



MORE THAN SAFE: ACHIEVING POSITIVE OUTCOMES FOR FOSTER YOUTH

North Carolina communities and government leaders have long placed a priority on providing programs and services to ensure the state's children are healthy, safe and supported from birth through early adulthood. In the most recent legislative session, for example, the Governor and legislators invested significantly in early childhood programs for preschoolers, expanded affordable health insurance to more uninsured children and increased access to postsecondary education scholarship programs. At no time is this type of community, legal and government support more necessary than when a child suffers from abuse or neglect.

To remove a child from an abusive or neglectful situation is perhaps the most dramatic and critical act that government can initiate. In this role, County Departments of Social Services (DSS) have a dual emphasis: protecting children and preserving families. This is a fluid process where child protective service workers assess the family's situation and, if appropriate, prescribe a variety of supports and services aimed at increasing the safety of the child while keeping the family intact. Children are removed only as a last resort, and usually the goal is reunification with their family as circumstances permit. Not surprisingly, the stress of abuse, neglect and removal from his or her home can disrupt a child's physical, emotional and neurological development.¹ The negative effects can last well into adulthood.

This report focuses on children in foster care by assessing stability in out-of-home placements, length of time in care and transitions when aging out of foster care; and examines outcomes in these areas by age, race and ethnicity. Following a look at the data, this report highlights promising practices being used in North Carolina to achieve the goals of safety and permanency. Finally, this report provides recommendations on other successful strategies for achieving not only safety and permanence, but positive long-term results for all children involved with child protective services.

Findings illustrate that North Carolina's child welfare system has been working to steadily improve outcomes for children and youth, but that much remains to be done.

System Strengths:

- ★ North Carolina's child welfare system is stable, has reduced racial disparities for most indicators and has improved its outcomes on most of the federal measures.
- ★ Many North Carolina counties have implemented new research-based programs to improve outcomes for children.
- ★ State policymakers passed legislation this year to begin to address some of the needs of children aging out of the system.

System Improvements Still Needed:

- ★ Although there have been many system improvements, outcomes for children in out-of-home care have remained stable over the last seven years.
- ★ Older children are the least likely to have ties to a permanent family and need more supports to ensure a successful transition out of care into adulthood.
- ★ African-American children spend more time in DSS custody than children of other racial or ethnic backgrounds.

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WHY FOCUS ON OUTCOMES?

It must be emphasized that more research, both quantitative and qualitative, is needed in order to fully assess North Carolina’s child welfare system and its outcomes for the children and families served. The current data, while much improved and more helpful, still do not reveal all that counties and the state need to know to set programmatic priorities, monitor trends and track results. For example, the current data tell us that young children make up a disproportionate share of children in out-of-home care, but we cannot tell why this is and whether it produces positive or negative outcomes for the children and their families.

Signs are positive for future improvements. Both the state and many county child welfare agencies have proven that they are willing and capable of implementing new research-based practices and programs in order to improve children’s outcomes. Additional outcome indicators are now being measured, and state universities are also monitoring and evaluating outcomes to better assess the system and its results. These new data should provide more useful information, and this, combined with the system’s willingness to implement thoughtful change, will mean more children are not only protected, but also helped to reach a promising future.

How is North Carolina doing in terms of producing positive outcomes for the children in its care? In previous reports, Action for Children has examined intake data. While these data are informative, the more important analysis is of the outcomes for children who have been involved in the system. While most people associate abuse and neglect with physical harm, research shows that children who suffer abuse and

HOW THE NORTH CAROLINA CHILD WELFARE SYSTEM WORKS

Each county in North Carolina administers its own child protective services (CPS) system, but some broad parameters apply across programs. Once someone (a teacher, doctor, neighbor, etc.) reports suspected abuse or neglect, a local intake professional (often working with a supervisor) determines whether or not the case warrants a CPS assessment. If the report meets predetermined criteria, a CPS worker conducts interviews, observes the family and collects other collateral information to make a determination on how to proceed. If the CPS worker determines that the child does not seem to be abused or neglected, the report is unsubstantiated and the family is found not to need ongoing service.

If a report is a valid report of child neglect or dependency, but the child is not at great risk, the report may be assigned to a Family Assessment Response. (Specifically, Family Assessments are used when the information alleges neglect or dependency concerns.) Using a family-centered, strength-based approach, the family may be offered or referred to needed services to build on strengths and address needs during the assessment process. If the Family Assessment results in a finding of “Services Needed,” parents and children are provided required services (such as counseling, subsidized child care, etc.).ⁱ In Family Assessments, perpetrators are not identified. The primary goal is to build on family strengths to improve family function.

For more serious problems (allegations of abuse and certain neglect cases), investigative assessments gather information to determine whether or not a child is abused or neglected, seek to identify a perpetrator and hold that person accountable for his or her actions. If abuse or neglect is found to have occurred at the hands of someone in the home, the case is considered substantiated. If an investigation is substantiated, parents and children are provided required services (such as counseling, subsidized child care, etc.).

When a finding of “Services Needed” or a substantiation is made, the required services may be in the home, or if the safety of the child cannot be assured, the child may be temporarily removed from the home and placed in N.C. Department of Social Services custody while the situation is resolved. If the child is removed from the home, services can still be required for the parent to help resolve the issues that led to maltreatment. The child in DSS custody also receives services, such as medical care or counseling, in addition to foster care.

There are many types of out-of-home care, the most common of which is foster care. There are other types of care as well—called placements—including children living with relatives, in hospitals, in therapeutic group homes or in youth development centers. (Runaways are also considered to be in DSS custody.) Once services are received and the situation is resolved, families may be reunified. If the situation is unable to be resolved within a specified amount of time (usually one year), parental rights will be terminated and the child may become eligible for adoption if specific criteria are met.

