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Issues and Study Findings

Clarice Walker, Principal Investigator
Patricia Zangrillo, Research Associate
Jacqueline Marie Smith, Methodology Consultant

Evelyn K. Moore, Executive Director
National Black Child Development Institute
1463 Rhode Island Avenue, NW
Washington, DC 20005
202-387-1281

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Data was obtained in the original study by a group of dedicated volunteers in five cities, who read voluminous case records for us. Once again, we express our appreciation.

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EXECUTIVE SUMMARY

Parental drug abuse has led to a dramatic increase in the national foster care caseload in recent years. It has also sparked a debate among child welfare policy makers on how to work effectively with drug abusing parents and how to protect their children. This analysis was undertaken to provide some preliminary insights on this important issue.

This report is based on data from an earlier National Black Child Development Institute (NBCDI) study which profiled 1,003 African American children who entered foster care in five cities during the calendar year 1986. The cities included were New York, Miami, Houston, Detroit, and Seattle. In this report, additional analyses were performed to compare the children who came into foster care with parental drug abuse as a contributing factor to placement with those who came into care for other reasons. Differences in these two segments of the foster care population were tested and described along many variables, including family characteristics, child characteristics, reasons for placement other than parental drug abuse, services offered during placement, the role of relatives, and discharge outcomes. These differences in the total sample of children were based on data collected approximately 26 months after the children's entry into foster care.

In addition, updated data on the discharge status of New York children were analyzed four-and-one-half years after their entry into foster care.

It was hypothesized that children who came into care with parental drug abuse problems would come from multi-problem families, with few financial and social supports. It was also hypothesized that because of the lack of direct child welfare programs to serve many parental problems, a lack of caseworker resources, and the lack of available and suitable drug treatment programs for pregnant women and mothers in many cities, children, particularly from homes with parental drug abuse, would tend to stay in care for long periods of time.

SUMMARY OF KEY FINDINGS

There were four major findings of the analysis:

1. Child welfare agencies are not achieving permanency for most children, particularly for those from homes with parental drug abuse.

2. Services to address the problems contributing to placement in foster care were either unavailable, or insufficiently brokered or coordinated with other organizations.

3. Relative placements were often available and represent a significant resource to the children.

4. Families with parental drug abuse were more likely to have mothers with less education, to be poorly housed, and to receive Aid to Families with Dependent Children (AFDC) prior to placement than other families with children in care.

More specific findings include:

- By the end of the 26 month period since placement in foster care for the total sample of children, 28 percent of the children from families with parental drug abuse and 51 percent of the other children were discharged from care. Reunification was more common among the non-drug cases than for children whose families had parental drug abuse, who were more likely to be placed with a relative. Adoption and legal guardianship discharges were rarely used in the 26-month time period.

- After four-and-a-half years since placement in New York, 63 percent of the children with parental drug abuse were never discharged, as opposed to 47 percent of the other children in care. As in the total sample, in New York reunification was more common among cases without parental drug use, while discharge to relative was more common among parental drug abuse cases.

- Children from families with parental drug abuse problems had child neglect as the primary reason for placement significantly more often than the other cases. Child abuse was more often associated with children from the non-drug abuse families. Children from families without parental drug abuse were also more likely to have parental mental health problems and child behavioral problems as contributing factors to placement.

- Children from families with parental drug abuse were younger. The median age of the children from parental drug abusing families at initial placement in foster care was 4.7 years, as compared to 7.5 years for other children.

- Families with parental drug abuse problems were twice as likely as the other families to have poverty and housing problems as contributing reasons for placement. For families with parental drug abuse, 85 percent had AFDC as the primary financial support (versus 58 percent for others); 53 percent were single parents (versus 42 percent); 67 percent of mothers had less than a high school education (versus 49 percent); and 44 percent had inadequate housing as a contributing factor in placement (versus 23 percent).

- Drug treatment, housing, parenting education, employment, and financial services were not directly offered by child welfare agencies or referred often enough to adequately meet the needs of parents as identified in the case plans or in the case records. Many of the service needs identified when children entered foster care remained as barriers to reunification at the end of the study period.

- Relatives assisted the child in 60 percent of the instances in which they were considered as resources by the agency. When relatives could not assist the child the reason was usually due to a lack of finances.

IMPLICATIONS FOR POLICY

- o Child welfare agencies need to develop services or referral sources to address the problems identified as reasons for placement. Too often, no services were offered to parents to address the factors which led to placement.

- o Child welfare agencies should make efforts to ensure continued contact between mothers and their children when the goal is reunification. Too often in the study, visitation was so infrequent as to make reunification difficult to achieve.

- o In those cases where early reunification efforts fail, alternatives should be considered. These include legal adoptions as well as non-traditional options such as legal guardianship by a relative or open adoptions. Adoption appeared to be an under-utilized alternative in the study population.

- o Child abuse and neglect prevention programs and services (including components reaching out to at-risk families such as those with parental substance abusers) are needed to reduce the number of children coming into foster care in the first place. Many of the families with children entering foster care are known to service agencies well before any abuse or neglect allegations are made.

- o Child welfare agencies must form closer partnerships with other service providers, both public and private, in their communities in order to assure that families receive the services needed to achieve reunification.

- o Child welfare staff may need additional training in order to better recognize and understand drug abuse and to be aware of drug treatment resources available in their communities.

- o Kinship care (care in the home of a relative) represents an alternative to traditional foster homes and to congregate care.

- o Areas for study remain regarding parent/relative relationships in kinship placements, and the licensing of or payments for kinship placements.

- o Far more collaborative efforts on the part of child welfare, health, drug treatment, employment, and housing agencies are needed in order to provide comprehensive services for families. Substantial changes in the way these programs and resources are made available at the national, state, and local levels may be needed.

CONCLUSIONS

The findings of this research reaffirm the inadequacies of the nation's child welfare system. The system is not adequately coping with the problems and magnitude of maternal drug related cases coming into the system. This is illustrated by low discharge rates, low rates of reunification with biological parents, low rates of adoption, infrequent parent-child and parent-caseworker visiting, and inadequate services essential for reunification. The infrastructure of services that currently exists does not appear to be working effectively for the parental drug-abuse population.

Child welfare agencies in the cities studied do not seem to be meeting the goals of foster care reforms set forth in P.L. 96-272, even for the families without drug abuse problems.

To achieve more positive results on behalf of children, the child welfare system will have to develop strategies to deal with the interrelated, multiple problems of drug-abusing parents. Also it will have to have suitable plans for children if serious efforts to reunify children with their biological parents do not succeed.

The data presented suggest that child welfare agencies cannot alone meet the needs of families with children in placement in order to achieve stable reunification, particularly when parental drug abuse is involved. Drug and alcohol abuse, inadequate housing, mental illness and other factors contributing to a child's placement often remain as barriers to reunification, and are beyond the skills and resources of a caseworker and the child welfare agency to fully address.

Because families with children in placement have multiple, complex problems, partnerships with other public and private organizations are needed in order to ensure that families have access to the array of services they need. An effective coordinated system must have the capability to respond at once to: the parental child abuse or neglect, any parental drug abuse, the mother's and the children's psychological needs, the family's social support system, the economic problems in the family, and any medical, educational or employment needs that exist. These parents may not have the skills or resources to confer with a multitude of agencies to achieve all of these goals on their own, even with the help of a case manager. They need intensive, comprehensive, and personalized services in their home or in the community in order to overcome their many interrelated problems.

INTRODUCTION

This research was undertaken in response to the growing number of children in foster care due in part to the high incidence of parental substance abuse problems. It was sponsored by the Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. The Department was interested in finding out more about the characteristics of children impacted by parental drug abuse in the child welfare system nationally and whether these children differ from other children in the system.

The National Black Child Development Institute (NBCDI) in 1989 published a report describing the characteristics, needs, services, and outcomes of 1,003 African American children in foster care in five cities. These children had entered foster care in the calendar year of 1986. A major finding of this research was that drug abuse of the parent was a major contributing factor in a child's placement in foster care for 36 percent of the children in the multi-city sample. In the cities in which crack cocaine was known to be highly available in 1986, namely New York and Miami, parental drug abuse was reported in 52 and 50 percent of the foster care placements. Cocaine (crack) was identified as the primary drug of use for parents in these two cities. The NBCDI research came approximately one year after crack was known to be available in this country. Since then crack has gone on to claim an even greater impact on families and children.

OBJECTIVES OF THIS RESEARCH

This report is based on additional analysis of data collected from the original NBCDI study and updated discharge status information on New York cases. Two years have passed since the original analysis of data from New York.

The specific objectives of the present analysis are to provide:

1. A statistical and tabular comparison of the cases of African American children in foster care for whom drug abuse of the parent was and was not reported as a contributing factor in placement. This comparison looks at a wide array of variables, including child characteristics, family characteristics, reasons for placement in addition to drugs, services, the role of relatives, and outcomes.

2. An update of the discharge status of children in New York. (At the time of the original study's conclusion in 1988/89, only 14 percent of New York children had been discharged on either a trial or final basis.), and

3. Issues for future research on children of parents with drug abuse problems in the child welfare system.

THE IMPACT OF PARENTAL DRUG ABUSE

Dramatic Increases in Foster Care Caseload Linked to Drug Abuse

The cheap, highly addictive, smokable form of cocaine that swept through our nation beginning in about 1985 has had a tragic impact on children. Although "crack" is known to be used by persons from every socioeconomic level, its devastation is most concentrated in poor, inner-city neighborhoods. And unlike drugs of the past, such as heroin, which were used mainly by men, this drug is taken more openly by women. Evidence of the tragic impact the drug epidemic has had on children is seen most clearly in the rising tide of children coming into child welfare agencies.

