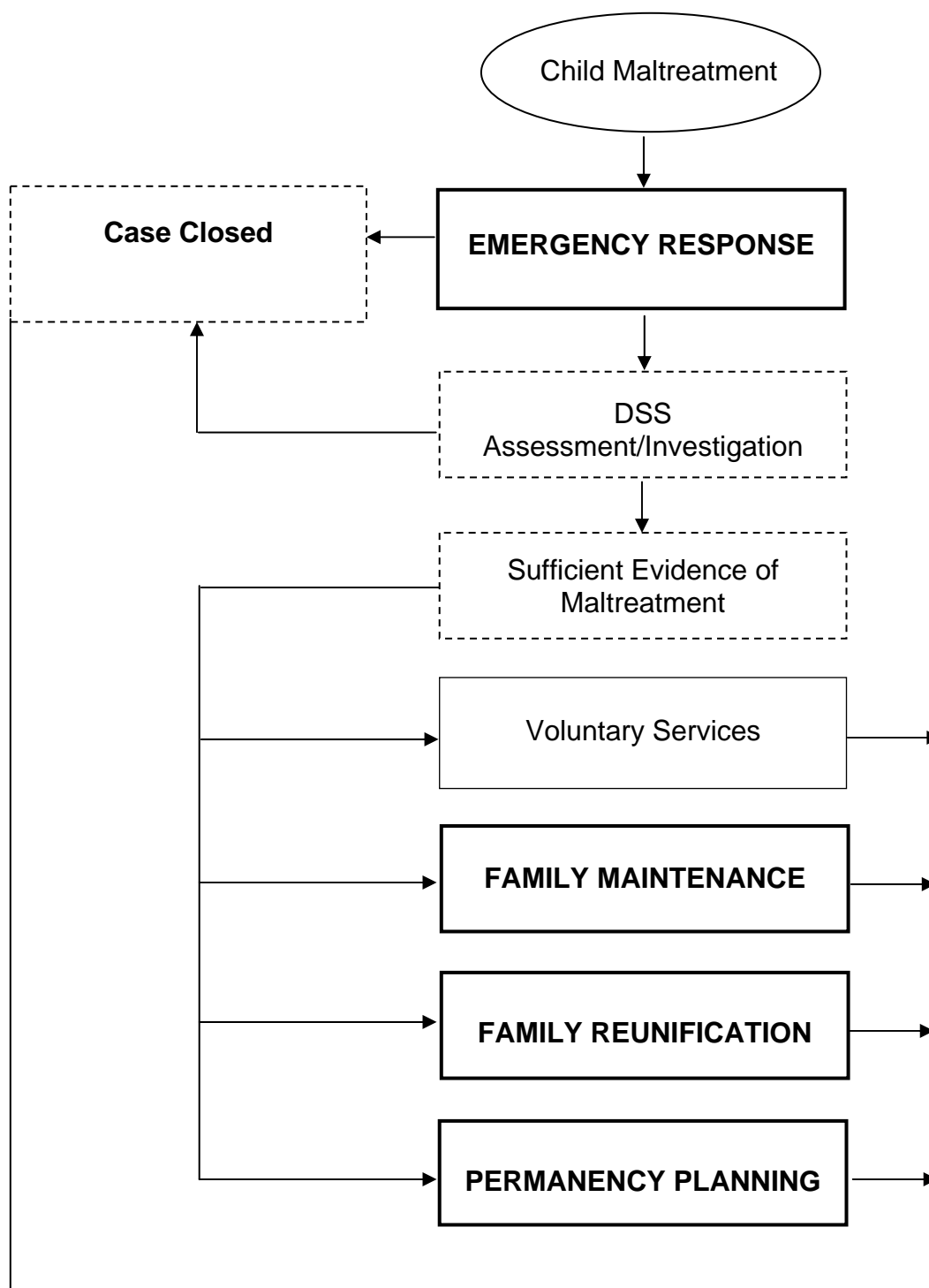
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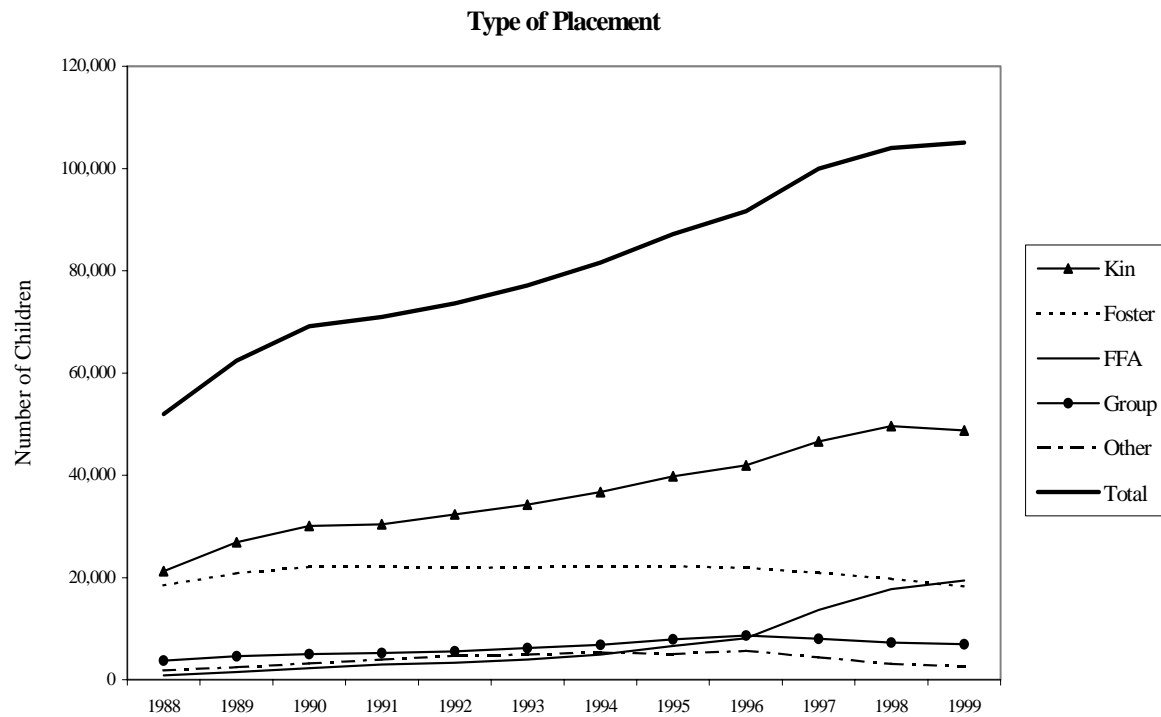
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OVERHEADS

Fox, A., Frasch, K., & Berrick, J. D. (2000). *Listening to children in foster care: An empirically based curriculum.* Berkeley: University of California at Berkeley, California Social Work Education Center.

CHILDREN'S PATHWAYS THROUGH THE CHILD WELFARE SYSTEM

Fox, A., Frasch, K., & Berrick, J. D. (2000). *Listening to children in foster care: An empirically based curriculum.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Type of Placement

Fox, A., Frasch, K., & Berrick, J. D. (2000). *Listening to children in foster care: An empirically based curicululm.* Berkeley: University of California at Berkeley, California Social Work Education Center.

FIRST ENTRIES BY REMOVAL REASON

Sexual
Abuse

Other
6%

Physical Abuse
16%

Neglect
72%

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AGES OF CHILDREN IN CARE

Infants
4%

1-2 years
11%

13-18 years
26%

3-5 years
18%

6-12 years
41%

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Fox, A., Frasch, K., & Berrick, J. D. (2000). *Listening to children in foster care: An empirically based curriculum.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Permanency Outcomes for Children

Fox, A., Frasch, K., & Berrick, J. D. (2000). *Listening to children in foster care: An empirically based curriculum.* Berkeley: University of California at Berkeley, California Social Work Education Center.

TABLE 1: DEMOGRAPHIC CHARACTERISTICS OF SAMPLE

Variable	n = 100
Placement type	59% Kin 41% Non-kin
Gender	50% Male 50% Female
Age (in years) *(Range = 6 - 14)*	Mean = 9.89 (SD 2.27) Median = 10
Ethnicity	82% African American 6% Hispanic 6% Caucasian 5% Biracial 1% Asian American
Years in current placement *(Range = 4 months - 12.5 years)*	Mean = 5.44 (SD 3.22) Median = 5.29
Living in public housing	16%
Type of housing	59% Single dwelling 30% Apartment 10% 2/3/4-plex 1% Mobile home
Individuals in home *(Range = 1 - 13)*	Mean = 5.19 (SD 2.51) Median = 5

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TABLE 2: DEMOGRAPHIC CHARACTERISTICS OF SAMPLE
BY PLACEMENT TYPE

Variable	Kin (n = 59)	Non-Kin (n = 41)
Gender	42% Male 58% Female	61% Male 39% Female
Age (in years)	Mean = 9.85 (SD 2.35)	Mean = 9.95 (SD 2.18)
Ethnicity**	92% African American 8% Other	71% African American 29% Other
Years in current placement*	Mean = 6.00 (SD 3.18)	Mean = 4.63 (SD 3.15)
Living in public housing	25%	2%
Type of housing***	46% Single dwelling 54% Other	78% Single dwelling 22% Other
Individuals in home	Mean = 4.39 (SD 1.72)	Mean = 6.34 (SD 3.0)

*** Indicates $p < .001$
** Indicates $p < .01$
* Indicates $p < .05$

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TABLE 3: INTERVIEWER ASSESSMENT OF CHILDREN'S HOME ENVIRONMENTS

	Kin	Non-Kin
Presence of at least one hazard inside home	22%	20%
Sharp objects	5%	2%
Dangerous electrical fixtures	5%	0%
Drug paraphernalia	0%	0%
Strange chemical odors	2%	0%
Roof/walls in disrepair	3%	3%
Slippery floors	0%	0%
Adult magazines and/or condoms	2%	0%
Other misc. hazards	14%	15%
Total number of hazards (Mean & SD)	*.31 (.68)*	*.20 (.40)*
Internal Conditions of Home 3-Item Scale Mean (SD), 10 = Positive Score	7.49 (1.88)	7.98 (1.32)
"Filthy" to "Very clean and tidy"	6.75	7.55
"Evidence of numerous bugs or rodents" to "No evidence of bugs or rodents"	8.36	8.41
"Very poor condition" to "Well kept up and in good repair"*	7.25	8.11

***   Indicates p<.001
**   Indicates p<.01
*   Indicates p<.05

Fox, A., Frasch, K., & Berrick, J. D. (2000). *Listening to children in foster care: An empirically based curriculum.* Berkeley: University of California at Berkeley, California Social Work Education Center.

TABLE 4: INTERVIEWER ASSESSMENT OF
CHILDREN'S IMMEDIATE NEIGHBORHOODS

	Kin	Non-Kin
Presence of at least one hazard outside home	39%	24%
Sharp objects	12%	12%
Drug paraphernalia	2%	0%
Slippery walkway	0%	0%
Walkway/steps in need of repair	10%	2%
Stray objects hanging from building	0%	0%
Suspicious looking persons in area	17%	7%
Generally dangerous-appearing area**	25%	5%
Condoms	0%	0%
Other misc. hazards	15%	12%
Total number of hazards (Mean & SD)*	*.81 (1.27)*	*.39 (.83)*
Conditions of Immediate Neighborhood 6-item Scale Mean (SD), 10 = Positive Score	5.79 (2.34)	7.64 (1.88)
"Unpleasant" to "Pleasant"***	5.53	7.32
"Debris and garbage around" to "No debris and garbage around"***	6.00	7.98
"Loitering" to "No loitering"***	6.54	8.49
"No green space" to "Lots of green space"***	5.36	7.29
"No play area" to "Great deal of play area"***	5.39	7.20
"Very poorly kept" to "Very well kept"***	5.95	7.59

***   Indicates p<.001
**   Indicates p<.01
*   Indicates p<.05

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FIGURE 1: CONTACT WITH BIOLOGICAL FAMILY
Do you ever see [name]?

