



Northwest Institute for Children and Families

“Is adequate parenting compatible with maternal drug use? A 5 –year follow –up,” by K.Street, G. Whitlingum, P.Cairns and M. Ellis, Child: Care, Health and Development, March 2008.

This article describes findings from a prospective study of women referred in Bristol, England to a clinic for pregnant drug users in 1997-98. Child welfare involvement over a 5 year period was tracked for 71 self declared drug users compared to 142 controls recruited from the birth register at the same maternity hospital and matched with drug using women for social class and gestational age. The principal investigators who were blind to drug user / control status examined child protection registers in the local area at 18 months and 5 years after delivery. The clinic did not make a practice of automatically referring women using drugs in the prenatal period to child protection agencies.

According to the authors, “Half the children born to self - declared drug – using mothers who received perinatal input were subject to child protection procedures by age 5 years. This represents a threefold increase over controls from similar socio- economic circumstances. The risk is almost certainly higher for women who do not seek help during pregnancy.” The authors comment that “A key marker of ‘good enough’ parenting is the ability to put the child’s needs above ones own needs.” They question whether drug addicts are capable of this kind of parenting behavior. However, they do not explain how half of the women who were self declared drug users during pregnancy managed to avoid child welfare involvement.

Data gathered by DSHS’ Research and Data Analysis (RDA) in Washington State also indicates that about half of low income women receiving publicly funded substance abuse treatment are referred to CPS in their child’s first year of life.

“Retrospective and concurrent predictors of the mental health of children in care,” by Michael Tarren – Sweeney, Children and Youth Services Review, January, 2008.

This study examined the mental health histories of 347 children, ages 4 -11, living in court ordered foster care or kinship care in New South Wales, Australia in 2000 – 2003. “Children’s baseline mental health, socialization and self esteem were estimated from carer – report responses on the Child Behavior Checklist (CBCL) and the Assessment Checklist for Children (ACC),” Tarren- Sweeney states. In addition, “A large number of potentially risk and protective factors were measured retrospectively and concurrently in the baseline survey,” including factors related to children’s development, education and placement histories. Children’s maltreatment histories were measured retrospectively.

This study found that children in out of home care had exceptionally poor mental health and socialization, both in absolute terms and compared to samples of children outside the child welfare system. These children had significant maltreatment histories; the average period of time between the first substantiated CPS referral to initial entry into out of home care was 1.7 years. Approximately half of the children had been physically abused and / or neglected; 10% had been sexually abused. Many of the children had experienced more than one type of maltreatment. In addition, almost one fifth of the children had at least one confirmed report of abuse/ neglect while in non - kin foster care or kinship care.

The median length of time in care for this sample was 3 years; and while many of the children had been placed in several homes, “children’s placements were typically stable following their first year in care.” In other words, most of these children found stable placements after some initial moves from home to home. In this study, placement instability did not predict children’s mental health status.

The most important finding of this study was that “There was a strong, linear relationship between “age at entry into care” and the mental health of children who entered care beyond age 7 months with younger entry being protective.” Other factors predicting children’s mental health outcomes were reading difficulties, intellectual disabilities, younger maternal age at birth, histories of physical assault and /or emotional abuse and “contact sexual abuse”, anticipated restoration to the parent’s home and adverse life events in the past year. Many of these children had attachment difficulties and were both aggressive and defiant.

This study found that the length of time children were exposed to repeated maltreatment had the strongest long term effect on their mental health functioning following entry into care; Tarren- Sweeney asserts that his study supports “a cumulative risk model of developmental psychopathology.” Tarren – Sweeney believes that “For chronically deprived and maltreated children, their age at entry into care provides a broad approximation of their length of exposure to adversity.” He goes on to state that “Beyond the initial risk threshold of 7 months, there was linear deterioration in the mental health of children entering care at progressively older ages.” Tarren- Sweeney interprets this finding to mean (in part) that children’s capacity to form positive attachments is harmed by chronic maltreatment and that children placed at older ages are likely to have more difficulty forming positive relationships with caregivers.

Tarren – Sweeney’s view is that when making decisions for chronically maltreated children, the earlier they are placed out of the home the better. In addition, this study found that placement insecurity contributed to children’s mental health problems through a variety of mechanisms. Some children lived in intense fear of return to parents who had abused them; other children were emotionally ambivalent or conflicted about their loyalties to birth parents and foster parents. Children in this age range have a powerful need to feel secure and know where and with whom they will be living, according to this author. “Regardless of whether permanency planning leads to permanent alternate care, adoption or restoration to one’s birth family, it should be as much influenced by children’s attachments, as their need for care and protection,” Tarren – Sweeney states.