After a steady decline since 1980 and the passage of P.L. 96-272, the numbers of children in foster care in the United States began to increase in 1986 to 289,000, according to the Select Committee on Children, Youth, and Families (January 12, 1990) until by 1988, there were 340,300 children in foster care. The Committee projects that by 1995 553,600 children will be in care. The American Public Welfare Association (APWA) reports slightly different figures for the same period but reflects the same kind of growth trends in the foster care population. According to the APWA's Voluntary Cooperative Information System (VCIS) estimates, in Fiscal Year (FY) 1986 there were 280,000 children in substitute care and a 28.6 percent increase (to 360,000 children) is expected by FY 89 (Tatara, 1990).

Some experts attribute these rises in the substitute care population to maternal substance abuse, though few states have actually quantified the number of placements due to this cause (Tatara, 1990; Subcommittee on Human Resources, 1990; Office of the Inspector General, 1990; Select Committee on Children, Youth and Families, 1990; GAO, 1990; Family Impact Seminar, 1990). Drug abuse was reported as the dominant characteristic in CPS caseloads in 22 states and the District of Columbia (National Committee for Prevention of Child Abuse, 1990).

The direct and indirect costs created by parental drug abuse in the United States are enormous.

The Drug Crisis Spurs a National Policy Debate in Child Welfare

The increasing number of children in foster care has not only placed a heavy burden on child welfare resources in many states, but has opened debate about many of the underlying principles and policies upon which child welfare has been operating for many years. There have been two basic approaches to the problem - a treatment approach and a legal approach.

The treatment approach is aimed at general prevention and education strategies and treatment. From the point of view of child protection, treatment is intended to intervene with a drug abusing woman either before or early in a pregnancy in order to ameliorate the problems associated with prenatal drug exposure, or after a pregnancy to enhance a woman's ability to function as a parent (GAO, 1990). Drug addiction is generally considered a medical problem that often is accompanied by social, psychological and economic problems. Critics to this approach believe that drug treatments for crack cocaine are not currently effective enough to guarantee child protection, and that the costs of such programs are more than agencies can afford.

The legal approach attempts to prevent and limit the number of prenatally drug-exposed children by imposing legal sanctions on the mother. These actions may include mandatory drug

testing for pregnant women, making the birth of a drug-exposed infant grounds for child abuse reporting (as it already is in some states), and making earlier attempts to terminate parental rights. More severe proposals of this nature have also been attempted, such as civilly committing a pregnant women to drug treatment if she does not undergo treatment voluntarily and criminally charging a mother after the birth of a drug exposed child with distribution of drugs to a minor (English, 1990; Moss, 1990; Family Impact Seminar, 1990). Critics to these approaches believe they are too punitive, do not get at the root of the problem, and will drive women away from seeking necessary prenatal care.

While this debate continues, two other fundamental policy issues concerning child welfare have come to the forefront. First, the current system of prevention and reunification services is often ineffective. Inadequate services and large caseloads result in overburdened caseworkers, lengthy stays in foster care, and high recidivism rates. The Government Accounting Office (GAO) reported to Congress (1989) on the implementation of foster care reforms since the enactment of P.L. 96-272 in 1980. It found problems with the timeliness of periodic case reviews and with dispositional hearings. It also noted service inadequacies, and infrequent caseworker contacts with biological parents.

The second issue raised is that there are many agencies other than child welfare agencies that are responsible for services related to reunification. For example, child welfare agencies do not directly provide drug treatment, housing, or employment services. Unless these services are coordinated and provided in a comprehensive manner for a client, reunification efforts may not achieve their potential (Select Committee on Children, Youth and Families, 1990: Walker, 1990; Fuller, 1989; Marion, 1990; Inspector General, 1990; Family Impact Seminar, 1990).

This ongoing debate has been triggered in part by the already substantial number of children born with serious health and developmental problems due to prenatal drug exposure. The consequences of prenatal drug exposure, especially to the drug crack, has been widely reported in recent years. Babies exposed to crack in utero are susceptible to high rates of: prematurity, low birth weight, increased mortality and morbidity, smaller head circumference, and neurobehavioral dysfunctions (Zuckerman, 1990; Chasnoff, 1988). Expert warnings have raised fears that these babies will place a heavy, long-term burden on society in the form of extraordinary amounts of needed postnatal and long-term medical and health care, special education, and remedial services. The total human and monetary costs are expected to be enormous.

An even larger number of older children are affected by their parent's substance abuse. They too have driven the increase of children in foster care.

ORGANIZATION OF REPORT

This report consists of five sections. The following section describes the methodology used in the original NBCDI study which is the basis for this analysis. It is followed by a section on the findings of the comparison of the drug abuse and non-drug abuse groups, (i.e., children for whom parental drug abuse was and was not a contributing factor in placement). The fourth section gives an update of New York discharges. Finally, a discussion of the report's findings is presented, along with policy implications and recommendations for future research.

METHODOLOGY

SCOPE OF ORIGINAL STUDY

The data for this analysis was originally collected during a study intended to describe a profile of African American children who had entered foster care in calendar year 1986. The criteria for inclusion in the study were children who were: (1) African American, (2) placed in foster care by the district office of the state child welfare agency, (3) located in one of the five study cities, (4) not older than 18 years of age, (5) placed in a state-designated, state-supervised living arrangement for at least 24 hours, and (6) placed in the calendar year 1986. Juvenile justice cases and mental health cases were not included. For more information on that study refer to the report "Who Will Care When Parents Can't?", published by the National Black Child Development Institute in 1989.

Five cities were chosen for inclusion in the study based on: (1) region, (2) sizable numbers of African American children in foster care, and (3) having an NBCDI affiliate in the area to participate in the research and to develop an action agenda. The cities studied were New York, Miami, Detroit, Houston, and Seattle.

POPULATION AND SAMPLE DESCRIPTION

In New York and Detroit, a sample of cases was randomly selected from certain child age and gender strata in order to proportionately approximate these distributions in the population of eligible children. The age strata were: under 1 year, 1-2 years, 3-5 years, 6-9 years, 10-15 years and 16-18 years of age.

Due to the unavailability of some case records and time constraints in the other cities, less than the entire universe of eligible cases were reviewed in these cities.

Table 1 - Methodology lists the final number of cases included in the study and the respective total populations and percents in each of the study cities.

Table 1 - Methodology

NUMBER OF CASES BY CITY AND PERCENT STUDIED FOR THE TOTAL SAMPLE

City	No. of Cases In Study	No. of Cases In Population	Percent Studied
Detroit, MI	222	2,501	9%
Houston, TX	311	402	77%
Miami, FL	98	138	71%
New York, NY	246	4,485	5%
Seattle, WA	126	258	49%
Total Sample	1,003	7,784	---

DATA COLLECTION PROCEDURES

The child's (or in the city of New York, the mother's) foster care case record maintained by the state-administered child welfare agency in a city was the sole source of information from which data was collected. This record is the agency's official source of information about the children in its care. Caseworkers are supposed to record and maintain every aspect of information relevant to a child's case in this record. Therefore, it ordinarily contains a summary of the results of the protective services investigation, court disposition summaries, caseworker notations and loggings, and periodic review summaries and forms.

Data collectors for the study were volunteers recruited by the local NBCDI affiliate in each city and were trained by the NBCDI project staff to review the records and collect data. Many of the volunteers had some child welfare or other social service agency experience. NBCDI put considerable effort into the training of the data collectors to ensure quality data.

TIME SPANS FOR DATA COLLECTION: IMPLICATIONS FOR ANALYSIS

Data collection began and ended at various times in the different cities. Table 2 - Methodology illustrates the time spans for data collection in each of the respective cities. The table illustrates: 1) the start dates of data collection in each city; 2) the minimum case review period (i.e, the case with the shortest length of time between the placement date and the date the case was

reviewed by NBCDI) per city; 3) the maximum case review (the case with the longest length of time between the placement date and the date the case was reviewed by NBCDI) per city; and 4) the mean or average and the median (50th percentile) case review time in that city. The review period is the amount of time from the child's entry into foster care until his case record was reviewed and data collected from it.

Although cities started data collection at various times, the mean and median case review periods for four of the five cities ranged between 27-30 months and did not vary greatly. The mean and median case review period for the total sample was 26 months.

Table 2 - Methodology

TIME OF CASE RECORD REVIEW BY CITY
(in months)

City	Start Date of Data Collection	Minimum Case Record Review	Maximum Case Record Review	Mean Case Record Review	Median Case Record Review
Detroit	5/02/88	18	37	27	27
Houston	11/24/87	12	29	21	21
Miami	7/21/88	23	37	29	28
New York	1/27/88	16	39	27	27
Seattle	4/30/88	18	40	30	30
Total	11/24/87	12	40	26	26

KEY DEFINITIONS

Drug abuse in this analysis refers to parental drug abuse. For the purpose of this analysis, children and families were categorized in the drug abuse group if parental drug abuse was reported in the child's case record as a contributing factor in the child's placement. Most of the parents identified as being drug abusers were the children's mothers. The fathers were usually absent from the home. There was no indication in the data of the severity of the drug use or of how drug use was determined. (According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (1980) drug use is defined as substance abuse that has a pattern of pathological use of the substance and impairment in functioning as a result of the drug use.)