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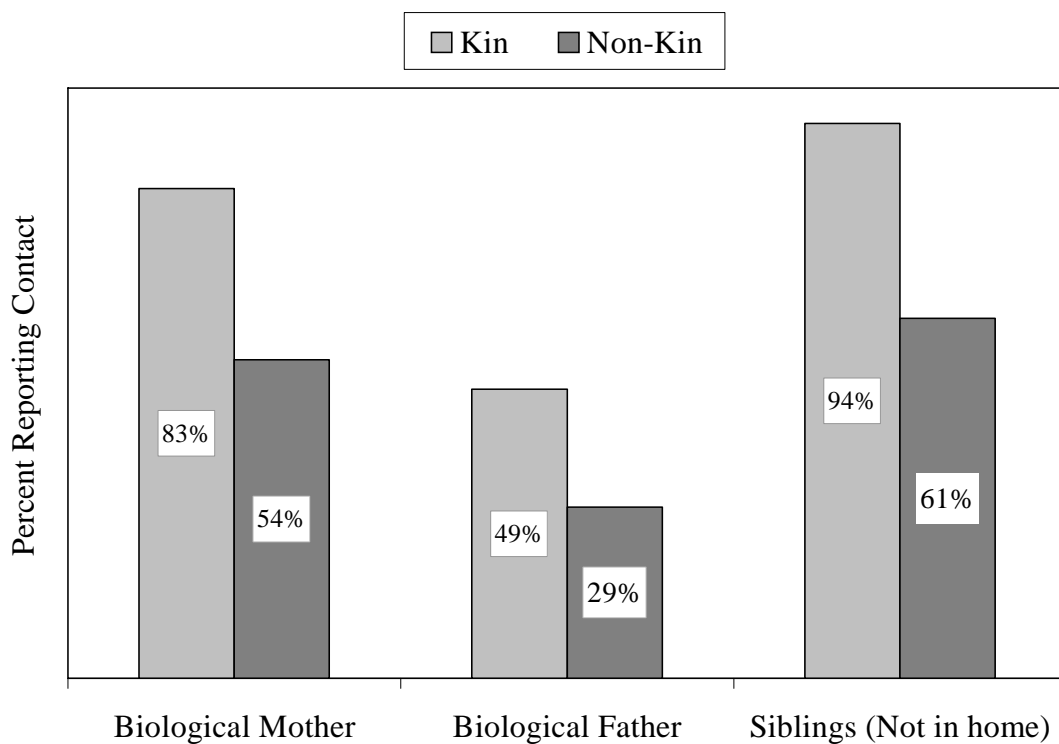
Figure 1:
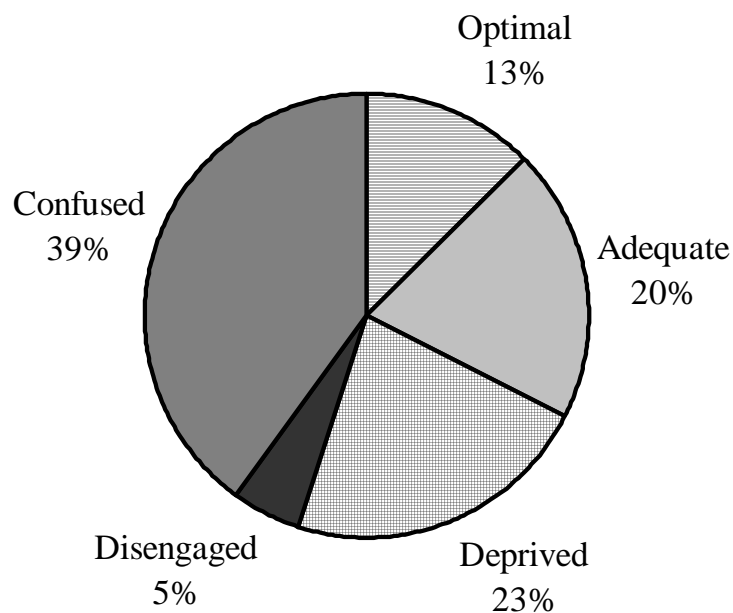**Relatedness with Biological Parent***
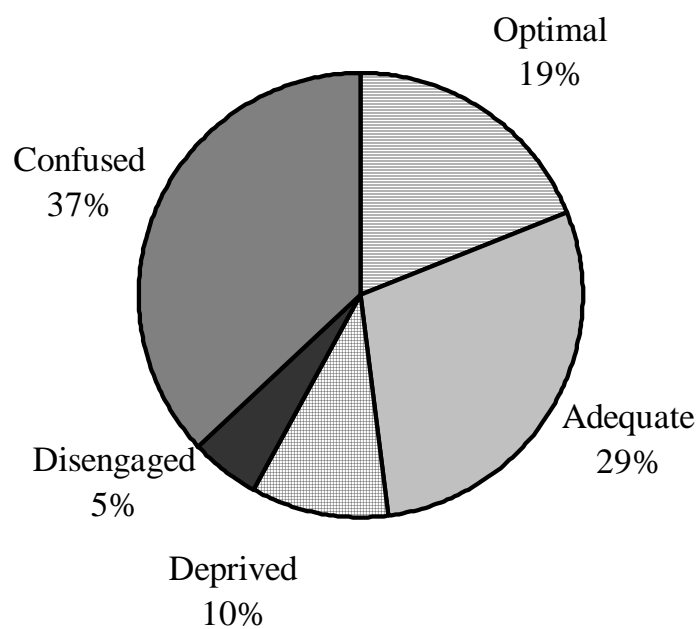**(n = 80)**

Figure 2:
Relatedness with Caregiver*
(n = 100)

* No significant differences in relatedness were found by kin/non-kin placement type.

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TABLE 5: CHILDREN'S PERCEPTIONS OF THEIR HOME'S SOCIAL CLIMATE BY RELATEDNESS WITH CAREGIVER

Relatedness Patterns	Mean Scores on Social Climate Scale (max. = 32)	
Optimal (n = 10)	19.74	***
Adequate (n = 29)	18.48	***
Confused (n = 37)	17.97	***
Disengaged (n = 5)	15.20	***
Deprived (n = 10)	14.60	***

*** Indicates p<.001

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**FIGURE 4: WHEN YOU'RE A TEENAGER,
WITH WHOM DO YOU THINK YOU WILL LIVE?**

Don't know
16%

Other
9%

Caregiver
42%

Extended relative
9%

Biological parent
24%

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FIGURE 5: DO YOU WANT THIS TO BE YOUR PERMANENT HOME?

No
33%

Yes
77%

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FIGURE 6: IF YOU COULD LIVE ANYWHERE OR WITH ANYONE,
WITH WHOM WOULD IT BE?

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FIGURE 7: WHO DECIDES WHETHER THIS WILL BE YOUR PERMANENT HOME?

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TABLE 6: CHILDREN'S PERCEPTIONS OF THEIR CAREGIVERS' SUPERVISION

Items	Frequency (n = 98)
When I am not at home, [caregiver] knows where I am.	3% None of the time 10% Some of the time 19% Most of the time 67% All of the time
When I leave the house, [caregiver] knows where I am going.	4% None of the time 12% Some of the time 13% Most of the time 70% All of the time
When I leave the house, I know what time I need to be back home.	5% None of the time 10% Some of the time 11% Most of the time 74% All of the time
When [caregiver] isn't around, another grown up [defined as not including older teenagers] is in charge.	1% None of the time 12% Some of the time 21% Most of the time 66% All of the time

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TABLE 7: CHILDREN'S EXPOSURE TO VIOLENCE
IN CURRENT CAREGIVER'S HOME

Things I Have Seen and Heard
17-item instrument collapsed into 14 categories
5-point Likert response scale collapsed (1 = at least once)   **Frequency (n = 100)**

Witnessing Domain

Stabbing/shooting in or near home[6]*	23%	(31% kin vs. 10% non-kin)
Dead body outside	10%	(14% kin vs. 5% non-kin)
Gun shots in or near home	57%	(64% kin vs. 46% non-kin)
Somebody get arrested in or near home	72%	(79% kin vs. 62% non-kin)
Drug deals in or near home	50%	(53% kin vs. 44% non-kin)
Somebody being beat up in or near home	63%	(55% kin vs. 74% non-kin)
Gun (specifically in home)	12%	(17% kin vs. 5% non-kin)
Drugs (specifically in home)	10%	(7% kin vs. 15% non-kin)
Domestic violence (specifically in home)[6]	45%	(43% kin vs. 47% non-kin)

Victimization Domain

Lethally threatened in or near home[6]	12%	(7% kin vs. 18% non-kin)
Beat up in or near home	30%	(24% kin vs. 39% non-kin)

Additional CSSR-developed questions

Somebody has touched me in a way that made me feel uncomfortable.	19%	(16% kin vs. 23% non-kin)
I never know when I am going to get into trouble.	45%	(42% kin vs. 50% non-kin)
Grown ups yell at kids in this home when they are mad.	60%	(55% kin vs. 68% non-kin)
Grown ups hit, push, or throw things at kids in this home.	18%	(21% kin vs. 13% non-kin)
Kids hit, push, or throw things at other kids in this home.	40%	(38% kin vs. 42% non-kin)
*People in this home say mean things to me.**	38%	(29% kin vs. 50% non-kin)

***   Indicates p < .001
**   Indicates p<.01
*   Indicates p<.05

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[6]The "stabbing/shooting" category is comprised of children's responses to two statements: *I have seen somebody get stabbed* and *I have seen somebody get shot*. The "domestic violence" category is comprised of children's responses to three statements: *Grown ups in my home hit each other*, *Grown ups in my home threaten to stab or shoot each other*, and *Grown ups in my home yell at each other*. The "lethally threatened" category is comprised of children's responses to three statements: *Somebody threatened to kill me*, *Somebody threatened to shoot me*, and *Somebody threatened to stab me*.

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TABLE 8: SUMMARY OF REGRESSION ANALYSIS
FOR PREDICTING CHILDREN'S VIOLENCE EXPOSURE (n = 94)

Variable	B (Std. Error)	Standardized B
Model I (R^2 = .27)		
Living in Public Housing *(interviewer assessment)***	6.872 (2.069)	.304
Caregiver's Supervision *(child report)**	-.812 (.331)	-.234
Social Climate of Home *(child report)**	-.660 (.275)	-.233
Model II (R^2 = .37)		
Neighborhood Quality *(interviewer assessment)***	-.199 (.054)	-.334
Caregiver's Supervision *(child report)***	-.912 (.311)	-.263
Social Climate of Home *(child report)**	-.640 (.257)	-.226
Living in Public Housing *(interviewer assessment)**	4.311 (2.054)	.191

***   Indicates p<.001
**   Indicates p<.01
*   Indicates p<.05

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TABLE 9: REPRESENTATIVE PROFILES OF CHILDREN'S VIOLENCE EXPOSURE
IN CURRENT PLACEMENT*

Case One ("Low")	Case Two ("Moderate")	Case Three ("High")
This 12-year-old girl endorsed 2 out of 17 items: "I have heard guns being shot in or near this home" and "I have seen somebody get beat up in or near this home."	This 13-year-old girl endorsed 5 out of 17 items. She has seen somebody get arrested, seen somebody get beat up, heard guns being shot, and seen drug deals – all "in or near [her] home."	This 10-year-old girl endorsed 8 out of 17 items. She has seen somebody get arrested, seen somebody get beat up, heard guns being shot, and seen drug deals – all "in or near [her] home." She also endorsed the item, "Grown ups in my home yell at each other." Less common, but still expectable based on the overall pattern of results, is the fact that she has seen a gun in her home, seen somebody get shot "in or near [her] home," and seen a dead body outside.
Roughly 50% of the sample endorsed 0 - 3 items.	*Roughly 35% of the sample endorsed 4 - 6 items.*	*Roughly 15% of the sample endorsed 7 - 15 items.*

* Quest program analyses indicate that these three children's profiles are highly consistent with the
   overall pattern of relative frequencies found with this sample.

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TABLE 10: CHILDREN'S SUBJECTIVE EXPERIENCE OF
SAFETY IN VARIOUS CONTEXTS

Items	Frequency (n = 98)
When you are inside this home, how safe do you feel?	3% Not at all 3% A little 10% A lot 84% Very
When you are playing outside, but close to this home, how safe do you feel?	2% Not at all 19% A little 38% A lot 41% Very
When you are walking through your neighborhood, how safe do you feel?	12% Not at all 33% A little 28% A lot 28% Very
When you are outside on the yard at school, how safe do you feel?	10% Not at all 17% A little 21% A lot 51% Very

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**FIGURE 8: OUT OF ANY PLACE IN THE WORLD,
WHERE DO YOU FEEL MOST SAFE?**

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TABLE 11: CAREGIVERS' SUPPORT FOR CHILDREN'S PHYSICAL WELL-BEING

Items	Frequency (n = 97)
When I am sick or hurt, [caregiver] takes care of me or arranges for someone else to take care of me.	98% Most/All of the time
When I need to see the doctor, [caregiver] takes me to the doctor or arranges for another grown up to take me.	92% Most/All of the time
I get enough sleep.	80% Most/All of the time
I get enough to eat.	96% Most/All of the time
I brush my teeth.	94% Most/All of the time
I have clean clothes to wear.	94% Most/All of the time
When I am in a car, I wear a seat belt.	97% Most/All of the time

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TABLE 12: CAREGIVERS' SUPPORT FOR CHILDREN'S
SCHOOL-RELATED WELL-BEING

Items	Frequency %: Most/All of the time (n = 97)		
	Total	Kin	Non-kin
I go to school.	98	100	95
I get to school on time.	92	95	87
When I don't understand my homework, [caregiver] helps me or finds someone to help me.*	86	93	77
When I'm not doing well in school, caregiver is concerned.	89	89	87
I have a quiet space to do my homework.	80	84	74
I have enough time to do my homework.*	87	93	79

*** Indicates p<.001
** Indicates p<.01
* Indicates p<.05

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TABLE 13: CAREGIVERS' AND CHILDREN'S EXPECTATIONS
FOR CHILDREN'S FUTURES

	Does [caregiver] say or think that you will…		*Do you think that you will…*	
	Positive [Yes]	**Negative [Yes]**	**Positive [Yes]**	**Negative [Yes/Maybe]**
Finish high school?	95%		85%	
*Go to college?**	93%		74%	
Have a job when you're a grown-up?	95%		92%	
*Get into trouble with the police?**		7%		12%
Smoke cigarettes?		5%		6%
Have problems with alcohol?		5%		8%
Use drugs?		5%		4%
[Get pregnant/become a dad] as a teenager?		25%		31%
Show respect to older people?	97%		95%	
Stay safe and not get killed?	97%		92%	
Be successful?	99%		86%	
Be happy?	99%		92%	
Mean Scores (SD)				
Positive Expectations Subscale, max. score = 7	6.74 (.88)	-----------	6.15 (1.21)	-----------
Negative Expectations Subscale, max. score = 5	-----------	0.48 (.99)	-----------	0.60 (.99)
Total Outlook (Positives – Negatives), max. score = 7	**6.25 (1.67)**		**5.55 (1.88)**	

***   Indicates p<.001
**   Indicates p<.01
*   Indicates p<.05

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APPENDIXES

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METHODS FOR CHAPTER III

DESIGN

This study utilized a cross-sectional survey design involving in-home interviews with children in out-of-home care. The study was designed to explore foster children's experiences in relationship to four fundamental child welfare goals: (a) protecting children from harm, (b) supporting children's families, (c) promoting permanence, and (d) fostering children's well-being.