Another reason that children may be in out-of-home care is if they are found to be dependent—meaning the child has no parent, guardian or custodian, or that the adult is physically or mentally incapable of caring for the child and lacks an appropriate child care arrangement.

i. In some situations, the services provided during the Family Assessment may have resolved the safety and risk issues by the end of the assessment. In those cases, the finding would be “Services Provided and No Longer Needed.” In other situations, the result of the Family Assessment is that there are no safety or risk issues but there are services that would help the family that are voluntary. In those cases, a finding is made of “Services Recommended.” The agency will help the family to access those voluntary services.

neglect experience a range of negative outcomes including physical and neurological damage, psychological and emotional problems, disruption to their education and an increased risk of substance abuse, sexual promiscuity and depression later in life.² Ideally, a look at the outcomes for children in foster care would include a comprehensive set of indicators that measures all of these outcomes. Unfortunately, data are not currently available to measure most child outcomes. However, federal, state and local child welfare systems have begun to measure system outcomes related to safety and permanence (see text box on Page 4). System outcomes focus on whether child welfare systems are meeting various goals regarding the safety and permanence of the children they serve.

Not surprisingly, all children, and especially foster children, benefit from permanency and predictability in their lives. Children who have been abused or neglected severely enough to be removed from their homes have already experienced a significant amount of instability and lack of control in their lives, making it harder for them to adjust to new situations.³ The formation and continuity of relationships can help promote healthy development and positive educational outcomes for youth in foster care. The stability of family relationships promotes healthy development into adulthood⁴; unfortunately, youth placed in the foster care system often have trouble maintaining family relationships. The sense of a secure base for children in out-of-home care provided by placement stability enhances their feelings of belonging in supportive social networks and attachment to people they deem reliable and supportive.⁵

Furthermore, placement instability often results in foster care youth experiencing several school placements. Research shows at least half of foster care youth change schools four or more times after starting their formal education.⁶ Youth fall behind in their academics and experience learning difficulties due to such frequent school transfers.⁷ Experts believe it can take between four to six months for children in foster care to recover academically from the disruptions caused by changing schools.⁸

A study of more than 650 foster care alumni (aged 20-33) in the Northwest concluded that placement history and experiences, along with having concrete resources upon leaving care, were statistically significant for predicting positive educational outcomes. Placement history (including high placement stability and few failed reunifications) was the single most important factor.⁹

Number and Type of Placements

There are a range of placement options for children in North Carolina. Foster care—where foster parents care for a few children in a home setting—is perhaps the best known. Other options include group homes, kinship care (care by a non-parent relative) and institutionalization. Having a range of options available in every community is important. However, it is generally considered best practice for a child to be in the least restrictive setting possible, and often that means kinship care or a family foster home.

By Age: Children under age 5 are the most likely to be in DSS custody, representing about half of the initial placements each year.¹⁰ In general, the younger the child, the less likely he or she is to have multiple placements. Even so, every year since 1998, almost 60 percent of children under age 5 in out-of-home care have experienced multiple placements. Approximately 1-in-6 young children has experienced *four or more* placements.^a Compared to other placement options, younger children

WHY FOCUS
ON OUTCOMES?,
CONTINUED

RESEARCH SHOWS
PLACEMENT
STABILITY
IMPROVES CHILD
OUTCOMES

THE NORTH
CAROLINA DATA

a. Children who experience four or more placements are a subset of children with multiple placements.

Federal Outcome Measures

In 2001, North Carolina did not meet any of the federal benchmarks for the six outcome measures. A program improvement plan was then implemented that focused on improved reporting and measurement. In 2005, North Carolina was the first state in the southeast to have successfully implemented program improvements; improvements had been made in 5-of-6 outcome measures; and North Carolina met or exceeded federal benchmarks for 4-of-6 federal outcome measures. In 2006, North Carolina met or exceeded national standards for 5-of-6 measures.ⁱⁱⁱ

Federal measures are not used in this report primarily because they are in flux, with only two years of data currently available and some national standards still being determined for specific indicators. Additionally, the federal outcome measures only look at one year of data because they are designed to be used to evaluate states on yearly performance. In contrast, many children spend more than one year in out-of-home care, which makes it difficult to fully assess the situation of children in out-of-home care without looking at data over time. Cohort data, which reflect a child's entire time in care, are used in this report because they provide a more comprehensive view of children's experiences in out-of-home care.

This report uses data from the N.C. Division of Social Services and the Jordan Institute for Families at the University of North Carolina at Chapel Hill to evaluate the experiences of children and youth placed in out-of-home care. The number and type of placements of children, length of time in care and number of youth aging out of care are analyzed to look at permanency outcomes for children and youth in the child welfare system. Cohort data, which provide long-term data about children who entered care in the same year, and point-in-time data, which provide a snapshot of the system at a certain time, are used to provide a more comprehensive look at the experiences of youth in out-of-home care. Where possible, outcomes are examined by age, race and ethnicity.

i. Administration of Children and Families, Children's Bureau. "Child Welfare Final Rule Executive Summary." Available online at: <http://www.acf.hhs.gov/programs/cb/cwmonitoring/legislation/exsum.htm>.

ii. Administration of Children and Families, Children's Bureau. "Background Paper: Child and Family Services Reviews National Standards." Available online at: <http://www.acf.hhs.gov/programs/cb/cwmonitoring/legislation/background.htm>.

iii. A full copy of the 2007 Child and Family Services Review is available online at: <http://www.ncdhhs.gov/dss/stats/cw.htm>.

Data on Children in Out-of-Home Care in North Carolina, by Cohort ¹							
	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
Number of Children Entering DSS Custody²	5,154	4,906	5,153	5,273	5,571	6,008	6,085
Initial Placement³							
Own Home	5%	4%	4%	5%	4%	4%	4%
Relative	20%	21%	22%	23%	27%	27%	26%
Foster Home	46%	48%	48%	47%	42%	42%	46%
Group Home	7%	7%	7%	7%	8%	8%	6%
Number of Placements⁴							
1 placement	34%	35%	35%	34%	37%	36%	39%
2 placements	25%	24%	24%	25%	23%	25%	26%
3 placements	13%	13%	13%	13%	13%	14%	15%
4 or more placements	24%	25%	24%	24%	24%	21%	17%
Length of Time in DSS Custody							
Percent remaining after 360 days	50%	52%	52%	53%	55%	55%	NA
Percent remaining after 1080 days	13%	13%	14%	14%	NA	NA	NA
Median number of days	362	378	376	379	410	411	-

¹ Unless otherwise noted, these data are cohort data by fiscal year. In other words, the 2002 data reflect the experience of all children who entered care between July 2001 and June 2002. If a child who entered care during that time switched out-of-home placements in 2004, they are still part of the 2002 cohort.