Foster care is defined broadly to include placement arrangements defined as foster care by the individual states in the study.

Services refer to the services offered by the agency or referrals for services made by the agency to the child's parent during the child's placement.

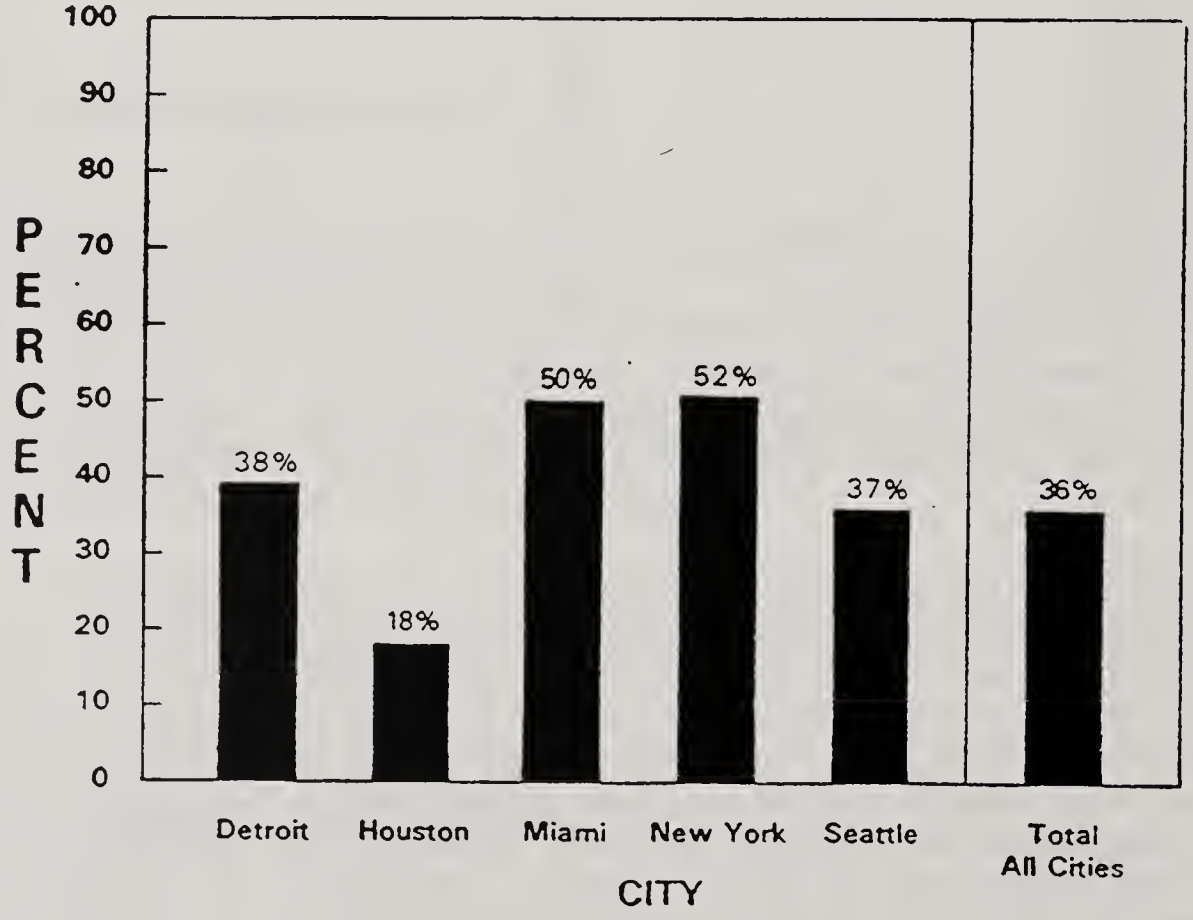
Length of time in placement is defined as the time in months between the day the child was placed in foster care and either the day of trial or final discharge or, if he was not discharged, the day the child's foster care case record was reviewed.

PARENTAL DRUG USE IN CITIES STUDIED

For the five cities and the total sample, the incidence of substance abuse as a contributing factor in placement in the study population is shown in Figure 1 - Methodology.

Figure 1—Methodology

FAMILY INCIDENCE OF SUBSTANCE ABUSE
AS A CONTRIBUTING FACTOR TO PLACEMENT



The number of drug abuse cases represented in the figure total 361. New York had the largest number of parental drug abuse cases with 126; Detroit had 84 cases, Houston - 57, Miami - 49, and Seattle - 45.

DATA ANALYSIS

In the comparison of the cases of children for whom drug abuse of the parent was and was not a contributing factor in placement, statistical tests were performed using SPSS software to determine if the differences were statistically significant. In the variables with nominal data, Chi-Square tests were performed. Cochran Q tests were also performed to confirm a finding of significance when there were cell sizes with expected frequencies under 5. For interval level variables, such as the age of the child, t-tests were performed for independent samples to compare the means for the drug and non-drug groups. If a probability level of .05 or smaller was achieved in any of these tests, the difference was accepted as statistically significant.

The variables tested for statistically significant differences were derived from the original report of the study. A list of the total variables analyzed can be found in Appendix A. The major categories of variables that were examined were:

- Child and Family Characteristics
- Reasons for Placement
- Child Related Reasons for Placement
- Types of Abuse or Neglect
- Housing
- Relative and Permanency Plan Data
- Visits
- Services to Parents During Placement
- Services to Child During Placement
- Parental Responsibilities
- Services to Family Before Placement
- Barriers to Reunification
- Outcomes

LIMITATIONS OF THE DATA

Researchers were not in a position to collect data on all the research questions concerning this population that would have been of interest. First, data were collected from a secondary data source, the case record, which was not specifically designed for research use. Also the collection of data was undertaken without any specific drug abuse hypotheses in mind, since the original study was not intended as a drug abuse study. Findings regarding prenatally drug-exposed children cannot be reported because these children were not specifically identified in the original study.

For the data elements that were requested for the original study's data base, it was found that the quality and contents of the case records were inconsistent. While most of the variables of importance were adequately covered in case records, other variables, such as the child's emotional needs and behavior were often conspicuously absent from the records. A few cases could not be used at all because they lacked so much data.

In order to provide the most reliable findings in this report, most of the variables chosen for inclusion had 10 percent or less of missing data. Missing data include "not applicable" data and are excluded from the "N of Cases" at the bottom of the tables. However, certain variables, such as "primary financial support of the family", "highest education of mother", and "services offered to parent during placement" exceeded this amount of missings (31, 47, and 20 percent missing data,

respectively). These variables were considered important to be included in the analysis however. Sometimes variables had lower than normal N's because they represented subsets of the population.

Since the children in the sample entered foster care in 1986, at the start of the crack epidemic, the present analysis should not be viewed as definitive evidence of the effects of crack on children in the child welfare system. Rather, the findings presented here should be viewed as preliminary insights for future discussion and research. Findings regarding Miami or New York, the two cities in which crack was most available in 1986, will be highlighted in the text accompanying the tables.

COMPARISON OF PARENTAL DRUG ABUSE AND NON-DRUG ABUSE GROUPS

INTRODUCTION

What are the characteristics of children who have been placed out of their homes due to parental drug abuse? Are they and their families different from those of other children in the foster care system? How have the agencies responded to these children and their families on an individual basis? How many were able to return home to their parents and how soon was this accomplished? Were relatives called upon to help with these children? Finally, what policies, if any, need to be developed or changed to meet the needs of these children and their families?

To attempt to answer these questions and the issues that surround them, an analysis was performed to determine if the family characteristics, needs, services and outcomes were different for the African American children in the study's total sample for whom drug abuse was and was not a contributing factor in placement in 1986.

Family Characteristics Hypotheses

It was hypothesized that the children with parental drug abuse identified as a contributing factor in placement would come from homes with many problems beyond that of the drug abuse and that these families would have few financial and social resources at their disposal. This hypothesis is predicated on the literature which reveals that women who abuse drugs disproportionately:

are depressed,
have a personal history of child sexual abuse,
are the victims of family violence,
have low educational levels,
have low self-esteem,
lack social supports,
are poor,
lack adequate housing, and
are members of minority groups.

(OSAP, 1990; Jones and Lopez, 1990; Hagan, 1989; Finnegan, 1990; Family Impact Seminar, 1990; Reed, 1990). Hypotheses about the psychological health, family functioning, and personal history factors of the mothers could not be tested, since no uniform data in these areas are found in case records of the children. The more concrete factors, such as poverty and poor housing, were analyzed.

Social Supports and Agency Interaction Hypotheses

It was also hypothesized that the children of these families would tend to stay for a long period of time in foster care because of the lack of family supports and the unpreparedness of child welfare agencies and the cities to treat parents' multiple problems, particularly the need for drug treatment.

In the mid 1980s drug treatment programs were not adequately available to meet the demands being placed upon them by the crack epidemic in the cities where this drug had taken hold. Long waiting lists were common (Denton, 1990; GAO, 1990). And many barriers to accessing services existed.