SAMPLE

The sample for this "Family Care Study" was drawn from the "Quality of Care Study," conducted 1 year previously, involving in-home interviews with caregivers in three Bay Area counties (Alameda, Contra Costa, and San Francisco). UC Berkeley researchers and county child welfare administrators collaborated to generate the Quality of Care Study's sample. In each of the three counties, systematic samples of kin and non-kin providers who had a child between the ages of 6 - 12 in their care were invited to participate in the study. To ensure that caregivers had sufficient knowledge about the child in their care, all children in that age range also were required to have lived in their caregiver's home for a minimum of 6 months. The county-level positive response rates for the Quality of Care Study were as follows: Alameda (37%), Contra Costa (34%), and San Francisco (unknown due to limitations in data availability). For a review of the Quality of Care Study's methods, instrumentation, and findings, see Berrick et al. (1998).

While the Quality of Care Study involved 257 caregivers (living in the three counties), the Center for Social Services Research was allowed continued access to only 179 caregivers (living in two counties). To recruit subjects for the Family Care Study, CSSR sent a solicitation letter to the homes of all 179 caregivers. The letter described the study's purpose, stated that the juvenile court judges had provided blanket consent for the children in their county to participate (or in the case of one county, explained that juvenile court judges would provide consent for individual children following caregiver's consent), informed caregivers of the voluntary and confidential nature of their participation, and offered appropriate honoraria for children and their caregivers. Caregivers were then asked to respond directly to the researchers with a self-addressed stamped envelope to show their interest in participation. One follow-up letter was distributed 2 weeks later to remind all subjects of the research opportunity. Weekly follow-up phone calls were made throughout the data collection period to maximize the study's response rate.

Of the 179 caregivers who were contacted, 97 provided consent for at least one child in their care to participate in the Family Care Study, yielding a total positive response rate of 54%, with San Francisco County having a higher response rate than Alameda County (63% vs. 48%, respectively). Of the 114 children living with consenting caregivers, 14 were not included in the final sample because their interviews either did not occur (i.e., following three "no-show" appointments) or were terminated prematurely (in response to caregivers' requests and/or children's attention-related difficulties). The final Family Care Study sample included 100 children. Please refer to the two diagrams

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at the end of this appendix for additional information on the study's sample selection process, including an account of reasons for non-response.

HUMAN SUBJECT PROTECTIONS

While all children are a protected class of individuals where research is involved, children in foster care represent a particularly vulnerable population. This study was developed in such a way that juvenile court judges, county child welfare administrators, caregivers, and children all granted informed consent. For additional information on the ways in which researchers addressed this particularly important methodological concern, please see Berrick, Frasch, & Fox (2000).

INSTRUMENTATION

The Family Care Study was designed to explore foster children's experiences in relationship to four fundamental child welfare goals: (a) protecting children from harm, (b) supporting children's families, (c) promoting permanence, and (d) fostering children's well-being. The instrument package consisted of an initial "ice breaker" section (to learn the unique terms that children use for significant persons in their lives), standardized measures, and non-standardized measures (including open-ended questions). To sustain children's attention and make the overall interview experience enjoyable, children also were invited to use props (e.g., bells, maracas, Koosh balls, Colorform boards, stamps, and visuals illustrating Likert-scale response choices). Importantly, for some children, props provided a safer way of responding to sensitive items by allowing them to give non-verbal, rather than verbal responses. The interview was intended to last no more than 1 hour. A copy of the instrument is included in Appendix C.

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Since very few studies have involved in-person interviews with foster children, this study required a particularly intensive instrument development process. Researchers reviewed the literature addressing the study's major domains of interest to identify previously developed measures—ones that could be used in their original forms, as well as ones that could be adapted (to achieve greater validity for use with this unique population). When standardized measures were included, researchers obtained permission from authors. The study's advisory committee—consisting of kin and non-kin caregivers, former foster youth, child welfare administrators, child welfare workers, and researchers not working directly on the project—was charged with reviewing the instrument item-by-item for face validity, comprehensiveness, ordering of items, and language use. Finally, pilot testing the instrument with children of varying ages assisted researchers in determining whether the instrument's distinct components were developmentally appropriate.

DEVELOPMENT OF HOME AND NEIGHBORHOOD ASSESSMENT SCALES

Several measures were included to obtain outside evaluations of children's home and neighborhood environments. (See final pages of instrument in Appendix C.) Several steps were taken to achieve high levels of inter-rater reliability on these scales. Two weeks prior to study initiation, six raters conducted independent assessments of nine sites considered representative of sites similar to actual study sites. Reliability was poor on seemingly objective dichotomous questions (e.g., Does the child live in a public housing project?), as well as more subjective questions requiring Likert scale assessments (e.g., On a scale of 1-10, how much green space exists in the

neighborhood?). Given initial poor inter-rater reliability, the research team spent substantial time creating operational definitions for certain words, as well as detailed rubrics to accompany all items (included at the end of this appendix). A second round of assessments—this time of four sites considered representative of sites similar to actual study sites—yielded greatly improved and ultimately high inter-rater reliability. Finally, during data collection, interviewers periodically worked in pairs. These interviews provided ongoing opportunities to evaluate the inter-rater reliability of interviewers' home and neighborhood evaluations.

DATA COLLECTION

Interviewers were carefully selected MSW students attending UC Berkeley. Interviewers participated in 2 weeks of training where they learned about the study's overall purpose, reviewed the instrument item-by-item (to ensure that they understood the theoretical and psychometric reasons underlying inclusion of each question), discussed issues relating to age and cultural competency, and engaged in numerous role-playing exercises. During this training, interviewers also reviewed California's mandated reporting laws, as well as the procedures the Principal Investigator had developed in collaboration with county child welfare administrators for responding to children's disclosures about unsafe situations. All initial interviews in the field were closely supervised. Finally, throughout data collection, interviewers were provided with extensive training and ongoing support.

Upon receiving written consent forms, project coordinators made phone contact with caregivers to schedule in-home interviews. Interviewers then traveled to caregivers'

homes. A variety of strategies were employed to maximize interviewers' safety in the field. Interviews occurred in private or semi-private spaces. (Many of these spaces had been previously identified by caregivers in consultation with the phone scheduler.) Children's verbatim responses were marked on assessment forms, while several procedures were employed to ensure the confidentiality of children's participation, as well as their individual responses. Following administration of interviews, children were given "Certificates of Achievement." As incentives and acknowledgment for making these in-home interviews possible, researchers sent caregivers $50 checks and children $15 Toys 'R' Us gift certificates.

ANALYSIS

Data were scanned into an automated computer system (TeleForm). These files were then downloaded into an SPSS data entry shell. Data were cleaned before analysis. A systematic check of 10% of the instruments revealed a high level of data entry accuracy. Numerous descriptive and bivariate analyses were conducted. Whenever possible, multivariate analyses were conducted to examine aspects of children's experiences while controlling for other variables.
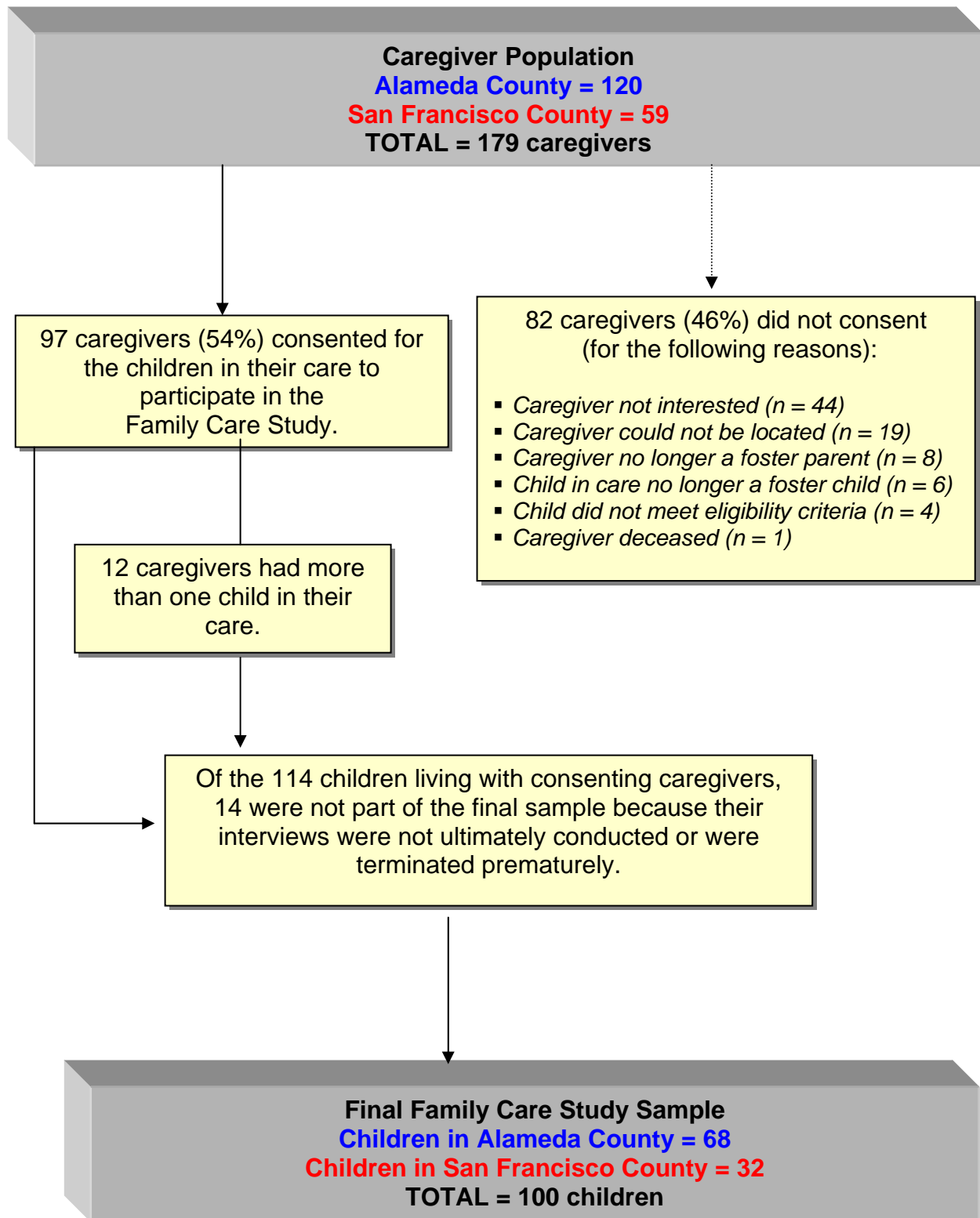
LIMITATIONS

In spite of this study's overall value, the validity of study findings is limited in several important respects. First, since the sample was restricted to two urban counties, findings cannot be generalized to populations beyond the study counties. Second, since the sample was restricted to children who had lived in their current caregiver's home for at least 6 months, the experiences of children in long-term care are over-represented.

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Third, the fairly low response rates may signify a bias in the sample that is unknown and again restricts the generalizability of the findings. Although high rates of payment were offered to subjects, the sample is likely to be biased in favor of a more geographically stable population. Also noteworthy, although one interviewer spoke Spanish, non-English reading/speaking caregivers may have been particularly non-responsive. Finally, given that the instrument relied upon children's self-reports and that some of the questions may have elicited socially desirable responses (particularly in instances where children felt that their caregivers were in close physical proximity), the data may portray a more positive perspective on children's experiences in care than might have been discerned using other methods.

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Family Care Study Population

**The Family Care Study population
was drawn from a 1997 study involving
the following sample of caregivers:**

Alameda County = 115
Contra Costa County = 64
San Francisco County = 78
TOTAL = 257 caregivers

All 115 caregivers in
Alameda County
were part of the
Family Care Study
population.

Judge consent
was not available
for the 64
caregivers in
**Contra Costa
County.**

San Francisco DSS did not
allow contact with 19 caregivers
because the children in their
care had moved out of county,
transitioned to new homes, or
had reunified with their families.

59 caregivers in
San Francisco County
were part of the
Family Care Study
population.

5 caregivers were
added to the **Alameda
County** population
(as new recruits).

Caregiver Population
Alameda County = 120
San Francisco County = 59
TOTAL = 179 caregivers

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Family Care Study Sample

Caregiver Population
Alameda County = 120
San Francisco County = 59
TOTAL = 179 caregivers

97 caregivers (54%) consented for the children in their care to participate in the
Family Care Study.