This article is an important addition to the rapidly growing but highly disparate research literature regarding the effects of foster care on children’s development. Since 2000, there have been well designed studies finding that children in foster care do better on standard developmental measures than children in care for a period of time and then reunified with birth parents, other studies finding no differences in developmental outcomes for children placed at young ages and maintained in care vs. children quickly reunited with birth parents and still other studies documenting the appalling level of placement instability for school age behaviorally troubled children in care and the effect of numerous unplanned placement moves on children’s behavioral problems. There has also been less well designed research which found that maltreated children in marginal cases have less involvement in the juvenile justice system than children who remain in the home in these same types of cases. This is a confusing body of findings which need to be sorted out and interpreted for practitioners and policymakers. In the meantime, Tarren- Sweeney’s study has a clear unequivocal message for decision makers: for chronically maltreated children, early removal from the home is protective of later developmental outcomes. However, given the recent research on this subject, this study is almost certainly not the last word.

“The role of workers’ attitudes and parent and child wishes in child protection workers’ assessments and recommendation regarding removal and reunification,” by Bilhah Arad – Davidzon and Rami Benbenishty, Children and Youth Services Review, January 2008.

This article summarizes the findings of a study of 200 Israeli child protection workers’ attitudes toward child removal and reunification with birth parents. Ninety percent of these caseworkers were women with a BSW or a Master’s degree in social work. Their median length of employment in child welfare was 9 years. These caseworkers were asked to respond to a case vignette and asked if they would remove a

child from her / his home given the available information. In the vignette, a 5 year old child was described as having bruises on her hands and back, as well as a broken hand and dislocated shoulder in the past 6 months. The family was described as financially stressed and lacking social support from extended family or community members. The child was described as withdrawn, cognitively delayed, and prone to angry outbursts. The mother was described as angry / upset a lot of the time and the father as 'rarely at home'.

The CPS workers were then asked to consider the same child's situation two years after foster care placement. In this part of the vignette, the child was described as doing well in foster care and in school and as less prone to rages. The biological parents were described as making little if any progress in dealing with the problems which led to foster placement and as not participating in the therapy offered them. The caseworkers were asked to rate the child's risk if returned to her parents on a 7 point scale and to decide whether the child should remain in care or be returned to her parents.

Most of the Israeli caseworkers viewed the child as at high risk (4.97 on a 7 point scale); however almost three quarters (73.6%) "recommended placing the child in a community facility providing all day care until the evening hours while working with the parents, and only 10.7% recommended removing the child from the home."

In the follow up vignette, less than 20% of the caseworkers recommended returning the child to the home and almost all of the caseworkers supporting continued placement were willing to seek a court order if necessary to maintain the status quo. Neither the parents' wishes nor the child's wishes were a factor in the caseworkers' reunification decision.

"The cluster analysis produced large cluster (122) of pro – removal workers and a smaller cluster (78) of anti - removal workers," according to the authors. "They (the analyses) also show that the main difference between the two clusters were in their attitudes toward the duration of out of home placement," with the 'pro –removal' caseworkers less likely than their 'anti- removal' peers to speed up the reunification process. Pro – removal caseworkers favored more intrusive interventions while anti – removal workers were more likely to favor intervention in the family without insisting that the child spend most days in an out of home setting. However, in the follow up vignette, both clusters of caseworkers opposed reunification to the same extent (over 80%); even the anti- removal caseworkers opposed reunification even though they initially opposed placement of the child and even though the parents were described as functioning about the same as when they first came to the attention of the child welfare agency.

The authors comment that "Previous Israeli studies reveal the same pattern (i.e., reluctance to place followed by reluctance to reunify) although the most common treatment plan was that the child be returned home, only in a very few cases was this initial plan translated to a concrete plan to reunify the child with the family ..." The authors hypothesize that the caseworkers in this study were influenced by the quality of the child's placement and by the parents' apparent lack of interest in services. What the authors do not clearly articulate is that removal decisions are based on caseworkers' perceptions of children's immediate safety; reunification decisions, on the other hand, become intertwined with considerations related to child well being and with decision makers' concept of a child's best interests; and this is the case regardless of legal criteria spelling out the basis for continued out of home placement.

The authors worry about the inconsistencies in decision making criteria revealed by their study and believe that these inconsistencies may "undermine the principal of equality before the law." They are also concerned with the willingness of the caseworkers to maintain a long term foster care placement with little obvious concern for permanency. They reference a new law in Israel which creates the category of "long term foster care family placement" to deal with situations where reunification is ruled out but adoption is a questionable plan for various reasons.

The authors are judgmental about the lack of influence of the parents' wishes or child's wishes on the caseworkers' decision making; and they remind readers (very few of whom are likely to be caseworkers) that parents have a right to be heard in matters concerning their child's placement. The authors are in the peculiar position of creating a carefully crafted scenario which appears to them to elicit contradictory

responses from caseworkers and then chastening participants in the study for their choices which may or may not generalize to other cases.

Nevertheless, the study's finding that removal criteria and reunification criteria are quite different in the minds of child welfare staff point to an important decision making dilemma in child welfare agencies around the world and one that cannot be resolved (as the authors acknowledge) by lecturing caseworkers about placement criteria described in law.