Many drug programs were, and are still, not suitable for female drug abusers (Walker, 1990; Family Impact Seminar, 1990) but were primarily designed for male heroin users (Subcommittee on Human Resources, 1990). Rarely did cities have programs that would treat pregnant crack users or mothers who had both drug abuse and parenting skills problems, or that would provide child care.

Given the fact that many child welfare agencies were generally unprepared to handle the rapid growth in caseloads, these agencies became overburdened and understaffed in the mid to late 1980s. A good deal of effort was spent by agencies in finding enough qualified foster parents.

Caseworkers carried caseloads many times larger than national standards of 20-30 children and often reached 60-70 children (Select Committee on Children, Youth, and Families, 1990). A mother's caseworker, therefore, would have little time to devote to her particular problems and would probably serve instead as a case manager, making appointments or referrals for the mother or expecting her to make her own with other agencies for services. Multiple agencies are usually required to provide services to these mothers, since agencies are set up to offer only one type of service, rather than comprehensive services, to clients.

A fragmented array of services such as this, however, is not ideal for drug abusing mothers. If a mother needs personalized help in fulfilling the agency's written objectives, it is conceivable that her case could be continued indefinitely.

Even if a mother managed to be accepted into a drug treatment program and to satisfactorily complete it, she would have all of her other problems with which to contend before her child could be returned home. For all of these reasons, it was hypothesized that the children in the study would tend to stay in foster care for a long period of time.

OVERVIEW OF FINDINGS ON THE COMPARISON OF CHILDREN IN THE PARENTAL DRUG ABUSE AND NON-DRUG ABUSE GROUPS

Of the 125 variables that were tested against parental drug abuse/non-drug abuse for each city and the total sample, the total sample had statistically significant differences for 65 of these variables. These findings are summarized in Appendix B across cities and for the total sample.

Definite patterns of differences between the parental drug and non-drug groups emerged from this analysis. In summary, the families of the parental drug abuse segment of the population were significantly more likely than the non-drug abuse segment to be poor and have housing problems that contributed to placement and acted as a barrier to discharge. Children in the parental drug abuse group were more likely than those in the non-drug abuse group to be victims of neglect rather than abuse.

Non-drug abuse families, on the other hand, were significantly more likely to have parental mental health problems and to have child behavioral problems as contributing factors in placement.

These families received therapy services more than the drug abuse families. The mental health problem of the parent was a barrier to their reunification.

In the following subsections, bivariate tables of selected variables by parental drug abuse/non-drug abuse as a contributing factor in placement for the total sample will be presented. Differences between the parental drug and non-drug groups that were statistically significant for the total sample will be noted in the text.

THE ROLE OF THE ENVIRONMENT: POVERTY AND POOR HOUSING

In every variable indicating poverty or poor housing, the finding was the same: that families with substance abusing parents are significantly more likely to be poor and to have inadequate housing than other families whose children were placed in foster care.

Table 1 - Environment demonstrates for the total sample the incidence of poverty reported as a contributing factor in placement for the parental drug and non-drug groups. Poverty as a contributing reason for placement was found significantly and twice as often for families with parental drug abuse than those without it. Note that in cities like New York and Miami where crack was most prevalent, the incidence of poverty being reported as a contributing factor in placement was higher than for the other cities or the total sample (45 percent in Miami and 52 percent in New York).

Poverty as a factor in placement indicates that poverty was mentioned in the child's case record as an obvious condition in the child's household when the child was placed in foster care. This variable does not necessarily reflect all of those cases with family income below the poverty line.

Table 1 - Environment

POVERTY REPORTED AS A CONTRIBUTING FACTOR IN PLACEMENT BY PARENTAL DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT
(In Percent)

Poverty	Parental Drug Abuse Yes	No
Yes	38.6	17.5
No	61.4	82.5
N of Cases	360	635

Table 2 - Environment illustrates that the primary means of financial support for families with parental drug abuse prior to placement was AFDC rather than employment. In every city but Houston this was the case for 80 percent or more of the parental drug abuse group. In New York, the incidence of AFDC recipients among the drug abuse group reached the highest rate, at 93 percent. In families without parental drug abuse, on the other hand, there was significantly more employment and less AFDC prior to placement.

Table 2 - Environment

PRIMARY FINANCIAL SUPPORT OF FAMILY BEFORE PLACEMENT BY PARENTAL DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT
(In Percent)

Primary Financial Support	Parental Drug Abuse Yes	No
Employment	11.0	37.6
AFDC	85.0	58.1
Other	4.1	4.3
N of Cases	246	444

Parents who abuse drugs are often single parents, as opposed to women living in nuclear or extended families, as shown in Table 3 - Environment. These differences in family types between parental drug abuse and non-drug abuse groups were significant in Miami and the total sample.

Table 3 - Environment

FAMILY TYPE BEFORE PLACEMENT BY PARENTAL DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT
(In Percent)

Family Type	Parental Drug Abuse Yes	No
Single Parent	53.4	41.8
Nuclear	7.3	14.7
Extended	20.1	17.7
Augmented or Blended	11.6	19.2
Living in Hospital	7.3	4.7
Child Living Alone	0.0	0.5
Other	0.3	1.5
N of Cases	354	620

In New York and the total sample it was also found that mothers who abused drugs were significantly more likely to have less than a high school education than parents who were not identified drug abusers (Table 4 - Environment). The incidence of mothers having less than a high school graduation was consistently at 60 percent or higher for all cities in the parental drug abuse group.

Table 4 - Environment

HIGHEST EDUCATION OF MOTHER BY PARENTAL DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT
(In Percent)

Highest Education Of Mother	Parental Drug Abuse Yes	No
Less Than High School Graduate	67.2	49.3
High School Grad or Higher	32.8	50.7
N of Cases	174	359

Inadequate housing was reported as a contributing factor in placement significantly more often in the parental drug abuse group than in the non-drug abuse group. This is illustrated in Table 5 - Environment. In New York, the rate of families with parental drug abuse living in inadequate housing was as high as 57 percent. Inadequate housing is of course associated with poverty, since shelter is a family's major expense.

Table 5 - Environment

INADEQUATE HOUSING AS A CONTRIBUTING FACTOR IN PLACEMENT BY PARENTAL DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT
(In Percent)

Inadequate Housing	Parental Drug Abuse Yes	No
Yes	44.2	22.5
No	55.8	77.5
N of Cases	360	635

It is not possible to reach any ultimate conclusions from the data on whether poverty caused or promoted the drug abuse of these parents or whether the drug abuse caused or contributed to the poverty. Both of these premises are certainly plausible. Without knowing which came first - the poverty or the drug abuse - causality cannot be proven for these particular cases. However the data do strongly suggest that these parents' poverty was long term and enduring because many of the indicators which are normally associated with poverty and which normally occur in the long term were present (NBCDI, 1990). It is unlikely that mothers dropped out of high school, became single parents, and became AFDC recipients all in the time since crack became available.

THE CHILDREN

A serious attempt was made to collect as much information as possible regarding the children in the case record. Unfortunately, this information was often missing from the record. Particularly missing was documentation of the psychological, emotional and social needs of the child, and the child's behavior. Even school assessment and health assessment data on the child were found to be missing from the record.

The most striking difference between the children of drug abusers and other children in foster care was the child's age at placement. The children in the parental drug abuse group were significantly younger than those in the non-drug abuse group. (Table 1 - Children). This is also true in Miami and New York. Miami had the youngest children coming into care from the parental drug abuse group, with a mean age of 4 years for these children.

Table 1 - Children

CHILD'S AGE ON PLACEMENT DAY BY PARENTAL DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT
(In Percent)

Age of Child	Parental Drug Abuse Yes	No
0-1 Years	21.1	14.5
1-5 Years	38.8	28.7
6 and Up	40.2	56.9
N of Cases	361	635

The mean age for the children in the parental drug abuse group for the total sample was 5.6 years; their median age was 4.7 years. In contrast, the mean age for children in the non-drug group was 7.6 years; the median was 7.5 years. This finding of younger children coming into care as a result of parental drug abuse corroborates other findings from states and cities (Subcommittee on Human Resources, 1990; Office of Inspector General, 1990).

REASONS FOR PLACEMENT

The reasons for placement shed some light on the experiences that were encountered by the children prior to placement, and the kinds of service needs that existed for these families. Table 1 - Reasons for Placement illustrates the primary reasons why the children came into care. The reader will notice that for the parental drug abuse cases the primary reason for placement tended to be neglect and not abuse. In most cities abandonment, abuse, and neglect together comprised roughly three quarters of the reasons for placement.

Table 1 - Reasons for Placement

PRIMARY REASON FOR PLACEMENT BY PARENTAL DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT

(In percent)

Primary Reason for Placement	Parental Drug Abuse Yes	No
Abandonment	9.2	8.0
Neglect	60.6	29.3
Abuse	14.7	32.5
No One Willing or Able	4.4	5.8
Voluntary Placement	10.0	21.8
N of Cases	360	624

The finding of neglect as the principal reason for placement for the parental drug abuse group runs counter to the current view that crack using mothers are violent child beaters:

> "Crack children are also at great risk of physical battering. Crack is a mean drug that seems to induce some parents to great violence. Case of crack crazed battering

of children are becoming more common. In one widely cited case, a five-year-old girl was found dead in her parents' apartment with a broken neck, a broken arm, large circular welts on her buttocks, and cuts and bruises on her mouth." (Besharov, 1989)

The data from the analysis tell a different story, of children neglected rather than abused. These three vignettes from the data collection instrument were chosen randomly from New York to illustrate typical cases:

"The child (an 8-year-old girl) was kept home from school because of the mother's addiction to drugs. She was unable to prepare the child for school. The mother is addicted to cocaine and heroin. She fails to provide adequate care or supervision for the child. She uses drugs in the child's presence."