82 caregivers (46%) did not consent (for the following reasons):

- *Caregiver not interested (n = 44)*
- *Caregiver could not be located (n = 19)*
- *Caregiver no longer a foster parent (n = 8)*
- *Child in care no longer a foster child (n = 6)*
- *Child did not meet eligibility criteria (n = 4)*
- *Caregiver deceased (n = 1)*

12 caregivers had more than one child in their care.

Of the 114 children living with consenting caregivers, 14 were not part of the final sample because their interviews were not ultimately conducted or were terminated prematurely.

Final Family Care Study Sample
Children in Alameda County = 68
Children in San Francisco County = 32
TOTAL = 100 children

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LIKERT SCALE NEIGHBORHOOD AND CHILD RUBRICS

Internal Conditions

5. Using the 0 - 10 scale, rate the internal condition of the child's home for each characteristic:

0-------------- -------2------- -------4------- -------6------- -------8------- ----------- 10

| Totally filthy: food, excrement, dirty dishes, clothes around | Needs deep, intensive cleaning | Needs cleaning (including some deep cleaning in several areas) | Appears to be cleaned periodically, but several areas require some relatively easy cleaning. | Generally clean, but a few areas require some relatively easy cleaning. | Very clean and tidy. Totally clean. |

Indicators of internal conditions:
Paint/ Wallpaper: stains, scuffs, nicks, scratches, chips
Rugs/carpets/floors: stains, tears, burn marks, scratches
Counter tops/tables/other surfaces: clear, clean, cluttered, spills, stains.

0-------------- -------2------- -------4------- -------6------- -------8------- ----------- 10

(0)Numerous bugs, or rodents, or their droppings   (10) No visible evidence of
Total infestation.   bugs or rodents. Nothing at all.
 <-- ants---]   [-------flies, spiders, cobwebs, bees ------------------->
<------------roaches, mice, rats, or their droppings --]

(Consider the number and location of bugs, rodents, or droppings)

0-------------- -------2------- -------4------- -------6------- -------8------- ----------- 10

(0)Very poor condition, major structural damage.   (10) Well kept up.
Big holes in walls or floors.   No need for repairs.
 <---------------------------------dangerous situations --------]
<--situations that require repair(s)-------]

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10. *Did you feel tense/nervous or comfortable/welcome in the home environment on a scale from 0 - 10?*
    (Interviewer subjective impression of comfort level)

0-------------   -------2-------   -------4-------   -------6-------   -------8-------   ---------- 10

Indicators of comfort level:
Caregiver/child greeting: extended, brief, warm, hostile, chit-chat
Atmosphere: warm, welcoming, tense, unfriendly
Distractions: excessive noise from TV, radio, other people

Neighborhood Condition

12. *Did you feel tense/nervous or comfortable/welcome in the neighborhood environment on a scale from 0 to 10? (Interviewer subjective impression of comfort level)*

0-------------   -------2-------   -------4-------   -------6-------   -------8-------   ---------- 10

13. *Using the 0 to 10 scale, how pleasant and aesthetically pleasing is the child's neighborhood?*

0-------------   -----2-------   -------4-------   -------6-------   -------8-------   ---------- 10

| Unpleasant. Totally run down. Over-flowing trash. Dirty streets, no greenery or flowers. Very unfriendly atmosphere. | Street itself is OK but house is 1-2 blocks away from a very unpleasant area or street itself is mostly but not entirely like (0-1) | Slightly more unpleasant than pleasant. | Slightly more pleasant than unpleasant. | Generally very clean and tidy but not perfectly or consistently. | Very clean and tidy. Totally clean. |

0-------------   -------2-------   -------4-------   -------6-------   -------8-------   ---------- 10

(0)Debris and garbage around everywhere.   (10) No debris or garbage around at all. Immaculate everywhere.

<------------------------------------garbage ------------]
<--- Litter ----------------------------------]

Indicators of garbage and litter:
Litter on streets: papers, cigarette butts, food wrappers
Garbage outside: old furniture, junky cars, metal/wood scraps, torn clothes

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0-------------   -------2-------   -------4-------   -------6-------   -------8-------   ------------10

(0)Excessive loitering.   (10) No loitering whatsoever.

<-------------------------within sight of home ------------------]   [-------------- not within sight of the home------------------->
<---within earshot of home------]

Consider number and general characteristics of loiterers:
Activity: drinking, hanging out on bicycles or cars, collecting cans, sleeping
Characteristics: gender, age, race, homeless, number

0-------------   -------2-------   -------4-------   -------6-------   -------8-------   ----------- 10

| No green space on home property or in neighborhood. | Neighborhood has very little green space. Home has none. | Neighborhood has little green space. Home has none. | Neighborhood has some green space. Home has little. | Neighborhood has a lot of green space. Home has some. | Lots of green space on home property or in neighborhood. |

[---------park in sight of the house----------------------------->
[----------park within a few blocks of the house -------------------------------->

0---------------   -------2-------   -------4-------   -------6-------   -------8-------   ----------- 10

| No play area on home or property or in neighborhood. | Neighborhood has very little play area. Home has none. | Neighborhood has little play area. Home has none. | Neighborhood has some play area. Home has little. | Neighborhood has a lot of play area. Home has some. | Lots of play area on home property or neighborhood. |

[---------park in sight of the house----------------------------->
[----------park within a few blocks of the house -------------------------------->

0-------------   -------2-------   -------4-------   -------6-------   -------8-------   ------------ 10

(0)Very poorly kept.   (10) Well kept up.
Dilapidated/major repairs needed.   No need for repairs.

<----------------------------dangerous situations -------------]

<---Situations that require repair(s)-------]

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Child

14. Using the 0 - 10 scale, how would you rate the personal hygiene of the child?

0-------------   -------2-------   -------4-------   -------6-------   -------8-------   ---------- 10

(0)Very great evidence of poor hygiene.   (10) No evidence of poor hygiene at all.
(Dirty clothes, hair, bad odors.)

<-----medical attention required within a month---]
<--------------------------------health compromising-----------]
<---socially offensive conditions-----------]

Indicators of hygiene:
Fingernails, hands, toes, feet – dirty or clean
Hair: greasy, dirty, lice, dandruff, messy, combed
Teeth, mouth, breath – odors, smells.
Skin: dirty, cuts and wounds clean or bandaged.

17. Based on your observation of the child during the interview, please rate him/her on a scale of 0 - 10
*   for each characteristic below.*

0------------   -------2-------   -------4-------   -------6-------   -------8-------   -----------10

| **Disinterested**. Completely unengaged throughout the interview. | Occasionally engaged, but primarily disengaged. | More disinterested than interested. | More interested than disinterested. | Very engaged throughout most of the interview. | **Interested**. Totally engaged throughout the interview. |

0------------   -------2-------   -------4-------   -------6-------   -------8-------   ----------- 10

| **Hostile.** Consistently non-compliant. Consistently acting out. | Mostly non-compliant with occasional responsiveness. | More hostile than cooperative. | More cooperative than hostile. | Very cooperative. Occasional non-compliance. | **Cooperative.** Responsive to every request. Consistent compliance. |

0-------------   -------2-------   -------4-------   -------6-------   -------8-------   ----------- 10

| **Distracted.** Totally unable to focus. | Mostly distracted with occasional focus. | More distracted than attentive. | More attentive than distracted. | Very attentive. Occasional distractedness. | **Attentive.** Consistently focused. |

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0-------------- -------2------- -------4------- -------6------- -------8------- ------------ 10

Shy.
No eye contact and totally withdrawn.

Mostly shy.

More shy than outgoing.

More outgoing than shy.

Mostly outgoing.

Outgoing.
Maintains eye contact. Exuberant. Shows initiative. Volunteers information.

0-------------- -------2------- -------4------- -------6------- -------8------- ------------ 10

Untruthful.
Obvious lying or deception.

Frequent lying or deception.

Some lying or deception.

Occasional lying or deception.

Almost no lying or deception.

Truthful.
Absolutely no lying or deception.

0-------------- -------2------- -------4------- -------6------- -------8------- ------------ 10

Poor social skills.
Demonstrates no indicators.

Demonstrates a few indicators inconsistently.

Demonstrates a few indicators consistently or some indicators inconsistently.

Demonstrates some indictors consistently or most indicators inconsistently.

Demonstrates most indicators consistently.

Excellent social skills.
Demonstrates all indicators consistently.

Indicators of social skills:
Eye contact, greeting and departure, politeness and pleasantries,
Ability to engage in conversation,
Cooperation and friendliness.
Considerate and respectful.

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METHODS FOR CHAPTER IV

DESIGN

During the spring of 1999, the Center for Social Services Research conducted three focus groups in three San Francisco Bay Area counties with 32 adolescent foster youth, most of whom were still in out-of-home care. The purpose of this study was to acquire retrospective accounts from older youth on their experiences in out-of-home care and to compare these relatively abstract findings to information acquired from CSSR's study with younger foster youth in care.

SAMPLE

Focus groups were developed in collaboration with the California Youth Connection (CYC), a nonprofit statewide advocacy organization comprised of current and former foster youth. While CYC provided CSSR with an easily accessible sample, CSSR provided CYC members with a meaningful opportunity to express their perspectives in a confidential setting. With CSSR's consultation, CYC recruited foster youth who had lived primarily in foster homes, rather than group homes. CSSR restricted the sample in this manner to ensure that valid comparisons could be made between findings from this study and findings from its study with younger foster youth living in kin and non-kin foster home placements.

The total sample consisted of 32 teenagers, all of whom had lived in a kin or non-kin placement at some point in their lives. The three groups ranged in size from 5 - 19 participants. Fifty-six percent of participants were female. All participants were between the ages of 13 and 20. Participants' ethnicities varied: 31% identified as African

American, 28% as multiethnic, 22% as Latino/a, 13% as Caucasian, and 6% as "Other" (without further specification). Seventy-seven percent of participants were still attending school (most commonly, high school) and 84% were still living in out-of-home care when they participated in this study. (Please refer to Table 14 at end of this appendix for demographic information broken down by focus group.)

PROCEDURES

California Youth Connection approved the conduct of this study and identified three Bay Area contacts—in all cases, CYC chapter leaders. With CSSR's consultation, CYC chapter leaders recruited youth to participate in focus groups. All focus groups occurred during regularly scheduled CYC chapter meetings, located in county social service agencies. CSSR trained a social worker with prior groupwork experience to facilitate the focus groups. At each focus group, additional support was provided by a CSSR-assigned notetaker and the youth's already familiar CYC chapter leader.

At the outset of each focus group, the facilitator reviewed the study's purpose and discussed group process expectations with the participants. Confidentiality issues were discussed with considerable depth. Participants were told that all identifying information would be protected and that their participation would remain confidential; only themes and ideas would be used in this final report. They were also told that they themselves had to respect confidentiality. Participants were given consent forms that they then turned in during the first few minutes of their assigned focus group.

With CYC's collaboration, CSSR researchers selected nine focus group questions. Taken together, these questions were designed to assess participants'

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perspectives on four fundamental goals of the child welfare services system: protecting children from harm, supporting children's families, promoting legal permanence, and fostering children's well-being. Each focus group took approximately 90 minutes. Food and drinks were available throughout the discussions. Participants were also given $15 stipends as compensation for their participation.

LIMITATIONS

Several study limitations should be noted. First, participants represent a convenience sample of youth in out-of-home care that is different from the general foster youth population. Most likely, the participation of CYC youth in these focus groups biases the sample in favor of an already vocal group of foster youth. The sample is also nonrepresentative insofar as it only includes youth who have lived primarily in foster homes, rather than group homes. Second, social desirability effects may have been present during discussions; some youth may have answered questions in a way that they perceived to be aligned with the presumed biases of their facilitator or fellow CYC youth. On the other hand, given that CYC places a premium on speaking out to change the foster care system, these social desirability effects are likely to have been minimal. Finally, while the facilitator clearly communicated ways in which focus group discussions would be kept confidential, some participants may have felt uncomfortable in sharing their thoughts. In spite of these specific limitations (some of which are hypothetical), the study as a whole captured a range of adolescent voices on their experiences in out-of-home care.

Fox, A., Frasch, K., & Berrick, J. D. (2000). *Listening to children in foster care: An empirically based curriculum.* Berkeley: University of California at Berkeley, California Social Work Education Center.

Table 14: Characteristics of Focus Group Participants

	Solano County	Santa Clara County	Contra Costa County	Total Sample
Number of Participants	5	19	8	32
Gender				
Male	4	7	3	14
Female	1	12	5	18
Age				
Range	16 - 19	13 - 18	15 - 20	13 - 20
Mean	18.2 years	15.8 years	16.5 years	16.4 years
Ethnicity				
Multiethnic*	---	6	3	9
African American	3	3	4	10
Latino/a	1	5	1	7
Asian-American	---	---	---	---
Caucasian	---	4	---	4
Other	1	1	---	2
Foster Care Status				
In-care	3	14	7	24
Adopted	1	1		2
Emancipated	1	4	1	6
Number of Placements				
Range	1 - 3	1 - 6	1 - 4	1 - 6
Mean	2 placements	2.3 placements	2.3 placements	2.3 placements
Educational Attainment				
Grade 8	---	3	---	3
Some High School	---	8	3	11
Grade 12	4	7	5	16
Some College	1	1	---	2

*Multiethnic refers to any combination of ethnicities including African American, Latino/a, Native American, Asian-American/Pacific Islander, White/European American, etc.