² This is a subset of the total number of children in DSS in a given year. Approximately 10,000 children are in DSS custody in any one year.

³ Totals do not equal 100. Other types of placements that are not listed include: hospital, emergency shelter, court approved setting and other.

⁴ It is important to note that declines in "four or more placements" in recent years is likely due to fewer years of data rather than a true decline.

All data from: Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Weigensberg, E.C. (2007). NC Child Welfare Program. Retrieved August 20, 2007, from the University of North Carolina at Chapel Hill Jordan Institute for Families website (<http://jsw.unc.edu/cwl/>).

are most likely to be placed in foster homes, with slightly more than half of young children going into foster homes for their first placement. In 2006, 48 percent of young children in DSS custody were in foster care, 23 percent in kinship care and 17 percent in other types of care. Only about 1 percent of young children were in group homes.^b

In comparison, during the past decade, approximately two-thirds of older children aged 13 to 17 experienced multiple placements and between 28-36 percent experienced four or more placements.^c Only about a quarter of older children are assigned to foster homes for their first placement, and they are far more likely to be placed in a group home, compared to younger foster children.

Older children were the least likely to be attached to foster families both because they are most likely to experience multiple placements and because they are most likely to be placed in non-family settings. Because these children may not have strong family ties, many face the transition to adulthood without a family safety net. Half of the children who turn 18 (or were emancipated) while in foster care have been in out-of-home care for three or more years.¹¹

By Race and Ethnicity: There is very little variation between black and white foster children on the number of placements between 1998 and 2007. Among black and white children, 31-38 percent in out-of-home care experience only one placement, while 22-27 percent experience four or more placements. Hispanic children appear to experience a little more stability. About 40 percent of Hispanic children have experienced only one placement consistently across the past decade and only 14-22 percent have experienced four or more placements.

Placement Stability by Age, Race and Ethnicity for the 2002 Cohort¹							
	NC Average	Age			Race/Ethnicity²		
		0-5	6-12	13-17	Black	White	Hispanic
One Placement	35%	37%	35%	31%	34%	35%	39%
4 or More Placements	24%	19%	26%	34%	27%	23%	19%

¹ Data represent the experience of the cohort of children entering care in the given year. Therefore, the 2002 data include experiences of children over the course of 5 years.

² Race and ethnicity are not mutually exclusive categories, therefore, race data include children of any ethnicity and ethnicity data include children of any race. Hispanic is an ethnicity. Data on American Indian children and other children are not included since the number entering care in any given year is very small and, thus, outcomes can vary widely, depending on the experience of a handful of children. (For example, 49% - 75% of American Indian youth experience multiple placements with 12% - 26% experiencing four or more placements.)

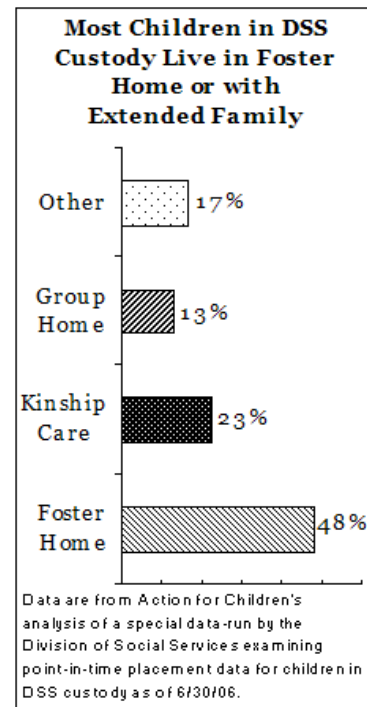
All data from: Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Weigensberg, E.C. (2007). NC Child Welfare Program. Retrieved July 2007, from the University of North Carolina at Chapel Hill Jordan Institute for Families website (<http://ssw.unc.edu/cwf/>).

Length of Time in DSS Custody

Foster care and other out-of-home care are designed to be temporary. There are several different ways to measure length of time in care. One is the median time in DSS custody. In North Carolina, about half of children spend less than one year in DSS custody and half of children spend more than one year. Median length of time in custody remained fairly constant between 1998 and 2003 (between 360 and 380 days) but has increased recently (to about 410 days in 2004 and 2005—see table on Page 4). Disturbingly, 1-in-7 foster children remains in DSS custody for at least three years.

By Age: Younger children (aged 0-5) tend to stay in DSS custody the longest; however, children ages 6-12 were the most likely to be in out-of-home care for more

THE NORTH CAROLINA DATA, CONTINUED



b. Information is from a special data-run by the N.C. Division of Social Services examining point-in-time data as of 6/30/06 for placement of children in DSS custody by gender, race/ethnicity and age.

c. Children who experience four or more placements are a subset of children with multiple placements.

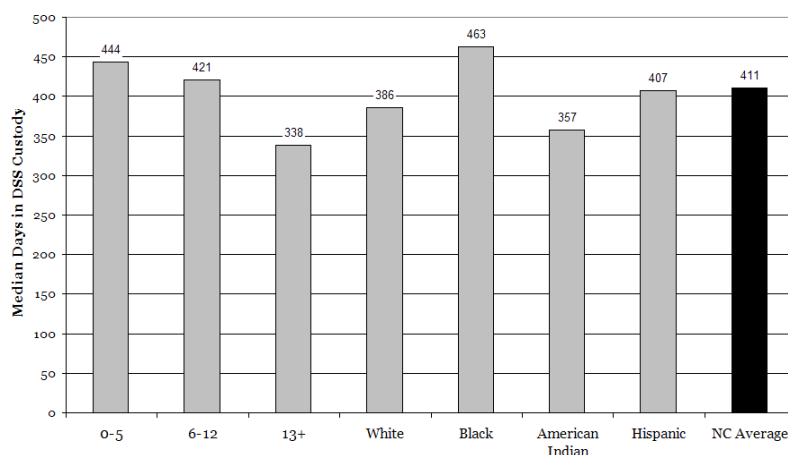
THE NORTH CAROLINA DATA, CONTINUED

than three years. In 2005, children ages 0-5 were in out-of-home care a median of 444 days, compared to slightly fewer days (421) for children ages 6-12. Teens aged 13-17 were in out-of-home care significantly less time (338 days) than all other children. During the past decade, approximately 13 percent of children 5 and under were in care for at least three years, compared to slightly less than 20 percent of children aged 6-12 and approximately 10 percent of teenagers. These patterns have not changed substantially over time.

