

## *The Sounding Board:*

### *News and Reviews in Child Welfare*

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“Importance of Stability of Early Living Arrangements on Behavior Outcomes of Children With and Without Prenatal Drug Exposure,” by Henrietta Bada, John Langer, Jean Twomey, Charlotte Bursi, Linda Lagasse, Charles Bauer, Seetha Shankaran, Barry Lester, Rosemary Higgins and Penelope Maza, Journal of Developmental and Behavioral Pediatrics, June 2008.

In this valuable and enlightening longitudinal study, 1092 children with or without prenatal exposure to cocaine or opiates were followed from birth for 36 months and evaluated for behavior problems and adaptive functioning. These children lived in four locations, Detroit, Memphis, Miami and Providence, RI. “Of the enrolled children, 658 were exposed (cocaine, 600; opiate, 115, cocaine and opiate, 57) and 730 were non-exposed.” Exposure to cocaine or opiates was determined by parents’ self reports and meconium tests. Non-exposed (to cocaine and opiates) babies were matched to exposed babies within each site on the basis of gestational age, child’s gender and race. Researchers utilized the Child Behavior checklist (CBCL) and Vineland Adaptive Behavior Scales (VABS) at the 3 year visit. On the CBCL, higher scores indicate more behavior problems while on the VABS higher scores indicate better functioning in communication, daily living skills, socialization and motor skills; in other words, on the CBCL, higher scores are undesirable while on the VABS, higher scores are an indicator of more positive child development.

Rates of CPS reports for exposed children at child’s discharge from the hospital varied from 9.6% in Memphis to 78.1% in Miami, a wide range suggesting the very different ways public child welfare agencies around the country respond to prenatal drug abuse. “At discharge, 41% ... of exposed infants were reported to Child Protective Services (CPS) compared to 1.8% of the comparison infants,” approximately a 20 -1 difference in CPS reporting rates between exposed and non – exposed infants. The authors comment that differences in CPS reporting rates for exposed infants among sites were related to different requirements in child protection statutes among the states in which the sites were located. Out of home placement rates at discharge from the hospital following delivery varied from 3% in Memphis to 39.3% in Providence. Approximately 4/5 (81%) of exposed children were living with the biological mother at initial discharge from the hospital while 12.9% of infants were discharged to relative care and 5.9% discharged to nonrelatives, mostly foster parents.

At 36 months, almost 2/3 of exposed children (64.4%) were living with their biological mothers; almost one quarter of children were living with relatives and slightly more than one in ten children (11.1%) were living with non – relatives. Rates of exposed children living with mothers at 36 months varied from 57% in Providence to 68% in Detroit; rates of placement with non-relatives ( usually foster homes) varied at 36 months from 7.6% in Memphis to 16% in Providence, still a 2-1 difference but far less than the differences among sites in CPS reporting rates. Within sites, approximately twice as many exposed children were living with non – relatives at 36 months compared to non – exposed children. Rates of relative placements for exposed children at 36 months varied from 20% to 28% among sites, another indication that the living arrangements of exposed children in the 4 sites became more alike over time despite large differences in CPS involvement at initial discharge from the hospital.

The findings of this study regarding children’s behavioral problems and developmental progress are of great interest:

- “Overall, within a given living situation, there were only small non-significant, unadjusted effects associated with prenatal drug exposure,” the authors state. They add that “No significant differences were noted among exposed and comparison children living with biological parent(s) in any of the behavioral measures.”
- Both cocaine and opiate exposed and non – exposed children living with biological parents had higher, i.e., better, VABS scores than comparison children living with non – relatives.
- Children in relative placements had lower, i.e., better, CBCL scores than children in parental care or non- relative care. Children in relative care had significantly fewer externalizing behavior problems, as rated by their caregivers.
- There was no statistically significant association between internalizing problems and children’s living arrangements.
- “Longer duration of CPS involvement, caretaker education less than 12 years, and more frequent moves per year were associated with higher scores on total, externalizing and internalizing behavior problems, “ according to the authors. “For every year of CPS involvement, we observed an increase of 1.3 points in total, 1.3 in externalizing, and 1.4 in internalizing behavior problems. For every move per year, the associated increases for total, externalizing, and internalizing problem scores was 2.3, 2.0 and 2.4 points, respectively.”
- Babies’ head circumference at birth and caretaker education were also related to CBCL scores for behavior problems.
- “Larger birth head circumference, higher educational level of the caretaker, paternal involvement, and female gender were significantly associated with better adaptive functioning,” i.e., higher VABS scores. Frequent changes in caregivers were also related to poorer child development in all domains except motor skills.
- Children’s living arrangements were marginally related to total VABS scores but significantly related to daily living domain scores on the VABS; “children in non-relative care had significantly lower scores compared to those in parental or relative care...” the authors assert.

Regarding the study's finding that cocaine and opiate exposed children in parental care did at least as well or better on developmental measures as children in non – parental care, the authors comment "that appropriate procedures were in place for screening the risks of keeping the infant under care of a current or former substance using mother, while making "reasonable efforts" to keep families together." This is a generous interpretation of the study's findings. A less positive interpretation would be that the non –relative care of exposed infants was often not very good, especially in regard to placement stability. The authors comment that "Our findings affirm the need for permanency in a child's placement when the decision is made that living with the biological mother is not safe for the child." Even when child welfare agencies decide quickly on permanent plans other than reunification, it is not unusual for infants to be moved from receiving care or an initial emergency placement to a long term foster home and then to an adoptive home. This study suggests that there are emotional and developmental costs to babies to be moved around in this way.

The authors remind readers that CBCL scores for behavior problems must be cautiously interpreted because some studies have found that relative caregivers are less likely to view children's behavior as problematic compared to non – relatives. Nevertheless, there was a consistent relationship in this study between and among relative placement, stability of placement and children's CBCL scores.

It is also important to note that only about half of the changes in children's living situations over the 3 years following initial discharge from the hospital were achieved through CPS intervention. In 53.8% of cases, children were moved from one caregiver to another, often from the biological mother to a relative, without CPS involvement.

Twelve of the children in this study died between discharge from the hospital and the 36 month visit; 3 of these deaths were due to physical abuse by unidentified perpetrators; 2 children died of AIDS/HIV; 2 children died of sudden infant death syndrome; 3 children died of pulmonary conditions and 2 children died of central nervous system disorders. One other child died prior to discharge from the hospital following delivery. The relationship between child fatality rates and children's living arrangements is not described in this article.