"The natural mother often let the children (including this 10-year-old girl) parent each other. She would go off with friends for days, leaving them without food and supervision. On 1/3/86 the father of one of the siblings reported to SSC that the natural mother was using drugs and leaving 5 children alone."

"The mother had lost her AFDC grant at the time of placement. Her drug habit interfered with her cooperating with the AFDC office. The mother was on the drug "crack." She had lost her AFDC and could not feed or clothe her children (including this 10-year-old boy). Neighbors and others reported that the mother was very neglectful of the children. The child's school reported a very poor attendance record. The caseworker visited and found the children to be dirty and without food and she could not find the mother. The children were placed."

A more detailed picture of the types of abuse or neglect is found in Table 2 - Reasons for Placement.

Table 2 - Reasons for Placement

TYPES OF ABUSE OR NEGLECT BY PARENTAL DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT
(In Percent)

Type of Abuse or Neglect	Parental Drug Abuse Yes	No
Malnourishment	20.8	5.8
Poor Hygiene	21.1	12.2
Physical/Needs Unmet	30.8	9.7
Physical Abuse	20.6	35.6
Sexual Abuse	8.8	9.7
Emotional Abuse	15.0	14.9
Unattended/Unsupervised	40.5	21.0
Uncertain Return of Parent	36.4	17.8
Kept Home from School	12.0	6.8
N of Cases	341	589

Note: This is a multiple response table.

Malnourishment, poor hygiene, physical/medical needs unmet, child left unattended or unsupervised, and uncertain return of the parent were significantly more common among the parental drug abuse than among the non-drug abuse group in New York. Miami had significant differences in the categories of poor hygiene, malnourishment and physical/medical needs unmet. The severity of each type of abuse or neglect was not measured in the study.

Children from the **non**-drug group were more likely than those from the parental drug group to have their own emotional, behavioral and other problems that acted as contributing factors in bringing them into care. This is illustrated in Table 3 - Reasons for Placement. Note that although there were not many boarder babies at the time of the study, these babies fell into both parental drug abuse and non-drug abuse categories but were more represented in the drug abuse group.

Table 3 - Reasons for Placement

CHILD RELATED REASONS FOR ENTRY INTO FOSTER CARE BY PARENTAL DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT
(In Percent)

Reasons for Placement	Parental Drug Abuse Yes	No
Emotional/behavioral Problem of Child	17.4	24.6
Hospital Boarder Baby	7.7	2.1
Runaway	4.6	10.4
Truancy	3.1	5.8
N of Cases	351	616

Note: This is a multiple response table.

PARENTAL SERVICE NEEDS, SERVICES OFFERED, AND DISCHARGE OUTCOMES

The types of services offered to parents during placement should ideally be directed to all of the reasons that brought the child into placement. If the parent with the help of the agency fulfills each of the parental responsibilities as described in the case plan, then reunification should occur. The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) mandates the timely reunification or preservation of families if at all possible. The Act requires states to make "reasonable efforts" to reunite children in foster care with their biological parents (or to prevent placement) and calls for written case plans and periodic judicial reviews to promote permanency planning and timely discharges for children.

In reality, the intent of P.L. 96-272 has been unfulfilled for the children in this study. The data show that many African American children were not discharged by the close of the study, approximately 26 months after entering care. The data further show that there were needs identified for which no services were provided either directly or indirectly by the agency or through referrals to other agencies.

Table 1 - Services summarizes the various contributing reasons for placement beyond the primary reasons such as abuse and neglect discussed earlier. Housing and poverty were also

reported earlier but are repeated here for the purpose of comparing them to the other reasons. As indicated in the table, additional contributing factors for families with drug abuse, in order of their decreasing magnitude are: housing, poverty, alcohol abuse, incarceration, homelessness, and mental illness. The parental drug abuse group had twice the proportion of reported housing problems and poverty problems as the non-drug abuse group. There also was more than double the incidence of incarceration for the parental drug abuse group as for the non-drug abuse group. The data does not identify the type of crime or whether it was related to drugs, child abuse, or another type of crime.

Table 1 - Services

FAMILY FACTORS CONTRIBUTING TO PLACEMENT BY PARENTAL DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT
(In Percent)

Family Factors	Parental Drug Abuse Yes	No
Incarceration	16.6	7.4
Mental Illness	9.4	17.1
Alcohol Abuse	34.3	12.1
Poverty	38.6	17.5
Inadequate Housing	44.2	22.5
Homelessness	13.4	5.4
N of Cases	358	635

Note: This is a multiple response table.

These data suggest that these families have significant services needs in addition to drug treatment, as do many other families with children in placement.

It should be noted that one-third of the families with drug abuse problems are also identified as alcohol abusers in case files. Polydrug use was considered common among drug users in 1986 as it is currently.

Table 2 - Services presents the services offered or referred to parents during placement. These services may have been offered or referred by the agency at any point during the child's

placement in foster care. In every category, the services fall short of the reported service needs as presented in Table 1 - Services. This is true for the parental drug abuse group as well as the non-drug abuse group.

Table 2 - Services

SERVICES OFFERED OR REFERRED TO PARENT DURING PLACEMENT BY PARENTAL DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT
(In Percent)

Services Offered	Parental Drug Abuse Yes	No
Parenting Education	48.4	34.4
Housing	12.0	9.4
Drug Treatment	60.1	3.7
Employment	7.0	4.9
Financial	12.3	9.2
N of Cases	316	488

Note: This is a multiple response table.

Service gaps for the parents who abuse drugs are especially true for housing assistance services. The need for housing assistance was identified in 44 percent of the parental drug group cases, but housing services were only offered or referrals made in 12 percent of these cases.

Although poverty was also an issue in 39 percent of the parental drug group's placements, employment services were only available in 7 percent of these cases and financial services in 12 percent. Miami was exceptional by offering or referring employment services to 25 percent of the parents who abused drugs. Financial services were offered much more consistently than employment training across the cities, and probably involved casework assistance regarding application for AFDC or other forms of public assistance.

Only 60 percent of the parents who were drug abusers were offered or referred to drug treatment. It is likely that far fewer actually received these services. Forty-eight percent were offered or referred to parenting skills education. Reasonable efforts requirements would seem to

imply that all of the parents from the drug abuse group should have been provided with these types of services.

It is not known the extent to which the lack of available resources to meet parental needs was responsible for the gaps in services. However, it is believed that for problems related to drug treatment, housing, and employment services, this factor was very important. These services are not directly provided by child welfare agencies although they are noted in case plans as responsibilities the parents must fulfill in order to achieve reunification. Parents are also known to be subject to long waiting lists because of an inadequate supply of these resources and to other obstacles of eligibility. For instance, the wait for public housing is many years in some cities. Many of the obstacles to drug treatment services were discussed in the introduction to this section.

It is possible that some cases involved mothers who could not have received services based on their circumstances. These cases would include: (1) mothers who were unknown to the child welfare agency because of total abandonment of their children (including boarder babies), (2) those whose whereabouts were unknown during placement, (3) those who were incarcerated for the entire duration of the child's placement, and (4) mothers who voluntarily relinquished their children for adoption upon placement. The data could not reveal the exact magnitude of these types of mothers; but the data strongly suggest that they are a very small minority. The 20 percent of missing cases under services offered to the parent may account for many of these cases since they had non-applicable data.

The total number of parent-caseworker visits or in-person contacts also indicates that caseworkers may not have pursued the management of the case aggressively enough to achieve a full complement of services for these mothers. The data available for 77 percent of cases indicates that only 5 percent of cases were identified as having "frequent" parent-casework contacts, while 13 percent had 20 contacts or more during the course of the study. Fourteen percent never met face to face with the caseworker; 65 percent had 19 or fewer contacts, and 2 percent had "infrequent" contacts. (The actual number of parent-caseworker visits was recorded in 93 percent of these cases; the other 7 percent were judged as "frequent" or "infrequent" by the data collector.)

Table 3 - Services reports the barriers to reunification identified in the case record for those cases still in care by the study's conclusion. This table can be seen as the extent of the failure to achieve the individual goals as identified at initial placement and outlined in the case plan.

Table 3 - Services

BARRIERS TO REUNIFICATION FOR CASES STILL IN CARE AT STUDY END BY PARENTAL DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT
(In Percent)

Barriers to Reunification	Parental Drug Abuse Yes	No
Lack of Cooperation of Parent	49.5	43.0
Inadequate Housing	43.2	25.6
Drug Addiction of Parent	62.8	3.6
Parenting Skills Lacking	25.6	25.9
Lack of Finances	29.9	15.7
Parent Whereabouts Unknown	9.0	8.5
N of Cases	301	363

Note: This is a multiple response table.