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INSTRUMENT – INTERVIEWS WITH CHILDREN
(CHAPTER III)

Fox, A., Frasch, K., & Berrick, J. D. (2000). *Listening to children in foster care: An empirically based curriculum.* Berkeley: University of California at Berkeley, California Social Work Education Center.

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Child Interview
Face Sheet

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. The following will serve as an example:

Shade circles like this: ●
Not like this: ✗ ✓

First name of interviewer   Last name of interviewer

Interview date   Interview time started: Interview time ended:

☐☐ / ☐☐ / ☐☐   ☐☐ : ☐☐   ☐☐ : ☐☐

Interview completed?
○ No   If no, state reason:
○ Yes

Interview rescheduled for:

☐☐ / ☐☐ / ☐☐

Child number   ○ Kin   ○ Female   Age in years   Months in this placement
                  ○ Non-Kin ○ Male

Ethnicity:
○ Asian American   ○ Native American   ○ White/Caucasian
○ Black/African American
○ Hispanic/Latino   ○ Other (specify)

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INTRODUCTION

Hi [child]. It's nice to meet you. My name is [interviewer], and I'm here from the University of California at Berkeley. Do you know where that is? [CHAT A BIT.] I'm talking to kids in lots of cities about what it's like living in different kinds of families. My job is to teach grown-ups better ways of taking care of kids. That's why I am here today, so that you can help me teach grown-ups. I'd like to ask you some questions about what it's like living in Ms./Mr. caregiver]'s home. Some of the questions have to do with how things work in this home, what you like and don't like, what's easy and what's hard, and what you think your life is going to be like when you are older. You can decide whether or not you want to talk with me; it's up to you. You don't have to answer any questions if you don't want to, and there aren't any right or wrong answers. Do you have any questions so far?

There are four things that I want you to know about this talk:

1. First, there are no right or wrong answers.
2. Second, we can stop anytime for a break.
3. Third, you can pass on any question.
4. Fourth, I am going to be writing your answers down during our talk so I will remember them, but I want you to know that this talk is private. What I mean is that I won't share what you tell me with anyone at all, not even Ms./Mr. [caregiver], unless you tell me that someone is hurting you or that you are thinking of hurting yourself or someone else. In these cases, I would have to talk to a social worker to make sure that you are safe. Otherwise, everything we talk about today is totally private. It's not a secret, though. If YOU want to talk to someone about our conversation, that's fine, or if you want ME to talk to someone about our conversation, let me know. Does all of this make sense?

When we're done with our talk, I'll put the information you give me together with the information from all the other kids I'm talking to. Then I'm going to write my report on kids' experiences living in different kinds of families and how grown-ups can take better care of kids.

The questions should take us about 45 minutes once we get started. One more thing… We have all kinds of toys to go along with the questions… like these bells, this colorform board, this foam board, this felt board, and this balance scale. The toys are a little babyish, but a lot of kids like them because they keep things more fun. As we go along, though, you can let me know if you want to skip the toys and just talk your answers out.

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Do I have your OK to do this talk? [IF CHILD DOES NOT AFFIRM, PROBE. TERMINATE INTERVIEW IF NECESSARY. IF CHILD DOES AFFIRM, CONTINUE.]

[IF CHILD IS 9 OR YOUNGER, SAY:] Would you like to sign this permission slip, or shall I?

[IF CHILD IS 10 OR OLDER, SAY:] Before we start, I need you to sign this permission slip so I know that you have understood what I told you.

S i g n a t u r e (Child): _____

For children 9 or younger, indicate if the child either says yes or nods affirmatively.

○ No - Terminate interview.
○ Yes - Continue interview.

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ICE BREAKER

OK, well let's get started. You know that one of my favorite things to talk about is children and their families so...

1. Can you name everybody in your family for me?

   [IF NECESSARY, AFFIRM THAT 'FAMILY' IS WHOEVER THE CHILD FEELS IT IS. PROBE FOR RELATIONSHIP TO CHILD. RECORD ALL RELATIONSHIPS. WE ONLY NEED NAMES FOR CAREGIVER, BIRTH MOM, BIRTH DAD, AND SIBLINGS, IF THEY ARE MENTIONED. FILL OUT 'LIVES HERE' COLUMN IN NEXT QUESTION.]

Relationship

Relationship column headers: Grandmother, Grandfather, Mother, Father, Foster mother, Foster father, Aunt, Uncle, Cousin, Stepmother, Stepfather, Brother, Sister, Parent's boyfriend, Parent's girlfriend, Pet, Family friend, Foster sibling, Other

	Relationship (O for each category)	Name	Lives here
Person 1	○○○ ○○ ○○ ○○○ ○○ ○○ ○○ ○○ ○		○ Yes
Person 2	○○○ ○○ ○○ ○○○ ○○ ○○ ○○ ○○ ○		○ Yes
Person 3	○○○ ○○ ○○ ○○○ ○○ ○○ ○○ ○○ ○		○ Yes
Person 4	○○○ ○○ ○○ ○○○ ○○ ○○ ○○ ○○ ○		○ Yes
Person 5	○○○ ○○ ○○ ○○○ ○○ ○○ ○○ ○○ ○		○ Yes
Person 6	○○○ ○○ ○○ ○○○ ○○ ○○ ○○ ○○ ○		○ Yes
Person 7	○○○ ○○ ○○ ○○○ ○○ ○○ ○○ ○○ ○		○ Yes
Person 8	○○○ ○○ ○○ ○○○ ○○ ○○ ○○ ○○ ○		○ Yes
Person 9	○○○ ○○ ○○ ○○○ ○○ ○○ ○○ ○○ ○		○ Yes

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2. What about the people who live in this apartment/house: Who lives here?
    [FILL IN THE COLUMN ABOVE FOR REPEATS. ONLY INDICATE
    RELATIONSHIPS AND NAMES FOR NEW PEOPLE MENTIONED.]

Relationship

	Grandmother	Grandfather	Mother	Father	Foster mother	Foster father	Aunt	Uncle	Cousin	Stepmother	Stepfather	Brother	Sister	Parent's boyfriend	Parent's girlfriend	Pet	Family friend	Foster sibling	Other	**Name**
Person 1	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
Person 2	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
Person 3	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
Person 4	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
Person 5	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
Person 6	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
Person 7	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
Person 8	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
Person 9	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	

3. Of all the people you live with who takes care of you the most?
    [PROBE WITH CARETAKING ACTIVITIES IF NECESSARY TO CONFIRM
    PRIMARY CARETAKER.]

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4. What do you call [caregiver named in 3]?

[IF OTHER FOSTER PARENT OR GUARDIAN IS NOT NAMED ABOVE, SKIP TO QUESTION 6.]

5. What do you call [caregiver's partner]?

6. What do you call your birth mom or real mom?

7. Do you have other moms?　　　　　○ No　○ Yes

[IF YES, PROBE FOR WHO CHILD FEELS OTHER MOMS ARE AND WRITE RESPONSE(S).]

8a. Do you ever see [your mom]?　　　○ No　○ Yes

8b. Have you ever lived with [your mom]?　　○ No　○ Yes

[IF ANSWER TO 8a WAS NO, GO TO 8c.]

8c. Is [your mom] living?　　　　　○ No　○ Yes

9. What do you call your birth dad or real dad?

10a. Do you ever see [your dad]?　　　○ No　○ Yes

10b. Have you ever lived with [your dad]?　　○ No　○ Yes

[IF ANSWER TO 10a WAS NO, GO TO 10c.]

10c. Is [your dad] living?　　　　　○ No　○ Yes

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11. Do you have any real or birth brothers or sisters? O No   O Yes
    [IF NO, SKIP TO QUESTION 13.]

12. Do you live with any of your real or birth brothers or sisters?
    O No [IF NO GO TO 12c.]

    O Yes [IF YES GO TO 12b.]

    12b. Do you live with all of them?
         O No [IF NO GO TO 12c.]

         O Yes [IF YES GO TO 13.]

    12c. How often do you see your real brothers or sisters that don't live here?
         [RECORD RESPONSE FOR UP TO TWO SIBLINGS.]

         O None of the time   O None of the time
         O Some of the time   O Some of the time
         O Most of the time   O Most of the time
         O All of the time   O All of the time

13. Have you lived with [caregiver] all your life?   O No   O Yes
    [IF YES, SKIP TO END OF SECTION.]

14. About how old were you when you came to live with [caregiver]?

    years [ ][ ] months [ ][ ]

15. Who were you living with before you came to live here?

    [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

16. How many other families have you lived with?

    0   1   2   3   4   5   6   7   8   9   10

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FAMILY*

Family Climate

Now I have some questions about living here.
[IF, DURING ICE BREAKER, CHILD SAID THAT BOTH CARETAKERS TAKE CARE OF
HIM OR HER EQUALLY ASK HIM TO CHOOSE ONE OF THEM TO TALK ABOUT FOR
THE QUESTIONS PERTAINING TO ONE CAREGIVER.] I brought a bunch of toys with me
today to help you answer my questions but if you'd rather answer without them, just say so. I'd
like you to ring this [green] bell if your answer is "yes" and this [red] bell if your answer is "no."
You can honk this horn if you want to "pass" any question. Let's practice. The shirt I'm wearing
today is [blue]. [ELICIT TEST RESPONSE FROM CHILD]. Any questions?

[IF CHILD HAS A HARD TIME CHOOSING 'YES' OR 'NO', SAY, IF YOU HAD TO PICK
ONE WHICH DO YOU THINK IT WOULD BE? STATEMENTS IN PARENTHESES ARE
PROBES.]

Caregiver Support

1. [Caregiver] tries really hard to help you.	○ No	○ Yes
2. [Caregiver] knows what kids want.	○ No	○ Yes
3. [Caregiver] says to you, "you can do it."	○ No	○ Yes
4. You can talk to [caregiver] if you have a personal problem.	○ No	○ Yes
5. [Caregiver] spends a lot of time talking with you.	○ No	○ Yes
6. [Caregiver] gets upset if you throw a tantrum or act up.	○ No	○ Yes
7. [Caregiver] tries to help you feel better if you're upset.	○ No	○ Yes
8. [Caregiver] is interested in how you feel.	○ No	○ Yes

Strictness

9. If you argue with [caregiver], you get into trouble.	○ No	○ Yes
10. You can talk back to [caregiver] to her face (be "sassy" or "dis" her).	○ No	○ Yes
11. You get into serious trouble if you don't obey the rules here.	○ No	○ Yes
12. [Caregiver] is strict (has lots of rules).	○ No	○ Yes

*Revised version of REVISED SOCIAL CLIMATE SCALE. Colton, M. (1989). British Journal of Social Work,
19, 217-233.

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13. If you swear in front of [caregiver], you get into trouble (use a bad word).   ○ No ○ Yes

14. [Caregiver] orders you around all of the time.   ○ No ○ Yes

15. [Caregiver] lets you be disrespectful (be rude).   ○ No ○ Yes

16. [Caregiver] thinks it's a big deal when kids fight.   ○ No ○ Yes

[SKIP TO QUESTION 22 IF NO OTHER CHILDREN PRESENT IN THE HOME. IF ONLY ONE OTHER CHILD IS IN THE HOME USE THE CHILD'S FIRST NAME.]

Child Friendliness

17. The (kids who live here) laugh if you talk about your feelings.   ○ No ○ Yes

18. If (a kid) is upset the others try to help.   ○ No ○ Yes

19. (Kids) help each other a lot.   ○ No ○ Yes

20. When (kids) are upset they try to hide it from other kids.   ○ No ○ Yes

21. This is a friendly home.   ○ No ○ Yes

Satisfaction

22. You're ashamed of this home (feel bad or embarrassed).   ○ No ○ Yes

23. You're proud of this home.   ○ No ○ Yes

24. Other people talk bad about this home.   ○ No ○ Yes

25. If something important is going to happen in your family [caregiver] usually lets you know ahead of time.   ○ No ○ Yes

[SKIP TO QUESTION 33 IF NO OTHER CHILDREN PRESENT IN THE HOME. IF ONLY ONE OTHER CHILD IS IN THE HOME USE THE CHILD'S FIRST NAME.]

Behavior

26. (Kids here) get away with a lot.   ○ No ○ Yes

27. (Kids here) swear a lot (use bad words).   ○ No ○ Yes

28. (Kids here) brag about breaking the law (show off about getting into trouble).   ○ No ○ Yes

29. (Little kids) are sometimes forced to give things to (bigger kids).   ○ No ○ Yes

30. (Kids here) often get really angry with each other.   ○ No ○ Yes

31. If you leave things lying around here they will get stolen.   ○ No ○ Yes

32. (Kids here) are always fighting.   ○ No ○ Yes

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33. What is the best thing about living here? (anything at all).
    [PROBE AREAS OF SATISFACTION AND RECORD IN SPACE PROVIDED BELOW.]

[LIMIT TO FORTY WORDS]

34. What is the worst thing abou t living here? (anything at all).
    [PROBE AREAS OF DISSATISFACTION AND RECORD IN SPACE PROVIDED BELOW.]

[LIMIT TO FORTY WORDS]

Relatedness*

[YOU WILL READ THE ITEMS TO THE CHILD, AND THE CHILD WILL INDICATE HIS OR HER RESPONSES. FOR ALL CHILDREN, USE ONE COPY OF THE MEASURE AND THE RELATEDNESS RESPONSE SCALE. YOU WILL READ FROM THIS COPY, THE CHILD WILL PICK HIS/HER RESPONSE FROM THE SCALE, AND YOU WILL CIRCLE THE CHILD'S RESPONSE ON THIS QUESTIONNAIRE.]