By Race and Ethnicity: Black children spend the longest time in DSS custody, measured both by median number of days in care and percentage of children in custody for more than 3

years. In 2005, white children were in custody a median of 386 days, compared to a median of 463 days for black children. Approximately 18 percent of black children remained in care for more than three years, compared to approximately 12 percent of white children.

Young Children and Black Children
Spend Longest Time in DSS Custody, FY 2005



American Indian and Hispanic children are a small percentage of the reported caseload. Thus, there is large variation from year to year, making it difficult to draw conclusions. American Indian children represent fewer than 200 new out-of-home placements each year and Hispanic children fewer than 500. Over the past decade, the median number of days in custody for American Indian children ranged from 266 to 412 and for Hispanic children from 292 to 407. The percentage of children in custody for more than three years ranged from 4-19 percent for American Indian children to 8-15 percent for Hispanic children.

Aging Out of Foster Care

Research suggests that without the extended support most families provide young people in the transition to adulthood, youth leaving foster care face enormous challenges in building successful lives. They attain less education, have a harder time embarking on a productive career, are more likely to abuse drugs and alcohol and are more likely to be involved with the legal system.¹² It is worth noting, however, that many problems faced by foster children have roots in the life experiences that occurred prior to entering the foster care system.

While most youth have the support of their families and communities as they move from adolescence to adulthood, many foster care youth make this journey without any support. The majority of foster care youth are reunified or placed with permanent families before their 18th birthday. For those who remain in care until age 18, they must either sign a Contractual Agreement for Residential Services (CARS)^d to remain in foster care or be discharged from care on their 18th birthday. Overnight, a

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d. In North Carolina, CARS agreements, which allow youth to voluntarily remain in foster care placement, are available in most counties to youth ages 18-21 who are pursuing educational or vocational training. In any given month there are approximately 200 youth participating in CARS agreements.

CHILD WELFARE AND THE JUVENILE COURTSⁱ

When a child is brought to the attention of a child welfare agency, that agency can involve the juvenile court if legal intervention proves necessary. Once involved, the court assists in guiding the direction of child welfare cases, as they are often the final authority on decisions made on behalf of both the child welfare agency and the family.

The primary function of the juvenile court is to hear, evaluate and decide cases brought before it involving children alleged to be abused, neglected or dependent.ⁱⁱ The following are examples of situations where court intervention might be required or helpful:

- When a family refuses to cooperate with or obstructs a child protective services assessment;
- When a family has made no progress toward providing adequate care for the child despite agency efforts to provide services; or
- When circumstances indicate the need for immediate removal of a child.

The court has several options when hearing and deciding a case, including one or more of the following: dismissing the case; ordering that appropriate community level services be provided to the child and his or her family in order to strengthen the family situation; continuing the case in order to allow the parent, guardian, custodian, caretaker or others to take appropriate action; requiring that the child be supervised in his or her own home by the child welfare agency; placing the child in the custody of a parent, relative or private agency offering placement services; or placing the child in the custody of the child welfare agency.

i. More information on the role of juvenile courts in child welfare is available online at: <http://www.childwelfare.gov/pubs/usermanuals/courts/chaptertwo.cfm>.

ii. The juvenile court also hears cases where the child has been alleged to be delinquent or undisciplined.

foster child can find himself or herself homeless. In North Carolina, there is not a comprehensive system of transitional supports for children aging out of the system. According to the N.C. Division of Social Services, in 2006, 632 children aged out of foster care without a permanent family for support in the transition to adulthood.

These data show there is variation in out-of-home placement for children by age, race and ethnicity. Far too many young children experience multiple placements and extended stays in out-of-home care while in DSS custody, older children are most likely not to have permanent families and many youth age out of care without a family connection or without supports to successfully transition to adulthood. While racial disparities are not evident for most of the indicators, data show that black children spend longer periods in custody. Changes in policies and procedures, such as adopting some of the following practices and strategies, can help ensure better outcomes for all children involved in the child welfare system.

Following are promising practices and effective strategies that research shows can improve outcomes for children, youth and their families. Some are being widely used in North Carolina while others have been tried outside the state.

Promising Practices in North Carolina

North Carolina has many promising programs aimed at increasing the likelihood of successful outcomes for children, youth and families in the child welfare system.

Child and Family Team Meetings: Involving Youth and Families in Key Decisions

Child and family team meetings are structured meetings facilitated by trained individuals. These meetings bring family members together to create a plan to promote child safety while serving the needs of the family. With the support of professionals and other community resources, families maximize their strength and problem-solving capacity. Child and family team meetings are solution-based and family-centered and are generally recognized as the most effective way to organize services for children and families.¹³ The idea is that family strengths, along with an adequate support system (including mental health and family support services), will ultimately resolve the issues that brought the family to the attention of the child welfare

THE NORTH CAROLINA DATA, CONTINUED

IMPROVING OUTCOMES FOR CHILDREN IN OUT-OF-HOME CARE

IMPROVING
OUTCOMES FOR
CHILDREN IN
OUT-OF-HOME
CARE,
CONTINUED

“Research on similar programs in other states shows [that child and family team meetings] decrease the likelihood that children will be unnecessarily removed from their families, while increasing the likelihood that siblings are kept together and children are placed with caring relatives or adults they already know.”

system. Research on similar programs in other states shows this type of practice decreases the likelihood that children will be unnecessarily removed from their families, while increasing the likelihood that siblings are kept together and children are placed with caring relatives or adults they already know.¹⁴ Additionally, children, families and child welfare workers report feeling more confident in the process and the decisions made.¹⁵

In North Carolina, the implementation of child and family team meetings varies from county to county; however, some counties (such as Buncombe) have used a similar method efficiently for more than 10 years. The N.C. Division of Social Services has demonstrated a strong commitment to the use of child and family team meetings.