As illustrated, many of the needs identified when the case began are still present in these cases: inadequate housing, drug abuse of the parent, inadequate parenting skills, and lack of finances. In nearly half of the cases, part of the blame is placed by the caseworker on the parent by the indication of "Lack of Cooperation from Parent." Note that there is little difference between the parental drug abuse and non-drug abuse groups in this regard. The preceding discussion suggests that a lack of services offered or referred to the parent by the agency is probably also responsible for the failure to reunify these cases.

By the end of the study, more than two years after these children had entered foster care, only 28 percent of the children in the parental drug abuse group as opposed to 51 percent of the children in the non-drug abuse group had been discharged (Table 4 - Services). The cities with the identified crack problem also have the worst rates of discharge for both the parental drug abuse and non-drug abuse cases. Miami and New York had only 10 percent of their drug abuse cases discharged by the end of the study period (Miami n=5, New York n=12).

Table 4 - Services

DISCHARGES FROM FOSTER CARE BY THE CONCLUSION OF STUDY BY PARENTAL DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT
(In Percent)

Discharged	Parental Drug Abuse Yes	No
Yes	28.0	51.3
No	72.0	48.7
N of Cases	361	633

Of the children who were discharged, there was comparatively and significantly more reunification for the non-drug abuse group and more placements with relatives for the children from the parental drug abuse group, as illustrated in Table 5 - Services. Neither group had many adoptions.

In the total sample, the length of time spent in foster care until the case was reviewed was significantly shorter for the children from the non-drug group as compared to the parental drug abuse group. By the time the case was reviewed (a cap of about 26 months), the mean length of placement for the drug abuse group was 22 months; for the non-drug abuse group it was 17 months. (Length of time was calculated for all cases. Length of time refers to the time in months between the day the child was placed in foster care and either the day of trial or final discharge, or if he was not discharged, the day the child's foster care case record was reviewed.)

Table 5 - Services

TYPE OF DISCHARGE FOR CHILDREN WHO WERE DISCHARGED BY STUDY CONCLUSION BY PARENTAL DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT
(In Percent)

Type of Discharge	Parental Drug Abuse Yes	No
Reunification	36.6	60.6
Adoption	8.9	6.5
Independent Living	3.0	4.0
Placement With Relative	33.7	19.1
Guardianship	14.9	8.3
Unauthorized Leave	3.0	1.5
N of Cases	101	325

THE ROLE OF RELATIVES

The role of relatives in formal foster care is a critical issue. Advocates have stressed the importance of placing children in kinship homes as the most appropriate alternative where children are unable to remain in their own homes. Kinship placements provide the children with a sense of belonging to their own family unit.

When children must be separated from their families, federal law mandates that they be placed in the least restrictive, family-like setting. The concept of permanence recognizes the need and right of children to live in families "that offer the continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships" (Maluccio and Fein, 1983).

Kinship placements have multiplied in recent years. The New York Times (Daley, 1989) reported:

> "In less than three years, the number of the children in (relative foster care) has grown to 19,000 more children than were in the city's entire foster care system two years ago."

In this study the cities varied in the extent to which they considered relatives as a potential resource during placement. Except in Miami and Seattle, relatives were considered as a resource significantly more often in parental drug abuse cases than in non-drug abuse cases. Table 1 - Relatives illustrates the incidence of relatives being considered as a potential resource for both groups in the total population.

Table 1 - Relatives

WHETHER RELATIVES WERE CONSIDERED A POTENTIAL RESOURCE DURING PLACEMENT BY PARENTAL DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT
(In Percent)

Relative Considered	Parental Drug Abuse Yes	No
Yes	84.7	71.9
No	15.3	28.1
N of Cases	339	566

For those relatives who were considered as a resource for the children in the parental drug abuse cases, 60 percent of them did agree to and were used to provide some type of assistance for the children. This is illustrated in Table 2 - Relatives.

Table 2 - Relatives

ASSISTANCE OR LACK OF ASSISTANCE FROM A RELATIVE * FOR RELATIVES CONSIDERED A POTENTIAL RESOURCE BY PARENTAL DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT
(In Percent)

Assistance Received	Parental Drug Abuse Yes	No
Yes	60.3	55.1
No	39.7	44.9
N of Cases	292	408

* This table includes non-relatives in 5 percent of the total number of cases.

The usual form of assistance from relatives in the parental drug abuse cases was to have the children placed in their home. Twelve percent became legal guardians of the children, and 17 percent provided other assistance such as housing for the parent.

In the majority of cases the relative willingly acts in behalf of the children. Another example of this is the fact that one-third of the placements of the parental drug abuse cases were initiated through a referral by a relative of the child (Table 3 - Relatives). Relatives were significantly more likely to be the source of the referral in the parental drug abuse group than in non-drug abuse cases in Miami and the total sample.

Table 3 - Relatives

SOURCE OF REFERRAL TO PROTECTIVE SERVICES BY PARENTAL DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT
(In Percent)

Source of Referral	Parental Drug Abuse Yes	No
Relative	33.1	26.8
Other	66.9	73.2
N of Cases	338	608

The most common reason why a relative did not offer to help was lack of financial support. Other reasons given were the relative was too old or already had to care for too many children. Nine percent were rejected by the agency because they were considered to be substance abusers themselves, or because of the potential for further child neglect or abuse.

UPDATED DISCHARGE STATUS OF NEW YORK CASES

PURPOSE OF THIS ANALYSIS

This analysis is intended to give the reader a more current view of the discharge status of the African American children who were placed in foster care in New York City in 1986. Now, nearly five full years later, there was interest in how many of these children had been discharged, the type of their discharge, and whether or not their discharge endured or resulted in recidivism. An analysis was performed to compare the children from parental drug abusing families and the other children in foster care in these areas.

The findings about New York City are not generalizable to every city or state. However, they are considered to be instructive to some other locales because New York was experiencing the beginning of its crack epidemic in 1986 and, like other child welfare systems, was unprepared to deal with it. Other jurisdictions may be at the point now where New York was in 1986.

Comparing New York to other cities in the study (Houston, Miami, Detroit, and Seattle), it had the highest incidence of parental substance abuse in 1986. Fifty-two percent of its cases had parental substance abuse identified as a contributing factor in placement. Twenty-four percent of New York's incoming cases were identified with cocaine, while 20 percent did not specify the drug. (It is likely that many of the unspecified cases also involved crack.) New York had the lowest discharge rate by the time the original study was concluded with only 14 percent of its children being discharged (after a mean case review period of 27 months).

Today New York City is a worst case scenario in terms of the numbers of children in substitute care. It still faces grave difficulties as a result of its crack-using population. According to APWA VCIS data for fiscal years 1986 to 1988 on state foster care populations, the state of New York, which is mostly comprised of New York City cases, was second only to California with 27,504 New York foster care cases in FY 86 and a projected 52,189 cases in FY 89. The third largest state foster care population occurs in Illinois which had 38 percent of the population of the state of New York in FY 89.

In his testimony before the Subcommittee on Children, Families, Drugs, and Alcoholism, U.S. Senate, February 5, 1990, Mayor Dinkins of New York reported on the difficulties that city continues to face regarding maternal drug abuse. He reported that in FY 89 there were 4,875 babies reported to the city's Child Welfare Administration (CWA) because of a positive toxicology for drugs, 268 percent more than in 1986.

THE FINDINGS ON DISCHARGE STATUS

This analysis examines data approximately 47 to 59 months after the child's original placement in foster care in New York in 1986. The mean and median amount of time elapsed between the child's placement and data collection is 54 months.

The findings relate to 226 New York cases in the original NBCDI study who were 0-15 years of age when foster care placement began. The 16-18 years olds were excluded from this analysis because they uniformly would have aged out of the foster care system at the time of this analysis.

The most startling and saddening finding about these children is that 55 percent of the entire New York sample had never been discharged since the '86 placement (Table 1 - New York). The status of another 30 percent of the children of the entire New York sample represented the favored goal in foster care - discharges with no return to care. Seven percent of children experienced interrupted trial- or final-discharges and were either returned to care or their cases were reopened. Eight percent were returned to care once or twice and were subsequently discharged.

Nearly two-thirds of the children from families with parental drug abuse had never been discharged compared with 47 percent for the non-drug group. The non-drug group had more favorable outcomes in the form of being discharged once without returning. Recidivism occurred about equally in the two groups. The non-drug group was more capable of obtaining a discharge after a return to care, though the number of these cases was small.

Table 1 - New York

DISCHARGE STATUS AS OF LATE 1990 BY DRUG ABUSE
(In Percent)

Discharge Status	Parental Drug Abuse Yes	Parental Drug Abuse No	Entire NY Sample
Never Discharged	62.5	46.6	55.2
Discharged Once and Has Not Returned	24.2	35.9	29.6
Trial Discharged Once and Returned	5.0	1.0	3.1
Final Discharged Once and Reopened	2.5	5.8	4.0
Returned Once and Now Discharged	5.0	7.8	6.3
Returned Twice and Now Discharged	0.8	1.9	1.3
Returned Twice and Now In Care	0.0	1.0	0.4
N of Cases	120	103	223

Children from homes with parental drug abuse and other children in foster care also differ in the type of discharge from care (Table 2 - New York). Cases from the parental drug abuse group have proportionately more releases to relatives and more adoptions than the non-drug group. The non-drug group has more returns to the biological parent.