[YOU WILL BE ASKING THE CHILD ABOUT TWO SETS OF RELATIONSHIPS: THEIR RELATIONSHIP WITH THEIR CAREGIVER AND THEIR RELATIONSHIP WITH THEIR MOTHER].

Now I'd like to talk with you about different people that you know. I'm going to ask you what you think about them and how you feel about them. Remember, you can always say "pass" if you want to skip a question. Do you have any questions?

[INTRODUCE THE FIRST SET OF QUESTIONS.] First, I'd like you to think about [caregiver]. OK, these questions will be about [caregiver].

[GO OVER THE RESPONSE SCALE WITH THE CHILD. USE THE COLORFORM BOARD.]

For these first questions, the choices are 'not at all true,' 'not very true,' 'sort of true,' and 'very true.' Does that make sense?

*Relatedness Scale. The scale has two subscales that measure children's feelings of relatedness to others: (1) emotional quality and (2) psychological proximity-seeking. Cited in Lynch, M., & Cicchetti, D. (1991). Patterns of relatedness in maltreated and nonmaltreated children: Connections among multiple representation models. Development and Psychopathology, 3, 207-226.

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[MAKE SURE THAT THE CHILD UNDERSTANDS THE SCALE. ASK THE FIRST SEVEN QUESTIONS.]

	Not at all true	Not very true	Sort of true	Very true
1. I wish [caregiver] knew me better.	○ 1	○ 2	○ 3	○ 4
2. I wish I could talk about more things with [caregiver].	○ 1	○ 2	○ 3	○ 4
3. I wish I was closer to [caregiver].	○ 1	○ 2	○ 3	○ 4
4. I enjoy the time I spend with [caregiver].	○ 1	○ 2	○ 3	○ 4
5. I wish [caregiver] knew more about how I fell.	○ 1	○ 2	○ 3	○ 4
6. I wish [caregiver] could spend more time with me.	○ 1	○ 2	○ 3	○ 4

[FOR THE NEXT SET OF QUESTIONS, USE THE 'ALMOST NEVER' TO 'ALMOST ALWAYS' RESPONSE SCALE TO SHOW THE SECOND SET OF CHOICES.]

For these questions, the choices are 'almost never,' 'not very often,' 'some of the time,' and ' almost always.' Does that make sense? [MAKE SURE THAT THE CHILD UNDERSTANDS THE SCALE. ASK THE REMAINING QUESTIONS ABOUT THE CAREGIVER.]

	Almost never	Not very often	Some of the time	Almost always
7. When I'm with [caregiver], I feel RELAXED.	○ 1	○ 2	○ 3	○ 4
8. When I'm with [caregiver], I feel IGNORED.	○ 1	○ 2	○ 3	○ 4
9. When I'm with [caregiver], I feel HAPPY.	○ 1	○ 2	○ 3	○ 4
10. When I'm with [caregiver], I feel MAD.	○ 1	○ 2	○ 3	○ 4
11. When I'm with [caregiver], I feel BORED.	○ 1	○ 2	○ 3	○ 4
12. When I'm with [caregiver], I feel IMPORTANT.	○ 1	○ 2	○ 3	○ 4
13. When I'm with [caregiver], I feel UNHAPPY.	○ 1	○ 2	○ 3	○ 4
14. When I'm with [caregiver], I feel SCARED.	○ 1	○ 2	○ 3	○ 4
15. When I'm with [caregiver], I feel SAFE.	○ 1	○ 2	○ 3	○ 4
16. When I'm with [caregiver], I feel SAD.	○ 1	○ 2	○ 3	○ 4
17. When I'm with [caregiver], I feel LOVED.	○ 1	○ 2	○ 3	○ 4

Caregiver Involvement

	Almost never	Not very often	Some of the time	Almost always
1. [Caregiver] reads stories with me.	○ 1	○ 2	○ 3	○ 4
2. [Caregiver] plays games with me.	○ 1	○ 2	○ 3	○ 4
3. [Caregiver] helps me with my homework.	○ 1	○ 2	○ 3	○ 4

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	Almost never	Not very often	Some of the time	Almost always
4. [Caregiver] eats with me.	○ 1	○ 2	○ 3	○ 4
5. [Caregiver] takes me places that I like.	○ 1	○ 2	○ 3	○ 4
6. [Caregiver] goes to my school when we have a special event.	○ 1	○ 2	○ 3	○ 4

[INTRODUCE THE NEXT SET OF QUESTIONS. IF CHILD HAS/HAS HAD ANY RELATIONSHIP WITH BIRTHPARENT(S), COMPLETE THIS SECTION. OTHERWISE SKIP TO NEXT SECTION.]

These next questions are about [your birth mother or birth father]. Think about how you feel when you're with [her/him].

[NOTE: PREFERENCE IS TO USE BIRTHMOTHER UNLESS BIRTHFATHER WAS CLEARLY THE MORE INVOLVED PARENT.]

[WHICH BIRTHPARENT?   ○ Birthmother ○ Birthfather]

	Not at all true	Not very true	Sort of true	Very true
1. I wish [birthparent] knew me better.	○ 1	○ 2	○ 3	○ 4
2. I wish I could talk about more things with [birthparent].	○ 1	○ 2	○ 3	○ 4
3. I wish I was closer to [birthparent].	○ 1	○ 2	○ 3	○ 4
4. I enjoy the time I spend with [birthparent].	○ 1	○ 2	○ 3	○ 4
5. I wish [birthparent] knew more about how I fell.	○ 1	○ 2	○ 3	○ 4
6. I wish [birthparent] could spend more time with me.	○ 1	○ 2	○ 3	○ 4

	Almost never	Not very often	Some of the time	Almost always
7. When I'm with [birthparent], I feel RELAXED.	○ 1	○ 2	○ 3	○ 4
8. When I'm with [birthparent], I feel IGNORED.	○ 1	○ 2	○ 3	○ 4
9. When I'm with [birthparent], I feel HAPPY.	○ 1	○ 2	○ 3	○ 4
10. When I'm with [birthparent], I feel MAD.	○ 1	○ 2	○ 3	○ 4
11. When I'm with [birthparent], I feel BORED.	○ 1	○ 2	○ 3	○ 4
12. When I'm with [birthparent], I feel IMPORTANT.	○ 1	○ 2	○ 3	○ 4
13. When I'm with [birthparent], I feel UNHAPPY.	○ 1	○ 2	○ 3	○ 4
14. When I'm with [birthparent], I feel SCARED.	○ 1	○ 2	○ 3	○ 4
15. When I'm with [birthparent], I feel SAFE.	○ 1	○ 2	○ 3	○ 4
16. When I'm with [birthparent], I feel SAD.	○ 1	○ 2	○ 3	○ 4
17. When I'm with [birthparent], I feel LOVED.	○ 1	○ 2	○ 3	○ 4

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PERMANENCY*

[ADMINISTER YES/NO QUESTIONS USING BALANCE BEAM AND FRUITS. FOR
OPEN-ENDED QUESTIONS WRITE RESPONSE. FOR QUESTIONS WITH FIVE RESPONSES
USE FOAM BOARD. DEMONSTRATE AND PRACTICE BALANCE BEAM AND FRUITS.]

Now I'm going to ask you some more questions about the people you live with and how it is to live
here. Are you ready? We're going to use this balance beam for these questions. If you put the fruit on
this "yes" side it means yes, and if you put the fruit on this "no" side it means no. Why don't you pick
out your favorite fruit to use for this section. You don't have to use the balance to answer if you'd
rather not. Remember that you can say "pass" if you want to skip a question; and for some of these
questions you can say "don't know" if you want to. Are you ready?

1. Do you like living with the people you live with?   O No   O Yes
2. Do you feel like you're part of this family?   O No   O Yes
3. Do you think you'll be living with [caregiver] next year?   O No   O Yes   O Don't know
   [IF NO, GO TO QUESTION 3b.]

   3b. Who do you think you'll be living with next year?

   O Current caregiver   O Family friend   O Different caregiver   O Don't know

   O Birthparent   O Relative   O Other

4. Can you keep living here until you grow up?   O No   O Yes   O Don't know
5. Could you live with someone else if you wanted to?   O No   O Yes   O Don't know
6. If you could live anywhere or with anyone, who would it be with?
   [PROMPT FOR CLARITY.]

   O Current caregiver   O Family friend   O Different caregiver   O Don't know

   O Birthparent   O Relative   O Other

7. When you are a teenager who do you think you will live with?

   O Current caregiver   O Family friend   O Different caregiver   O Don't know

   O Birthparent   O Relative   O Other

8. Have you ever asked someone if you could leave here or
   stop living here?   O No   O Yes
9. Have you ever tried to leave here before?   O No   O Yes
10. Has [caregiver] ever threatened to send you away to live with
    someone else?   O No   O Yes

Permanency questions adapted from: Johnson, P.R., Yoken, C., & Voss, R. (1994). Family foster care palcement: The child's
perspective. Child Welfare, 5, 959-974. Other questions adapted from: ILLINOIS SUBSIDIZED GUARDIANSHIPS
QUESTIONNAIRE: CHILD SURVEY. Westat, Inc., 1998.

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Relationship with biological parents

[IF CHILD'S MOTHER IS NOT LIVING (ICE BREAKER QUESTION 8b)
SKIP TO QUESTION 29.]

Now I'd like to ask you some questions about [your mother].

11. Does [caregiver] ever see [your mother] or talk to
    [your mother] at all?   O No O Yes

12. Do [caregiver] and [your mother] get along OK?   O No O Yes

[IF CHILD NEVER SEES MOTHER (ICE BREAKER QUESTION 8: 'DO YOU EVER SEE
YOUR MOTHER?') SKIP TO QUESTION 29.]

13. About how often do you see or have contact with [your mother]?

   O Less than once a month O Once or twice a month O About once a week

   O Almost every day   O Every day

For these next questions we're going to use this foam board. [INTRODUCE AND
DEMONSTRATE FOAM BOARD FOR FOLLOWING RESPONSES.]

14. Do you do fun things with [your mother] when you see her?
   O Never   O Hardly ever   O Sometimes

   O Most of the time   O All of the time

15. Do you talk to [your mother] about important things in your life when you see or talk to her?
   O Never   O Hardly ever   O Sometimes

   O Most of the time   O All of the time

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16. How often are you afraid of [your mother]?

O Never   O Hardly ever   O Sometimes

O Most of the time   O All of the time

We're not going to use the foam board for this next question.

17. Do you wish you saw or had contact with [your mother] more, less, or the same amount as you do now?

O More   O Less   O Same amount

REFER TO ICEBREAKER QUESTIONS 8c AND 14. SKIP TO QUESTION 29 IF CHILD NEVER LIVED WITH MOTHER OR WAS LESS THAN 4 WHEN REMOVED.

Now I have a few more yes/no questions to ask you. These are about what it was like when you lived with [your mother].

18. You were ashamed of [your mother's] home
    (felt bad or embarrassed).   O No O Yes
19. You were proud of [your mother's] home.   O No O Yes
20. Other people talked bad about [your mother's] home. O No O Yes
21. If something important was going to happen in your family
    [your mother] usually let you know ahead of time.   O No O Yes

[SKIP TO QUESTION 29 IF CHILD HAS NO SIBLINGS.]

22. Kids at [your mother's] home got away with a lot.   O No O Yes
23. Kids at [your mother's] home swore a lot (used bad words). O No O Yes
24. Kids at [your mother's] home bragged about breaking the law
    (showed off about getting into trouble).   O No O Yes
25. Little kids at [your mother's] home were sometimes forced
    to give things to bigger kids.   O No O Yes
26. Kids at [your mother's] home often got really angry
    with each other.   O No O Yes
27. If you left things lying around at [your mother's] home
    they got stolen.   O No O Yes
28. Kids at [your mother's] home were always fighting.   O No O Yes

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[IF FATHER IS NOT LIVING (ICE BREAKER QUESTION 10c), SKIP TO QUESTION 36.]

Now I'd like to ask you some questions about [your father], and we're going to use the balance beam again.

29. Does [caregiver] ever see [your father] or talk to
    [your father] at all?   O No O Yes

30. Do [caregiver] and [your father] get along OK?   O No O Yes

[IF CHILD NEVER SEES FATHER (ICE BREAKER QUESTION 10: 'DO YOU EVER SEE YOUR DAD?') SKIP TO QUESTION 36.]

31. About how often do you see or have contact with [your father]?

    O Less than once a month O Once or twice a month O About once a week

    O Almost every day   O Every day

[SWITCH TO FOAM BOARD AGAIN.]

32. Do you do fun things with [your father] when you see him?

    O Never   O Hardly ever   O Sometimes

    O Most of the time   O All of the time

33. Do you talk to [your father] about important things in your life when you see or talk to him?

    O Never   O Hardly ever   O Sometimes

    O Most of the time   O All of the time

34. How often are you afraid of [your father]?

    O Never   O Hardly ever   O Sometimes

    O Most of the time   O All of the time

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We're not going to use the foam board for this next question.

35. Do your wish you saw or had contact with [your father] more, less, or the same amount as you do now?

    O More   O Less   O Same amount

Continuity

Now we are going to go back to using the balance beam for these questions.

36. Do you think you will live with your [mother or father]
    again some day?   O No O Yes O Don't know

[IF CHILD CURRENTLY LIVES WITH ANY SIBLINGS SKIP TO QUESTION 38.]