Intensive Family Preservation: Improves Family Outcomes, Saves Money and Reduces Racial Disparities

When abuse or neglect is an issue, family preservation services can help keep the family together while resolving problems in the home. In North Carolina, Intensive Family Preservation Services (IFPS) are available to the families whose children are at imminent risk of being placed in DSS custody. While program specifics may vary, key features generally include trained workers coming into the home to help rectify the situations that led to the abuse and neglect. Families may be linked with counseling, jobs, parenting classes or other needed supports. A caseworker is generally on-call 24 hours a day to help with emergencies as they arise. Such services are usually time-limited.

A University of North Carolina at Chapel Hill evaluation of North Carolina's IFPS program found that it improved family outcomes and saved taxpayers \$6.20 for every \$1 invested.¹⁶ Importantly, analysis of the IFPS program also shows that it seems particularly effective at mitigating racial disparities in placement differences.¹⁷ Funding for IFPS has been reduced the past several years in North Carolina. During state fiscal year 2006, the program served 470 families in 70 counties.

Supports for Youth Aging Out of Foster Care

NC Links: Research shows that youth who receive independent living training are better equipped to live on their own.¹⁸ The 1999 federal Chafee Act provided states with funds to help foster youth transitioning to independent living. North Carolina implements this program through NC LINKS^e, which seeks to connect foster youth with helpful adults and other supports, such as education, financial assistance, skills training and other services to help foster youth successfully transition to adulthood.

Foster youth who participate in NC LINKS often report positive outcomes, such as avoiding high risk behaviors, postponing pregnancy and living in stable housing. An NC LINKS survey of youth who aged out of foster care found that 75% had a personal support network of five or more individuals outside the public welfare system. Looking at other stability measures of youth who had aged out in the past year, 27% had job stability, 78% had stable housing and 66% were postponing parenthood.¹⁹

However, anecdotally, the extent to which NC LINKS or other supports are offered to older foster youth varies widely by county or even caseworker. Indeed, according to the N.C. Division of Social Services, LINKS services reach only two-thirds of the young adults who are eligible for the program. This situation may be compounded by the fact that North Carolina does not invest sufficient state funds to draw down its full federal allotment of Chafee Act money. More aggressive outreach and full state

e. LINKS is not an acronym but rather captures the intent of North Carolina to help link foster youth with needed supports.

funding would help assure that more children aging out of foster care are linked with needed supports and services.

Health Insurance for Foster Youth Up to Age 21: During the 2007 legislative session, Medicaid coverage was extended to include youth aging out of foster care up to age 21. This is especially important since abused and neglected children often suffer from lasting physical and behavioral health problems.

Higher-Education Scholarships for Foster Care Youth: Also enacted in 2007 is a new higher-education scholarship program for teens aging out of foster care. While the results of this new program have yet to be measured, its intention to aid foster youth in their efforts to attain a higher education level is commendable.

Specialized Professional Training

Having strong models for effective practice and providing consistent training to child welfare workers has been shown to improve outcomes for children and families in the child welfare system.²⁰ In North Carolina's most recent federal review, training for child welfare workers was identified as one of the key system strengths. North Carolina has a comprehensive competency-based program that trains more than 13,000 child welfare workers, foster parents and other human service workers each year. The training program ranges from entry level, to pre-service training, to advanced professional training.²¹ Training is coordinated and delivered by the Statewide Training Partnership, a consortium of state, county and university partners.

Providing School-Based Services

North Carolina recently began school-based mental health services in some areas. Since data suggest that mental health issues contribute to half of the removals from home (see text box on Page 10), this strategy may help address some of the underlying causes that lead children to be removed from home in the first place. The N.C. Departments of Health and Human Services and Public Instruction are implementing a school-based Child and Family Support Team Initiative to help identify

IMPROVING
OUTCOMES FOR
CHILDREN IN
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CARE,
CONTINUED

HOW DO FOSTER CHILDREN FARE AS ADULTS?ⁱ

Foster children face many barriers to obtaining their education and ultimately to becoming successful, self-sufficient adults. Foster children are more likely to change schools during the K-12 years. One study of foster care alumni found that 65 percent experienced seven or more school changes between elementary school and high school. A number of studies show that school mobility has a negative association with a variety of academic measures, including test scores, grades and grade retention. The effects seem to be particularly pronounced for multiple moves or when children do not live with both biological parents.ⁱⁱ

Foster children are more likely to rely on general education development degrees (GEDs). A study of foster children in the Northwest found almost 30 percent of foster children received a GED, compared to 5 percent of the general population. Slightly more than half (56 percent) completed high school and received a diploma. The overall rate of having one of these two degrees is similar to the general population (85 percent for foster alumni compared to 87 percent of the general population). Research shows that high school graduates fare better in the labor market than do young people with a GED.ⁱⁱⁱ

Foster alumni are eight times less likely to get a college degree. Analysis of data of adults aged 25-33 who had been in foster care as children found that only 3 percent of the foster alumni had completed college, compared to 24 percent of the general population.

Foster alumni face financial hardships. One study found that 1-in-5 former foster children had experienced homelessness in the past year. Compared to the general population, foster alumni were five times more likely to receive cash assistance (welfare) and three times more likely to live below the federal poverty line. In North Carolina, only 58 percent of surveyed recent foster alumni describe themselves as economically self-sufficient. Data from NC LINKS further show that only 30 percent of North Carolina youth who have aged out of foster care have had the same job at least six months in the previous year; 15 percent experienced homelessness in the previous year.^{iv}

i. All data, unless otherwise cited, from a study of foster care alumni in the Northwest, Pecora, P. et. al., 2006.

ii. Rumberger, R., 2002.

iii. Tyler, J. (2003). "Economic Benefits of the GED: Lessons from Recent Research." *Review of Education Research*, Vol 73, No. 3, pp. 369-403. Available online at: <http://rer.sagepub.com/cgi/reprint/73/3/369.pdf>

iv. N.C. Division of Social Services, 2007.