Table 2 - New York

TYPE OF FIRST DISCHARGE FROM FOSTER CARE BY PARENTAL DRUG ABUSE
(In Percent)

Type of Discharge	Parental Drug Abuse Yes	No
Return to Natural Parent	39.5	48.1
Release to Relative	25.6	18.5
Release to Primary Resource Person	0.0	7.4
Subsidized Adoption	25.6	11.1
Other*	9.4	14.9
N of Cases	43	54

* Other includes release to own responsibility, AWOLs, Administrative Actions, and death of child.

In addition to knowing how many children were discharged from care it is important to consider how quickly these children were discharged from care. Table 3 - New York gives the mean and median lengths of time between placement in foster care and first discharge, i.e. trial or final discharge, for the entire New York sample and for the parental drug abuse and non-drug abuse groups for those children who were discharged from foster care. It also gives the length of time between placement and the second discharge from care for applicable cases, and the length of time between first discharge and return to care.

A t-test found that the mean lengths of time until first discharge were not significantly different for the parental drug abuse and non-drug abuse groups. The number of months between placement and first discharge was .2 -51 months for the entire sample and for the parental drug abuse and non-drug abuse groups. Second discharges took place between 9 and 50 months after placement. Children who came from homes with parental drug abuses took less time to return to care after a first discharge (t-test, $p=.03$).

Table 3 - New York

LENGTHS OF TIME BETWEEN PLACEMENT AND FIRST AND SECOND DISCHARGE AND BETWEEN FIRST DISCHARGE AND RETURN TO CARE BY PARENTAL DRUG ABUSE
(In Months)

	Entire NY Sample	Parental Drug Abuse Yes	Parental Drug Abuse No
Length of Time Between Placement and First Discharge			
Mean	27	28	25
Median	28	34	28
N of Cases	95	42	53
Length of Time Between Placement and Second Discharge			
Mean	30	*	*
Median	36	*	*
N of Cases	17	na	na
Length of Time Between First Discharge and Return to Care			
Mean	6	5	7
Median	4	4	3
N of Cases	34	16	18

* Data not reported because of the small number of cases.

DISCUSSION OF THE FINDINGS, IMPLICATIONS FOR POLICY, AND RECOMMENDATIONS FOR FUTURE RESEARCH

CHILD WELFARE AGENCIES ARE NOT ACHIEVING PERMANENCY FOR CHILDREN, PARTICULARLY THOSE WITH DRUG ABUSING PARENTS

Despite mandated P.L. 96-272 goals and guidelines, long-term foster care appeared common among African American children placed in foster care in 1986. This was particularly true of children from families with drug abusing parents. Even after 26 months, 72 percent of the children of drug-abusers in the total sample were still in foster care. By contrast, 51 percent of the children whose parents did not abuse drugs had been discharged from foster care. Reunification with the biological parent was almost twice as frequent for non-parental drug abuse cases as for parental drug abuse cases. Adoptions, guardianships, and other non-reunification discharge options were rare in general for cases with parental drug abuse, with the exception of more frequent placements with relatives.

Other research has demonstrated that there is a declining probability of reunification of children with biological parents over time (Goerge, 1990; Fanshel and Shinn, 1978). The results of the study's examination of New York case discharge records in late 1990 - four-and-one-half years after placement - are thus very disturbing. More than half of these children had never been discharged. Fully 63 percent of children whose parents had been drug abusers were still undischarged. Their chances for reunification with biological parents seem poor.

This situation seems contrary to the developmental and nurturing needs of the children - especially those who entered foster care at a very early age, as many did. To such children, the formative years of early childhood are tantamount to decades of adult time. Many sample children still in care in 1989 and 1990 could not know or remember their mothers. This conclusion is drawn from the visiting data collected in the earlier NBCDI study, showing infrequent parental visitation rates in New York and other cities.

It is indisputable that not every child benefits from reunification with biological parents. The study's findings show, however, that only 9 percent of the total sample's children of drug-abusing parents were adopted 26 months after placement; and, only 17 of the New York sample's 226 children had been adopted after 54 months in foster care. Adoption in the child welfare system has traditionally been difficult to achieve for older African American children, and particularly for those children with emotional, physical, or behavioral problems.

On discharge indicators, it was the children of drug-abusing parents who fared worse. These cases showed: (1) fewer discharges over all; (2) much less frequent reunification with the biological parent; (3) more adoptions, but so few as to be insignificant, and (4) in New York, earlier returns to care *after* discharge. (Recidivism in New York tended to occur quite rapidly: of the 15 percent that returned to care after a discharge, half had returned within 4 months.)

The implications for policy stemming from the findings are:

- o Child welfare agencies need to develop services or referral sources to address the problems identified as reasons for placement. Too often, no services were offered to parents to address the factors which led to placement.

- o For children with reunification as the goal, child welfare agencies should make efforts to ensure continued contact between mothers and their children. Too often in the study, parental visitation was so infrequent as to make reunification difficult to achieve.

- o In those cases where early reunification efforts fail, alternatives should be considered. These include legal adoptions as well as non-traditional options such as legal guardianship by a relative or open adoptions. Adoption appeared to be an under-utilized alternative in the study population.

- o Child abuse and neglect prevention programs and services (including components reaching out to at-risk families such as those with parental substance abusers) are needed to reduce the number of children coming into foster care in the first place. Many of the families with children entering foster care are known to service agencies well before any abuse or neglect allegations.

SERVICES TO ADDRESS THE PROBLEMS CONTRIBUTING TO PLACEMENT IN FOSTER CARE ARE EITHER UNAVAILABLE OR INSUFFICIENTLY BROKERED OR COORDINATED WITH OTHER ORGANIZATIONS

When the family characteristics prior to placement in the total sample of children were compared, it became obvious that the families with parental drug use had greater poverty and more inadequate housing than the non-drug group. Sixty-seven percent of the mothers from the drug abusing families had not completed high school. Fifty-three percent were single parents. Eighty-five percent received AFDC (Aid to Families with Dependent Children). Inadequate housing and poverty were placement factors cited twice as often among these cases, than for families without drug-abusing parents.

Agencies did not provide adequate assistance in remedying these factors. The case plans gave the mothers responsibility to provide adequate housing and financial support - then kept the children in care when they could not do so, making such factors important barriers to reunification.

It may be unrealistic for foster care agencies to expect poor families to provide affordable, decent housing that is not available. Foster care agencies must depend on public housing agencies to provide housing for the poor. Meanwhile, public housing authorities have waiting lists many years' long in many urban centers.

To further the unlikelihood of these families' finding adequate housing, consider that mothers whose children are in foster care lose their AFDC payments, which for many was their sole source of financial support. Since they may only be employable for menially paid jobs, such

parents are more likely to lose or retain their previous housing during the child's placement than being able to upgrade it.

Another major barrier to reunification was the continued drug abuse of the parent. Drug abuse of the parent was a barrier to reunification in 63 percent of the parental drug abuse cases that were not discharged by the end of the study. Yet drug treatment referrals were made by the agency to only 60 percent of all drug-abusing parents at some time during foster care. It is likely that even fewer actually received the services to which they were referred.

The literature strongly suggests that drug treatment programs were probably not in adequate supply to provide all of these mothers with the treatment they needed. Also, many of the treatment slots available in a city may not have been suitable for them. For example, New York Mayor Dinkins (1990) reported that there is only one residential drug treatment program in that city which served young mothers with their children. Half of the programs do not accept pregnant women; only one-third treat pregnant women with Medicaid; and only 13 percent provide detoxification from crack for pregnant women with Medicaid.

Housing and drug treatment services were the most prominent services unavailable to the study parents during placement. However, even parenting education, a service which is frequently provided directly by the child welfare agency, was offered to only 48 percent of the drug-abusing parents and to 34 percent of the other parents in the study, even though the need was much greater considering that 85 percent of the drug-abusing parents and 70 percent of the non-drug abusing parents abandoned, abused, or neglected their children prior to placement. Non-drug abusing parents were more likely to abuse their children, while drug-abusing parents were more likely to neglect them.

The implications for policy are that:

- Child welfare agencies must form closer partnerships with other service providers, both public and private, in their communities in order to assure that families receive the services they need to achieve reunification.

- Child welfare staff need training in order to recognize and understand drug abuse and to be knowledgeable about the various types of drug treatment available in their communities.

RELATIVE FOSTER PARENT RESOURCES WERE OFTEN AVAILABLE AND REPRESENT A SIGNIFICANT RESOURCE FOR CHILDREN

The only hypothesis not supported by the data regarding the total sample was that the drug abusing mothers lacked social supports. In fact, relatives were able and willing to provide help to the children 60 percent of the time when the agency considered them. When relatives did not assist, the reason was usually due to a lack of personal financial resources. Indeed, relatives demonstrated their concern prior to placement in at least one-third of the parental drug group abuse cases because they were the source of the initial Child Protective Services (CPS) referrals.

Since many jurisdictions cannot find enough qualified foster parents to house and care for all of the children coming into care, especially since the drug crisis began, relatives have become

an essential resource. However, there are many controversial and unresolved issues concerning kinship foster placements.

Critics question whether foster care payments should be made to relatives. They fear disincentives for reunification with biological parents given a presently higher (albeit still inadequate) reimbursement for foster care, than is the payment level for children under AFDC. The argument goes that drug-abusing parents would relinquish their children to grandparents or aunts for the sake of added income in the kinship network.