37. Do you think you will live with your [brothers and sisters]
    again some day?   O No O Yes O Don't know

[IF CHILD WAS PLACED BEFORE AGE 4 SKIP TO QUESTION 39.]

38. If you went back to living with your [mother or father],
    do you think things would be different than they were before?   O No O Yes

39. Has [caretaker] ever talked to you about having this be your
    permanent home - a home where you'll live until you're grown?   O No O Yes

40. Do you want this to be your permanent home?   O No O Yes
    40b. [IF YES] Why?

    ┌───┐
    │ [LIMIT TO FORTY WORDS]   │
    │   │
    │   │
    │   │
    └───┘

40c. [IF NO] Why?

    ┌───┐
    │ [LIMIT TO FORTY WORDS]   │
    │   │
    │   │
    │   │
    └───┘

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41. Who decides whether this will be your permanent home?

○ Current caregiver   ○ Social worker   ○ Relative   ○ Other

○ Birthparent   ○ Child   ○ Court

[SKIP TO QUESTION 43 IF CHILD LIVES WITH KIN.]

42. Do you want [caregiver] to adopt you?   ○ No   ○ Yes   ○ Don't know

This next set of questions is about social workers.

43. Do you have a social worker?   ○ No   ○ Yes   ○ Don't know

[IF NO, SKIP TO END OF SECTION]

44. Have you seen or talked to your social worker
in the last year?   ○ No   ○ Yes

45. How often do you usually see or talk to your
social worker?

○ Less than once a month   ○ Once or twice a month

○ About once a week   ○ Everyday or almost everyday

46. Are you able to call your social worker if you want to?   ○ No   ○ Yes   ○ Don't know

[IF NO OR DON'T KNOW, SKIP TO QUESTION 48.]

47. When you call your social worker, does she or he call
you back?   ○ No   ○ Yes

48. Has your social worker ever talked to you about having
this be your permanent home - a home where you'll live
until you're grown?   ○ No   ○ Yes

49. The last time you saw your social worker did you talk
about how things were going?   ○ No   ○ Yes

50. The last time you saw your social worker did she or he
help you with a problem?   ○ No   ○ Yes

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EXPERIENCE OF SAFETY

Violence Exposure/Victimization*

Now I'm going to ask you some questions about scary things that sometimes happen in people's homes or near where they live. I want to remind you that everything you say is totally private, unless you tell me that someone is hurting you or if you tell me that you are thinking of hurting yourself or someone else. The other thing I want to say is that if you feel uncomfortable with any of these questions, just let me know. You can say "pass" on any question. At the very end, we'll talk a little bit about how you felt answering the questions. I want to make sure that you feel comfortable. Any questions so far?

[PULL OUT RUBBER STAMPS, INK PAD, AND THE THINGS I HAVE SEEN OR HEARD PACKET(S). PUT CHILD'S ID NUMBER ON FRONT OF PACKET (S) AS CHILD STAMPS RECORD ANSWERS ON INSTRUMENT.]

For these questions, we're going to use rubber stamps. Why don't you go ahead and pick out a stamp that you like. [WAIT FOR SELECTION.] This page is just an example. It says: "I have seen spiders in this home." What I'd like you to do is think about what you have seen or heard in real life. I'm not asking about what you've seen or heard on T.V. These questions have to do with what you've seen or heard in [caregiver's] home or near [caregiver's] home. I'm not asking about any other home. So…No balls on the board means that you have never seen or heard it, one ball means that you have seen or heard it once, two balls means that you have seen or heard it two times, three balls means that you have seen or heard it three times, and five balls means that you have seen or heard it <u>many</u> times. Let's get back to the example question. How many times have you seen spiders in this home? Go ahead and stamp the column that matches your answer. You can stamp any part of the column. [WAIT FOR RESPONSE.] Good. Any questions? Let's begin.

**Things I Have Seen or Heard* (Richters & Martinez, 1990) measures children's exposure to extreme forms of violence. These questions are ilalicized. The questions in regular font were constructed by the Child Welfare Research Center and are intended to measure more moderate forms of violence. For a discussion of the measure, see <u>Psychiatry, 56</u>, February 1993. It is also being used by the Longscan researchers.

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[NOTE #1: IF CHILD RESPONDS "ONCE" OR MORE TO ANY OF THE FOLLOWING QUESTIONS THAT DO NOT CLARIFY A PLACE, PROBE: "<u>IN OR NEAR THIS HOME?</u>" IF YES, CONTINUE. IF NO, HAVE CHILD ANSWER QUESTION AGAIN: "AND IS THAT TRUE IN OR NEAR THIS HOME? LET'S DO THE QUESTION AGAIN, BUT THIS TIME, JUST THINK ABOUT WHAT YOU'VE SEEN OR HEARD IN OR NEAR THIS HOME." READ QUESTION ALOUD, ADDING "IN OR NEAR THIS HOME." CROSS OUT FIRST ANSWER. " WE'LL CROSS OUT YOUR FIRST ANSWER SO WE KNOW WHICH ONE HAS TO DO WITH IN OR NEAR THIS HOME."]

[NOTE #2: IF CHILD RESPONDS "ONCE" OR MORE TO ANY OF THE <u>VICTIMIZATION</u> QUESTIONS, PROBE. IT WOULD BE HELPFUL IF YOU TOLD ME MORE ABOUT THAT TIME/THOSE TIMES. WHO? WHEN? WHERE? RECORD INFORMATION IN "OTHER RESPONSES" SECTION.]

[NOTE #3: IF CHILD RESPONDS AFFIRMATIVELY TO "I HAVE SEEN A <u>GUN</u> IN MY HOME," PROBE. WHERE DID YOU SEE IT? IS IT ALWAYS THERE? ARE THERE RULES IN THE HOUSE ABOUT THE GUN? HAVE YOU EVER SEEN ANYONE REMOVE IT FROM THE (CLOSET)? HAVE YOU EVER REMOVED IT FROM THE (CLOSET)? HAS THE GUN BEEN USED? RECORD INFORMATION IN "OTHER RESPONSES" SECTION.]

[NOTE #4: IF CHILD REMEMBERS LIVING WITH HIS/HER BIRTH PARENT(S), YOU WILL CONDUCT THIS SERIES OF QUESTIONS <u>TWICE</u> WITH TWO SEPARATE STAMPING PACKETS. FIRST, ASK THE FULL SET OF QUESTIONS REGARDING CURRENT HOME. SECOND, ASK ABBREVIATED VERSION REGARDING FORMER HOME WITH BIRTH PARENT(S).]

	0 times	1 time	2 times	3 times	Many times
1. *I have heard guns being shot in or near this home.*	O	O	O	O	O
2. *I have seen somebody arrested.*	O	O	O	O	O
3. *I feel safe when I am at home.*	O	O	O	O	O
4. *I have seen drug deals.*	O	O	O	O	O
5. *I have seen somebody being beat up.*	O	O	O	O	O
6. *I have been beat up.*	O	O	O	O	O
7. *I have seen somebody get stabbed.*	O	O	O	O	O
8. Somebody has touched me in a way that made me feel uncomfortable.	O	O	O	O	O
9. *I have seen somebody get shot.*	O	O	O	O	O
10. *I have seen a gun in my home.*	O	O	O	O	O
11. *I never know when I'm going to get into trouble.*	O	O	O	O	O
12. *I have seen drugs in my home.*	O	O	O	O	O
13. Grown ups hit, push, or throw things at kids in this home.	O	O	O	O	O

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	0 times	1 time	2 times	3 times	Many times
14. *I feel safe when I am at school.*	O	O	O	O	O
15. *Somebody threatened to kill me.*	O	O	O	O	O
16. *I have seen a dead body outside.*	O	O	O	O	O
17. Kids hit, push, or throw things at other kids in this home.	O	O	O	O	O
18. *Somebody threatened to shoot me.*	O	O	O	O	O
19. *Somebody threatened to stab me.*	O	O	O	O	O
20. *Grown ups in my home hit each other.*	O	O	O	O	O
21. Grown ups yell at kids in this home when they are mad	O	O	O	O	O
22. People in this home say mean things to me.	O	O	O	O	O
23. *Grown ups in my home threaten to stab or shoot each other.*	O	O	O	O	O
24. *Grown ups in my home yell at each other.*	O	O	O	O	O
25. *I have seen somebody in my home get shot or stabbed.*	O	O	O	O	O
26. *Grown ups are nice to me.*	O	O	O	O	O

Other Responses:

[LIMIT TO FORTY WORDS]

[COMPLETE THIS SECTION IF CHILD REMEMBERS LIVING WITH BIRTH PARENT]

	0 times	1 time	2 times	3 times	Many times
1. I heard guns being shot in or near that home.	O	O	O	O	O
2. I saw somebody get arrested.	O	O	O	O	O
3. I felt safe when I was at home.	O	O	O	O	O
4. I saw drug deals.	O	O	O	O	O
5. I saw somebody get beat up.	O	O	O	O	O
6. I was beat up.	O	O	O	O	O
7. I saw somebody get stabbed.	O	O	O	O	O
8. I saw somebody get shot.	O	O	O	O	O
9. I saw a gun in my home.	O	O	O	O	O
10. I saw drugs in my home.	O	O	O	O	O

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	0 times	1 time	2 times	3 times	Many times
11. I felt safe when I was at school.	O	O	O	O	O
12. Somebody threatened to kill me.	O	O	O	O	O
13. I saw a dead body outside.	O	O	O	O	O
14. Somebody threatened to shoot me.	O	O	O	O	O
15. Somebody threatened to stab me.	O	O	O	O	O
16. Grown ups in my home hit each other.	O	O	O	O	O
17. Grown ups in my home threatened to stab or shoot each other.	O	O	O	O	O
18. Grown ups in my home yelled at each other.	O	O	O	O	O
19. I saw somebody in my home get shot or stabbed.	O	O	O	O	O
20. Grown ups were nice to me.	O	O	O	O	O

Other Responses:

[LIMIT TO FORTY WORDS]

Interviewer Instructions for Supportive Comments:

We're done with this section. How did you feel answering the questions? Was it very uncomfortable, a little uncomfortable, or OK?

O   OK- I'm glad that it was ok for you, and I really appreciate your thoughtfulness in answering questions. Do you have any questions? [WAIT FOR RESPONSE AND ANSWER ANY QUESTIONS.] If you want to talk about any of this later on, let me know, OK?

O   VERY UNCOMFORTABABLE OR A LITTLE UNCOMFORTABLE - I'msorry that it was uncomfortable. They are upsetting questions,and I reallyappreciate your thoughtfulness in answering the questions. Maybe it would help if we talked about it a little. Do you have any questions? [WAIT FOR RESPONSE AND ANSWER ANY QUESTIONS.] Does that help? [WAIT FOR RESPONSE.] We can talk about all of this again when we're done today. Do you feel ready to move on to the next section? [IF YES, CONTINUE. IF NO, TAKE A QUICK BREAK.]

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■   **Perceptions of Safety**   ■

[PULL OUT MATS FOR KOOSH BALL/FROG AND KOOSH BALL/FROG.]

This time we're going to use this mat (these mats). I'd like you to put either the koosh ball or the frog on the spot that best matches your answer. This means not at all safe, this means a little safe, this means a lot safe, and this means very safe. Remember that you can pass if you want. Suppose as an example that I ask you, "When you are in your classroom at school, how safe do you feel?" Where would you put the koosh ball or frog? Ok, let's start.

	Not at all	A little	A lot	Very safe
1. When you are inside this home, how safe do you feel?	○ 1	○ 2	○ 3	○ 4
2. When you are playing outside, but close to this home, how safe do you feel?	○ 1	○ 2	○ 3	○ 4
3. When you are walking through your neighborhood, how safe do you feel?	○ 1	○ 2	○ 3	○ 4
4. When you are outside on the yard at school, how safe do you feel?	○ 1	○ 2	○ 3	○ 4

We're done with this felt board, but I have a few more safety questions:

[IF BIRTHPARENT IS NOT LIVING, SKIP TO 6.]

5. Where do you feel more safe -- in [caregiver's] home or [birth mother's] home?

    ○ Caregiver

    ○ Birth mother

6. Now, out of any place in the world, where do you feel most safe?

    ○ Current caregiver   ○ Friend/neighborhood home   ○ Relative's home

    ○ Birthparents' home

    ○ School   ○ Other (specify) ☐☐☐☐☐☐☐☐☐☐☐☐

7. If something happened here that made you feel unsafe, would you tell anyone?
    ○   No - SKIP TO SUPERVISION SECTION
    ○   Yes - GO TO QUESTION 7B
    ○   Maybe/Not sure - SKIP TO SUPERVISION SECTION

    7b. Who would you tell? [INDICATE ALL THAT APPLY.]
      ○ Current caregiver   ○ Social worker   ○ Sibling
      ○ Birthparent   ○ Friend   ○ Relative

      ○ Teacher   ○ Other (specify) ☐☐☐☐☐☐☐☐☐☐☐☐

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Supervision

[PULL OUT COLORFORM BOARD WITH STRIP BEGINNING, "NONE OF THE TIME" OR
KEEP USING KOOSH.]

We're going to use this colorform board for these next questions. This means "none of the time,"
this means "some of the time," this means "most of the time," and this means "all of the time."