MENTAL HEALTH AND CHILD WELL-BEING

The mental health system has a profound impact on the child welfare system. When parents suffer severe or untreated mental health disorders (including substance abuse and addiction), they are often unable to provide adequate care and discipline for their children. Conversely, children with mental health problems—including substance abuse—can be particularly challenging to parent.

A study of foster care alumni in the Northwest found that almost two-thirds (65 percent) of birth mothers had substance abuse problems and that parental substance abuse was the initial reason for placement into foster care 29 percent of the time.ⁱ In February of 2006, North Carolina began collecting data about contributory factors in reports of abuse and neglect. Initial data show that caretaker substance abuse is the primary contributory factor in 17 percent of founded reports.ⁱⁱ

At the county level, the Guilford County Workgroup on Disproportionality analyzed the contributing factors leading to children being removed from their birth families (there can be multiple contributing factors). While there was wide variation by race on a number of indicators, both white and black children entered foster care at a similar rate due to mental health issues. Indeed, mental health issues contributed to more than half of the removals of children (black or white) from their birth parents. Parental substance abuse was a contributing factor for removal for about 50 percent of the children and other parental mental health issues contributed to approximately 25 percent of removals. The child's mental health or substance abuse was a contributing factor in about 10 percent of removals.ⁱⁱⁱ

At the same time, children who are abused and neglected often have a particular need for mental health services. Experiencing (or witnessing) ongoing abuse and neglect can affect how a child responds to stress, including increased cortisol production which can lead to impairments in learning, memory and the ability to regulate certain stress responses. Early treatment can be critically important.^{iv}

Currently, North Carolina's mental health system is in a time of transition, moving to more community-based treatment. However, less than 5 percent of the recommended funding has been invested in needed services at the very time that a new infrastructure needs to be developed. Developing and funding a strong mental health system which can address all mental health needs is critical for our child welfare system.

i. Pecora, P. et. al. 2006.

ii. North Carolina Department of Health and Human Services, 2006.

iii. The Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy. (2006) *Places to Watch: Promising Practices to Address Racial Disproportionality in Child Welfare*. Available online at: http://www.cssp.org/uploadFiles/Promising_Practices_to_Address_Racial_Disproportionality.pdf.

iv. National Scientific Council on the Developing Child., 2005.

IMPROVING OUTCOMES FOR CHILDREN IN OUT-OF-HOME CARE, CONTINUED

and coordinate services to children at risk of out-of-home placement.²² Additionally, mental health parity was enacted during the 2007 legislative session, which should result in more children receiving health insurance coverage for treatment of mental illnesses and developmental disabilities.

Other Effective Strategies

In addition to the promising practices that are already being widely used across North Carolina, there are a number of strategies that research suggests are effective means to improving outcomes for children, youth and families involved with child welfare services.

Supports for Families Involved in the Child Welfare System

Many families reported to child protective services face a number of challenges in raising safe and healthy children. Families may have a history of domestic violence, substance abuse or mental health issues. Additionally, many families lack the knowledge, skills and supports to practice positive parenting and promote optimal child growth and development. Consequently, the array of services provided to families involved in the child protection system are critical supports in helping families overcome these challenges. Families may need a variety of services and supports to ensure their child's safety—from substance abuse and mental health treatment, to research-based parent training programs, to basic family supports such as respite care and childcare. Child protection agencies, in partnership with other public and community-based agencies, must work collaboratively to identify, utilize and support these kinds of services for families at risk.

For the child welfare system to be able to work effectively for children and families,

mental health, domestic violence, substance abuse and other services must be available and accessible in every county. Unfortunately, availability varies greatly and in many counties in North Carolina the need for such services and treatments is greater than the supply. Such services and treatments are absolutely critical in preventing children from being placed in foster care and, when placed in foster care, for reuniting children with their families. Currently, many of North Carolina's children bear the cost of an inadequate supply of such services.

Supports for Children Involved in the Foster Care System

Comprehensive Health Care Assessments and Treatment: A number of youth enter the foster care system with chronic health, developmental and psychiatric disorders reflective of the abuse and neglect they suffered prior to placement, as well as from the separation from their families. Research shows that when children in out-of-home care receive appropriate health interventions, their health, developmental and emotional well-being can improve.²³ Unfortunately, evidence suggests that the health care of youth in foster care is often neglected while they reside in the foster care system.²⁴ Assessing all children in DSS custody at entry and then periodically for physical, developmental and mental health problems—and providing appropriate, research-based interventions for whatever health or developmental needs the children are found to have—could greatly improve outcomes for children in out-of-home care. Treatments should be evidence-based, proven treatments for children who have been traumatized by violence or maltreatment. More programs providing comprehensive assessments and treatment, such as the pilot to train mental health clinicians to use trauma-focused cognitive behavioral therapy for children who have been substantiated as sexually abused, are needed.²⁵

Increase the Educational Attainment of Foster Youth: For all youth, higher education correlates with increased income and more successful outcomes in adulthood. An education beyond high school can help mitigate the negative outcomes, such as homelessness, substance abuse and incarceration, experienced by many youth transitioning out of the system.²⁶ Children and youth in out-of-home care may require additional assistance to ensure they remain attached to elementary, middle and high schools. Furthermore, those nearing the end of high school need additional supports to apply to, afford and attain higher education. Research has demonstrated that mentoring relationships with teachers, counselors and administrators can help propel students into college.²⁷ College transition programs that provide academic enrichment, information regarding colleges, testing and admission standards and mentorship can also help youth access post-secondary education.