	None	Some	Most	All
1. When I am not at home, [caregiver] knows where I am.	O 1	O 2	O 3	O 4
2. When I leave the house, [caregiver] knows where I am going.	O 1	O 2	O 3	O 4
3. When I leave the house, I know what time I need to be back home.	O 1	O 2	O 3	O 4
4. When [caregiver] isn't around, another grown up is in charge.	O 1	O 2	O 3	O 4

[IF ANSWER TO QUESTION 4 IS "ALL," SKIP TO ADVICE SECTION.]

[IF ANSWER TO QUESTION 4 IS "NONE," "SOME," OR "MOST," GO TO 4B.]

4b. When [caregiver] isn't around, who is in charge?

O Adult   O Teenager   O Child

Advice

I'm interested in your advice. If you were in charge here, what is one thing you would change
around here to keep kids safe? (PROBE: Would you change some rules or add new ones? If so,
what? Would you change the way things happen around here? If so, what?)

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[LIMIT TO FORTY WORDS]



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OVERALL WELL-BEING

You're doing a great job of hanging in. We're on our last set of questions. Do you want to stretch for a minute? How are you doing?

[PULL OUT COLORFORM BOARD WITH STRIP BEGINNING, "NONE OF THE TIME."]

Physical Well-Being

These questions have to do with your physical health. We're going to use this colorform board again. This means "none of the time," this means "some of the time," this means "most of the time," and this means "all of the time." Ready?

	None	Some	Most	All
1. When I am sick or hurt, [caregiver] takes care of me or arranges for someone else to take care of me.	O 1	O 2	O 3	O 4
2. When I need to see the doctor, [caregiver] takes me to the doctor or arranges for another grown up to take me.	O 1	O 2	O 3	O 4
3. I get enough sleep.	O 1	O 2	O 3	O 4
4. I get enough to eat.	O 1	O 2	O 3	O 4
5. I brush my teeth.	O 1	O 2	O 3	O 4
6. I have clean clothes to wear.	O 1	O 2	O 3	O 4
7. When I am in a car, I wear a seat belt.	O 1	O 2	O 3	O 4

School-Related Cognitive Well-Being

These questions have to do with how you're doing in school.

	None	Some	Most	All
1. I go to school.	O 1	O 2	O 3	O 4
2. I get to school on time.	O 1	O 2	O 3	O 4
3. When I don't understand my homework, [caregiver] helps me or finds someone to help me.	O 1	O 2	O 3	O 4
4. When I'm not doing well (with schoolwork or behavior) in school, [caregiver] is concerned. (She worries.)	O 1	O 2	O 3	O 4
5. I have a quiet space to do my homework.	O 1	O 2	O 3	O 4
6. I have enough time to do my homework.	O 1	O 2	O 3	O 4

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Perceived Expectations*

We're interested in hearing about what [caregiver] expects you to be or do in the future. These are yes/no questions. You might not know the answers, so just try to give your best guess. Do you want to use the bells, or the balance with fruit, or the maracas, or do you want to talk these answers out? [WAIT FOR RESPONSE.] Ok. [DO THE APPROPRIATE SET UP.] Remember that for a "yes" answer, you will…. For a "no" answer, you will….Any questions? If you don't know the answer, just give your best guess.

[ASK BEGINNING HALF OF THE QUESTION SEVERAL TIMES UNTIL CHILD GETS THE IDEA.]

Does [caregiver] say or think that you will…

1.	Finish high school? (graduate)	○ No ○ Yes
2.	Go to college?	○ No ○ Yes
3.	Have a job when you're a grown-up?	○ No ○ Yes
4.	Get into trouble with the police?	○ No ○ Yes
5.	Smoke cigarettes?	○ No ○ Yes
6.	Have problems with alcohol? (beer/wine)	○ No ○ Yes
7.	Use drugs? (the bad kind)	○ No ○ Yes
8.	[Get pregnant/become a dad] as a teenager?	○ No ○ Yes
9.	Show respect to older people?	○ No ○ Yes
10.	Stay safe and not get killed?	○ No ○ Yes
11.	Be successful? (whatever that means to you)	○ No ○ Yes
12.	Be happy? (whatever that means to you)	○ No ○ Yes

Future Expectations

[PULL OUT APPROPRIATE PROPS..]

Now I want to ask you some questions that have to do with what you think your life will be like in the future. This time what I'd like you to use the bells again and this time we'll have " maybe" bell. This means "yes," this means "no," and this means "maybe." All set?

Revised version of Illinois Subsidized Guardianship Questionnaire: Child Survey. Westat, Inc. (1998).

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[AGAIN, ASK BEGINNING HALF OF QUESTION UNTIL CHILD GETS THE IDEA.]

Do you think that you will…

1. Finish high school? (graduate)	○ No ○ Yes ○ Maybe
2. Go to college?	○ No ○ Yes ○ Maybe
3. Have a job?	○ No ○ Yes ○ Maybe
4. Get into trouble with the police?	○ No ○ Yes ○ Maybe
5. Smoke cigarettes?	○ No ○ Yes ○ Maybe
6. Have problems with alcohol?	○ No ○ Yes ○ Maybe
7. Use drugs? (the bad kind)	○ No ○ Yes ○ Maybe
8. [Get pregnant/become a dad] as a teenager?	○ No ○ Yes ○ Maybe
9. Show respect to older people?	○ No ○ Yes ○ Maybe
10. Stay safe and not get killed?	○ No ○ Yes ○ Maybe
11. Be successful? (whatever that means to you)	○ No ○ Yes ○ Maybe
12. Be happy? (whatever that means to you)	○ No ○ Yes ○ Maybe

CLOSING SECTION

I have a couple more questions, and then we'll be done.

1. In what ways has your social worker been helpful to you?

   [LIMIT TO FORTY WORDS]

2. In what ways has your social worker not been helpful to you?

   [LIMIT TO FORTY WORDS]

3. If you met a person about your age who could not live at home with [his/her] birth parents, you might be able to give him or her some advice. What advice would you give?

   [LIMIT TO FORTY WORDS]

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4. What kind of person makes a good caregiver (parent/foster parent/grandparent)?

[LIMIT TO FORTY WORDS]

5. What kind of person makes a not-so-good caregiver (parent/foster parent/grandparent)?

[LIMIT TO FORTY WORDS]

6. Is there anything else that you think I should know about what it's like for children who live separate from their [birth mother/real mother]?

[LIMIT TO FORTY WORDS]

You have been so helpful. I really appreciate the time and thoughtfulness that you put into answering these questions.

When we were doing all those questions about scary things that might happen in or near this home, I said that I'd check in with you again. How are you doing right now? [WAIT FOR RESPONSE AND ANSWER APPROPRIATELY.] Do you have any new questions or concerns? [WAIT FOR RESPONSE AND ANSWER APPROPRIATELY.] If any questions or concerns come up once I'm gone, you can call me at this number. I might not be there, but if you leave a message, I'll call you back, ok? [GIVE CHILD NAME AND PHONE NUMBER OF CWRC QUESTION AND ANSWER LINE.]

We have a little something to thank you for your efforts. This is a certificate of achievement for you. Do you want to write your name on it or shall I? Thank you so much!

[GIVE CAREGIVER LIST OF INFORMATION REFERRALS. ALSO LET CAREGIVER KNOW THAT THE TOYS 'R US GIFT CERTIFICATE WILL ARRIVE BY MAIL LATER IN THE SUMMER.]

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TO BE COMPLETED AFTER INTERVIEW IS TERMINATED AND RESEARCHER HAS DEPARTED.

1. Interview was conducted in: O English   O Spanish   O Both

HOME OBSERVATIONS

2. Type of home: O Apartment   O Single dwelling house   O 2/3/4 plex   O Condominium   O Mobile home

3. Does child live in a public housing project?   O No   O Yes

EXTERNAL CONDITION

4. Presence of any of the following obvious physical hazards to exterior of home, yard, courtyard, walkway, etc.? (Choose all that apply.)

a. Sharp objects (glass, sticks, metal, etc.) strewn about.	O No O Yes
b. Drug paraphernalia.	O No O Yes
c. Walkway was slippery (e.g., from water/oil/trash).	O No O Yes
d. Walkway/steps need repair.	O No O Yes
e. Objects hanging from trees/house could fall on someone.	O No O Yes
f. Suspicious looking persons hanging around the house/neighborhood.	O No O Yes
g. Neighborhood appears to be in very dangerous area (gang activity, etc.).	O No O Yes
h. Condoms strewn about.	O No O Yes
i. Other (specify) ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚	O No O Yes

INTERNAL CONDITION

5. Using the 0 to 10 scale, rate the internal condition of the child's home for each characteristic:

Filthy: food, trash, excrement, dirty dishes, clothes around.   0 1 2 3 4 5 6 7 8 9 10   Very clean and tidy.

Numerous bugs, or rodents, or their droppings   0 1 2 3 4 5 6 7 8 9 10   No visible evidence of bugs or rodents

Very poor condition, major structural damage, big holes in walls or floor.   0 1 2 3 4 5 6 7 8 9 10   Well kept up and in good repair.

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6. Presence of observable hazards in home? (Choose all that apply.)

   a. Sharp objects (glass, metal, wood, etc.) within easy reach of children.   ○ No   ○ Yes
   b. Electrical fixtures needed repair (i.e. wires hanging out, etc.).   ○ No   ○ Yes
   c. Drug paraphernalia.   ○ No   ○ Yes
   d. Strange chemical odors coming from the house.   ○ No   ○ Yes
   e. Roof and walls needed repair and looked dangerous.   ○ No   ○ Yes
   f. Floors were slippery.   ○ No   ○ Yes
   g. Adult magazines, pictures, or condoms in view.   ○ No   ○ Yes
   h. Other (specify) ☐☐☐☐☐☐☐☐☐   ○ No   ○ Yes

7. Number of adults present in home at the time of interview? ☐☐

8. Number of children present in home at the time of interview? ☐☐

9. Was there evidence of crowding in the house?   ○ No ○ Yes ○ Unable to determine
   Please explain

   > [LIMIT TO FORTY WORDS]

10. Did you feel tense/nervous or comfortable/welcome in the home environment on a scale from 0 to 10?

    Tense/nervous   0 1 2 3 4 5 6 7 8 9 10   Comfortable/welcome

11. Please describe your overall assessment and impression of the home environment.

    > [LIMIT TO FORTY WORDS]

NEIGHBORHOOD CONDITION

12. Did you feel tense/nervous or comfortable/welcome in the neighborhood on a scale from 0 to 10?

    Tense/nervous   0 1 2 3 4 5 6 7 8 9 10   Comfortable/welcome

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13. Using the 0 to 10 scale, how pleasant and aestetically pleasing is the child's neighborhood?

Unpleasant	0	1	2	3	4	5	6	7	8	9	10	Pleasant
Debris and garbage around	0	1	2	3	4	5	6	7	8	9	10	No debris and garbage around
Loitering	0	1	2	3	4	5	6	7	8	9	10	No loitering
No green space	0	1	2	3	4	5	6	7	8	9	10	Lots of green space
No play area	0	1	2	3	4	5	6	7	8	9	10	Great deal of play area
Very poorly kept dilapidated/major Repairs needed	0	1	2	3	4	5	6	7	8	9	10	Very well kept and in good repair

CHILD

14. Using the 0 to 10 scale, how would you rate the personal hygiene of the child?

Very great evidence   No evidence of
of poor hygiene   poor hygiene
(dirty hair and clothes,   (clean clothes,
bad odors).   0   1   2   3   4   5   6   7   8   9   10   no bad odors).

15. Did the child appear to be hiding or protecting information from the interviewer?   ○ No   ○ Yes

16. Were there any major discrepancies in the kinds of answers the child provided and your own observations?   ○ No   ○ Yes

If YES, please explain:

[LIMIT TO FORTY WORDS]

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17. Based on your observation of the child during the interview, please rate him/her on a scale of 0 to 10 for each characteristic below.

Disinterested	0	1	2	3	4	5	6	7	8	9	10	Interested
Hostile	0	1	2	3	4	5	6	7	8	9	10	Cooperative
Distracted	0	1	2	3	4	5	6	7	8	9	10	Attentive
Shy	0	1	2	3	4	5	6	7	8	9	10	Outgoing
Untruthful	0	1	2	3	4	5	6	7	8	9	10	Truthful
Poor social skills	0	1	2	3	4	5	6	7	8	9	10	Excellent social skills

18. I certify that I administered this interview face-to-face with the selected child, and that I will keep all information obtained during the interview confidential.

Interviewer Signature: _____

Interviewer's comments:

[LIMIT TO ONE HUNDRED WORDS]

Additional space for comments available on following page   32

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Interviewer's comments (continued):

[LIMIT TO TWO HUNDRED WORDS]

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APPENDIX D:

POSITIVE PHRASES POSTERS

A reference for interviewers to assist them
In establishing positive rapport with children

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POSITIVE PHRASES FOR CHILDREN

WOW

WAY TO GO

OUTSTANDING

EXCELLENT

GREAT

GOOD

WELL DONE

I KNEW YOU COULD DO IT

FANTASTIC

GOOD JOB

NOW YOU'VE GOT IT

HOW SMART

HURRAY FOR YOU

GOOD FOR YOU

REMARKABLE JOB

WHAT A GOOD LISTENER

TERRIFIC

Wonderful

YOU'RE A REAL TROOPER

MAGNIFICENT

YOU'RE IMPORTANT

THAT'S CORRECT

YOU'RE WONDERFUL

A+ JOB

SUPER JOB

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