★ **Limit School Changes:** When children are removed from their homes, they are often also removed from their school, teachers and friends, further disrupting their lives. To promote the educational achievement of youth in foster care, child welfare workers need to factor in education when making placement decisions for youth in foster care. School placements should be minimized to prevent disruptions. If at all possible, youth should remain within their same school. If the child is placed outside of his or her school district, transportation to the youth's original school should be made an option. Keeping youth placed in foster care within their own schools can promote a sense of attachment and belonging to school, which can promote academic performance and motivation as well as enhance their emotional well-being.²⁸ While many county child welfare agencies already work to limit school changes, increased communication and coordination among child welfare workers and school officials can help limit children's school mobility while in DSS custody.

★ **Encourage Extracurricular Activities:** Children and youth are more likely to perform well in school if they participate in extracurricular activities such as sports teams, clubs and other non-academic activities. Youth in foster care who participate in extracurricular activities may gain a feeling of accomplishment and attainment

IMPROVING
OUTCOMES FOR
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OUT-OF-HOME
CARE,
CONTINUED

"For the child welfare system to be able to work effectively with children and families, mental health, domestic violence, substance abuse and other services must be available and accessible in every county."

IMPROVING
OUTCOMES FOR
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OUT-OF-HOME
CARE,
CONTINUED

which may drive their sense of competency and self-value.²⁹ Child welfare workers, foster parents and school administrators should work together to support and encourage the participation of foster care youth in extracurricular activities.

Supports for Older Youth in the Foster Care System

Children's Savings Accounts: Linking Foster Youth with the Resources They Need as Adults: Children's Savings Accounts (CSAs) are long-term asset-building accounts established for children at birth and allowed to grow over their lifetime. Accounts are opened with an initial public and/or private investment of \$500 to \$1,000. Savings in CSAs can only be withdrawn for restricted purposes, such as financing higher education, starting a small business or buying a home. Future contributions can be made by friends, family, churches, employers and the children themselves, and can be augmented by publicly or privately funded matches and other incentives. Elements which increase the likelihood that CSAs will benefit foster youth include experienced program staff to encourage saving, financial literacy training, other educational counseling and supports and rewards beyond matching funds saved (e.g., short-term monetary rewards for meeting savings goals).³⁰

Promote Job Skills Training for Foster Youth: Studies of foster alumni show that previous work experience can be an important component of a successful transition to adulthood.³¹ Anecdotally, some counties in North Carolina have been successful in using federal Workforce Investment Act (WIA) funds for providing job skill training to foster children. (Every regional Workforce Board has a WIA youth program.) This not only can help prepare a foster child for the world of work; it can also establish a connection with another adult who is likely to remain in his or her life.

Transition Support Services: Foster children need support in negotiating the multiple transitions and caregiver relationships that they will experience in foster care. Systemic supports can be established to help children manage these issues. These supports include therapeutic visitation experiences with biological parents, siblings and other family members; building connections among former and current caregivers; and providing children with concrete transitional supports.

Increasing the Capacity of the Child Welfare System

Share Databases: Initiatives that focus on improving coordination and cooperation among child welfare agencies, schools and other agencies and systems can produce positive outcomes for youth in the child welfare system. Sharing data among agencies that have provided services to children and families involved in the child welfare system can improve the care they receive. Cross-agency data sharing provides case workers in all agencies the ability to more comprehensively assess situations and provides for cross-agency care coordination. Currently, there is no simple way for case workers in one agency to know what services children and families are receiving from other agencies. Unfortunately, most agencies in North Carolina use data systems that are so distinct from one another that sharing data would be difficult. Improving the ability of agencies to share databases is critical to providing well-coordinated, cost-effective services to children and families involved in the child welfare system.

Sharing databases is also important to facilitate a more comprehensive look at life outcomes, such as the education and employment of foster care youth. The Jordan Institute for Families at the University of North Carolina at Chapel Hill is working on such analysis. By linking child welfare data with Employment Security Commission and other data, the Institute's work will provide an even richer array of information on how foster children and alumni fare over time.

Data show that North Carolina has strengths and weaknesses in providing for children and youth placed in out-of-home care. While improvements have been made on federal outcome measures since their implementation in 2000, broader cohort data show that there has been little change in the actual experiences of children in out-of-home care over this same timeframe. In fact, cohort data show a troubling increase in the amount of time spent in care. Data by age show that young children are most likely to be in out-of-home care, that the majority of young children have multiple placements and that they stay in care the longest. Older children often experience multiple placements, are most likely to be in non-family settings and often age out of care without a permanent family to support them as they transition into adulthood. Data by race and ethnicity show that while there is not great disproportionality by race and ethnicity for many indicators, black children spend a significantly longer time in out-of-home care than other children.

By building upon the strong promising practices being used in North Carolina, and adopting other research-based strategies, outcomes for children and families can improve. By looking more closely at areas with poorer outcomes and crafting policies and procedures directly aimed at improving these outcomes, state and local level child welfare agencies can better provide for all children and families. Additionally, adjusting public policies and funding to assure that *all* parents are supported in their dual roles as workers and parents is warranted. There is also a need to address the underlying causal factors for abuse and neglect.

It is imperative that North Carolina continue to strive to fully meet the dual goals of safety *and* permanency for all children and youth involved in the child welfare system. When this goal has been met, all children in North Carolina will not only be safe, but they will have enduring family relationships that can support them for a lifetime.

CONCLUSION

USEFUL RESOURCES

The **Central Directory of Resources** (CDR) at the Family Support Network of North Carolina provides referrals for families with children with special needs and their providers. Referrals are made to service agencies and organizations, parent programs and support groups.
1-800-852-0042

Communities In Schools of North Carolina, Inc. provides mentoring, tutoring and parent involvement programs to help at-risk children stay in school.
1-800-849-8881, <http://www.cisn.org>

Exceptional Children's Assistance Center (ECAC) provides parents of children with disabilities with resources and information about educational advocacy, their rights and how to advocate for their child.
1-800-962-6817, <http://www.ecae-parentcenter.org>

North Carolina Education Training Voucher Program offers grants to foster youth to attend college, universities and vocational trainings. Foster youth receive up to \$5,000/year for four years.
<http://www.statevoucher.org>

The **North Carolina State Collaborative for Children and Families** is a multi-agency forum to promote the use of child and family teams across social service systems using system-of-care principles to promote collaboration, advocacy and action among families, public and private child and family-serving agencies and community partners.
<http://www.nccollaborative.org>

SaySo, Strong Able Youth Speaking Out, is a statewide association of youth ages 14 to 24 who are or have been in the out-of-home care system that is based in North Carolina.
<http://www.saysoinc.org>

DATA NOTES

All data, unless otherwise specified, are from Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Weigensberg, E.C. (2007). N.C. Child Welfare Program. Retrieved July 2007, from the University of North Carolina at Chapel Hill Jordan Institute for Families website (<http://ssw.unc.edu/cw/>).

These data are cohort data by fiscal year. In other words, the 2002 data reflect the experience of all children who entered care between July 2001 and June 2002. If a child who entered care during that time switched out-of-home placements in 2004, he or she is still part of the 2002 cohort.

This report does not examine county-level data. For county level data, please see: <http://ssw.unc.edu/cw/>.

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1. National Scientific Council on the Developing Child. (2005) "Excessive Stress Disrupts the Architecture of the Developing Brain." Working Paper #3. Available online at: http://www.developingchild.net/pubs/wp/Stress_Disrupts_Architecture_Developing_Brain.pdf.
2. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. *Child Maltreatment; Fact Sheet*. Available online at: <http://www.cdc.gov/ncipc/factsheets/cmfacts.htm>.
3. National Scientific Council on the Developing Child, 2005.
4. Rutter, M & Rutter, M. (1993). *Developing Minds: Challenge and Continuity Across the Life Span*. New York: Harper Collins.
5. Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London: Routledge.
6. Emerson, J. and Lovitt, T. (2003). The educational plight of foster children in schools and what can be done about it. *Remedial and Social Education*, 199-203.
7. Blome, W.W. (1997). "What happens to foster kids: Educational experiences of a random sample of foster care youth and a matched group of non-foster care youth." *Child and Adolescent Social Work Journal*, 14, 41-53.
8. Emerson, J. and Lovitt, T. (2003).
9. Pecora, P. et. al. (2006) "Educational and employment outcomes of adults formerly placed in foster care: Results from the Northwest Foster Care Alumni Study." *Children Youth Services in Review*. Available online at: <http://www.sciencedirect.com>.
10. Action for Children North Carolina calculations. Based on dividing the number of children aged 0-5 placed in DSS custody into the number of children placed into DSS custody in a given year for state fiscal years 1998 through fiscal year 2007. Percentages varied from 45% to 51%.
11. N.C. Department of Health and Human Services, Division of Social Services, Family Support and Child Welfare Section. (2006). Statewide Assessment Instrument. Period under review October 1, 2005 – March 31, 2006 (foster care), October 1, 2005 – May 31, 2006 (in-home services).
12. Wertheimer, R. (2002). "Youth Who 'Age Out' of Foster Care: Troubled Lives, Troubling Prospects." *Child Trends*. Available online at: <http://www.childtrends.org>.
13. Hornberger, S., Gardner, S., Young, N. Gannon, and N. P. Osher, T. (2005). "Improving the Quality of Care for the Most Vulnerable Children, Youth, and Their Families." *Finding Consensus*. CWLA Press, Washington, D.C. Available online at: <http://www.cwla.org/programs/bhd/qualityofcarefront.pdf>.
14. The Annie E. Casey Foundation. (2007). *The 2007 Kids Count Data Book*. Baltimore, MD. Available online at: <http://www.aecf.org>.
15. Ibid.
16. Kirk, R., Griffith, D. (2006). *Annual Report to the General Assembly on the Intensive Family Preservation Services Program for the 2005-2006 State Fiscal Year*, 2006. Prepared by Independent Living Resources, Inc. for the N.C. Department of Health and Human Services, Division of Social Services. Available online at: http://www.dhhs.state.nc.us/dss/publications/docs/IFPSAnnualReport%202005_2006.pdf.
17. *Annual Report on the Intensive Family Preservation Services Program for the 2003-2004 State Fiscal Year*, December 2004. Prepared by the Jordan Institute for Families, School of Social Work, University of North Carolina at Chapel Hill for the N.C. Department of Health and Human Services, Division of Social Services. Available online at: http://www.dhhs.state.nc.us/dss/publications/docs/2003_2004IFPSAnnualReport.pdf.
18. Wertheimer, R., 2002.
19. N.C. Division of Social Services. (2007). *Comparative Outcomes for Youth and Young Adults Eligible for NC LINKS Services, County Survey Data 2001- 2005*.
20. The Annie E. Casey Foundation, 2007.
21. More information about North Carolina's professional training program is available online at: <http://www.ncswlearn.org>.
22. N.C. Department of Health and Human Services, Division of Social Services, 2006.
23. Moore, K., Chalk, R. and Vandivere. (2003). "Children in Foster Homes: How Are They Faring?" *Child Trends*. Available online at: <http://www.childtrends.org>.
24. U.S. General Accounting Office, "Foster Care: Health Needs of Many Young Children are Unknown and Unmet." GAO/HEHS-95-114 (1995).
25. The National Child Traumatic Stress Network. "Trauma-Focused Cognitive Behavioral Therapy Fact Sheet." Available online at: http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/TF-CBT_fact_sheet_2-11-05.pdf.
26. Cook, R. J. (1994). "Are we helping foster care youth prepare for their future?" *Children and Youth Services Review*, 16, 213-229.
27. Gale, T. (2003). "Mentors are key to getting black students to college, study says." *Black Issues in Higher Education*, 20(2).
28. Romans, S. (1995). "Factors that mediate between child sexual abuse and adult psychological outcome." *Psychological Medicine*, 25, 127-142.
29. Shin, H. S. (2003). "Building evidence to promote educational competence of foster youth." *Child Welfare*, 82, 615-632.
30. Ibid.
31. *Connected by 25: A Plan for Investing in Successful Futures for Foster Youth*, prepared by the Youth Transitions Funders Group Foster Care Work Group with The Finance Project, March 2004.

DATA SOURCES

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