Additional concerns arise over the propriety of governmental intervention in intrafamily disputes regarding the disposition of children. Parents may not get along with relatives, who in turn may wish to take their children. Parents' rights to their children should not be sacrificed because of such family conflicts. These and other issues must be resolved.

When a relative placement is appropriate and is supported by the agency, it promotes an uninterrupted relationship for the child with the parent and relative, which is so important to a child's physical, social, and emotional well being. Therefore agencies should encourage strengthened familial bonds which may also continue to function to the benefit of the family after reunification.

Although the study itself found no conclusive data on stability or length of relative foster care placements, Goerge (1990) found that relative placements were the most stable of all placements. Not a panacea, relative placements should certainly be explored if reunification seems foreclosed with the biological parents.

The implications for policy are that:

- Kinship care represents an alternative to traditional foster homes and to congregate care.

- Areas for study remain regarding parent/relative relationships within kinship placements, and the licensing of or payments for kinship placements.

THERE IS AN IMPORTANT NEED FOR IMPROVED RECORD KEEPING IN FOSTER CARE

Record keeping is vital to improvements in child welfare practices, ensuring that data on families and children is up-to-date and adequate for working with an exceptionally vulnerable population.

The study found that case records contained too little useful data on such important factors as pre-school and school experiences of children who had been placed in foster care. Health and mental health assessments were also too often unavailable.

RECOMMENDATIONS FOR FUTURE RESEARCH

Future Study

Continuing research is needed to study the effects of parental drug abuse, family characteristics, services, and the role of relatives on the foster care caseload. The proposed national, uniform foster care and adoption data collection system has the potential to enhance our ability to understand these issues.

Since so many children currently remain in care, longitudinal studies are suggested to track them over time. Such studies should examine: (1) the services provided to these children; (2) the type and number of their living arrangements; (3) the parental, caseworker and other relative contacts; and (4) measures of well being (such as the educational achievement, health, and the emotional and behavioral state of the child) as they grow older. Frequent and substantive caseworker contacts with the child over time will be required to make appropriate assessments and to maintain these types of data in the case records.

It would also be useful to find out what happens to the parents of the discharged and undischarged children over time. Research questions might include: Was their addiction or drug problem ever resolved? What happened to their other problems? How many were able to reunite with their children or to maintain a relationship with them? How many went on to have more children and what happened to these children? How were relatives involved in these outcomes? What drug treatments were the most effective for them?

A comparison of the relative/non-relative living arrangements of the children would provide valuable information on the stability and length of these placements and the eventual outcomes for the children and families. Such a study may help to resolve some of the kinship placement controversies which have arisen.

Model Program Evaluations

The data presented suggest the critical need for effective family preservation through the provision of comprehensive services and programs, particularly for female drug abusers and their children. Continued evaluation of model programs are therefore recommended, with particular emphasis on trying to specify as accurately as possible the target populations benefitting from particular interventions. The use of experimental designs for such evaluations would enhance the reliability of results. In addition, cost effectiveness analyses incorporated as part of evaluations would prove particularly helpful.

CONCLUSION

The findings of this research reaffirm the inadequacies of the nation's child welfare system. The system is not adequately coping with the problems and magnitude of maternal drug related cases coming into the system. This is illustrated by low discharge rates, low rates of reunification with biological parents, low rates of adoption, infrequent parent-child and parent-caseworker visiting, and inadequate services essential for reunification. The infrastructure of services that currently exists does not appear to be working effectively for the parental drug-abuse population.

Even the non-drug population seems not to be achieving the intent of the foster care reforms embodied in P.L. 96-272.

To have more positive results on behalf of children, the child welfare system will have to develop strategies to deal with the interrelated, multiple problems of drug-abusing parents. Also it will have to have appropriate plans for permanency for children, if after serious efforts to reunify children with their biological parents, reunification efforts cannot succeed.

The data presented suggest that child welfare agencies *alone* cannot meet the needs of families with children in placement in order to achieve stable reunification, particularly when parental drug use is involved. Drug and alcohol abuse, inadequate housing, mental illness and other factors contributing to a child's placement often remain as barriers to reunification, and are beyond the skills and resources of a caseworker and the child welfare agency to address.

Because families with children in placement have multiple, complex problems, partnerships with other public and private organizations are needed in order to ensure that families have access to the array of services they need. This implies having a capability to respond at once to: the parental child abuse or neglect, the mother's and the children's psychological needs, the family's social support system, the mother's drug problem, the economic problems in the family, and any medical, educational or employment needs that exist. These parents may not have the skills or resources to confer with a multitude of agencies to achieve all of these goals on their own, even with the help of a case manager. They need intensive, comprehensive, and personalized services in their home or in the community in order to overcome their many interrelated problems. It is no small point that the threat of losing their children will be a strong motivator for them to succeed.

The implication for policy is that:

- Far more collaborative efforts on the part of child welfare, health, drug treatment, employment and housing agencies are needed in order to provide comprehensive services for families. This may require substantial changes in the way these programs and program resources are made available at the national, state, and local levels.

APPENDIX A

VARIABLES USED IN THE COMPARISON OF DRUG AND NON-DRUG ABUSE CASES

CHILD AND FAMILY CHARACTERISTICS

Child's Age in Years (ordinal level)
Child's Age in Years (interval level)
Sex of Child
Age of Child by Sex of Child
Health of Child
Psychological Assessment Conducted
Psychological Assessment Conducted by Age of Child
School Assessment
Highest Education of Mother
Health of Family
Mental Illness
Family Type Before Placement
Head of Household
Primary Financial Support
Source of Referral
Mother's Age
Father's Age
Number of Siblings

REASONS FOR PLACEMENT

Primary Reasons for Placement
Abandonment
Neglect
Abuse
Voluntary Placement
Mental Illness
Incarceration
Teen Parent
Parent in Foster Care
Death of Parent
Divorce or Separation
Physical Illness in Family
Alcohol Abuse
Mental Retardation of Parent
Poverty
Inadequate Housing
Homelessness

CHILD RELATED REASONS FOR PLACEMENT

Emotional/Behavioral Problem of Child
Mental Retardation of Child
Health or Handicap of Child
Child's Criminal Behavior
Substance Abuse of Child
Hospital Boarder Baby
Fetal Alcohol Syndrome
Child With AIDS
Child Runaway
Child Truancy

TYPES OF ABUSE OR NEGLECT

Malnourishment
Developmentally Lagging
Poor Hygiene
Physical/Medical Needs Unmet
Physical Abuse
Sexual Abuse
Emotional Abuse
Child Unattended/Unsupervised
Uncertain Return of Parent
Kept Home from School

HOUSING DATA

Special Residence Before Placement
Condition of Housing

RELATIVE AND PERMANENCY PLAN DATA

Significant Other Considered
Assistance from Significant Other
Resources from Significant Other
Significant Others Assisting
Reasons for Lack of Aid from Significant Other

RELATIVE AND PERMANENCY PLAN DATA (continued)

Permanency Plan
Persons in Permanency Plan

VISITING DATA

Visits from Parent

SERVICES TO PARENT DURING PLACEMENT

Casework Services
Parent Education
Psychological Evaluation
Drug Rehabilitation
Therapy from Other Agency
Family Therapy from Agency
Transportation
Legal Assistance
Housing Assistance
Employment Assistance
Financial Assistance
Emergency Shelter

SERVICES TO CHILD DURING PLACEMENT

Casework Services
Parent Education
Psychological Evaluation
Drug Rehabilitation
Therapy from Other Agency
Family Therapy from Agency
Transportation
Legal Assistance
Housing Assistance
Employment Assistance
Financial Assistance
Emergency Shelter

SERVICES TO FAMILY BEFORE PLACEMENT

Casework Services
Parent Education
Psychological Evaluation
Drug Rehabilitation
Therapy from Other Agency
Family Therapy from Agency
Transportation
Legal Assistance
Housing Assistance
Employment Assistance
Financial Assistance
Emergency Shelter

PARENTAL RESPONSIBILITIES

Attend Therapy
Visit Child Regularly
Provide Adequate Housing
Attend Parenting Class
Be Involved in Case
Attend Substance Abuse Program
Find Employment
Undergo Psychiatric Evaluation
Attend Alcohol Program

BARRIERS TO REUNIFICATION

Lack of Cooperation from Parent
Inadequate Housing
Drug Addiction of Parent
Parenting Skills Lacking
Lack of Finances
Parents Whereabouts Unknown
Mental Instability of Parent
Necessary Legal Dispositions
Alcoholism of Parent

OUTCOMES

Type of Discharge
Person Discharged To
Length of Placement
Length of Discharge to Relatives
Length of Time Until First Discharge
Total Number of Caseworkers Per Child
Total Foster Care Living Arrangements

APPENDIX B

SUMMARY OF STATISTICALLY SIGNIFICANT COMPARISONS BETWEEN FOSTER CARE CASES WITH AND WITHOUT DRUG ABUSE AS A CONTRIBUTING FACTOR IN PLACEMENT

VARIABLE	Miami	New York	Detroit	Seattle	Houston	Total
Child and Family Before Placement						
Child's Age (interval level)	**	**		**		**
Child's Age (ordinal level)		**		*		**
Mother's Age		**				**
Father's Age			*			
Number of Siblings		*				
Highest Education of Mother		*				**
Health of Family	**	**	**	**	**	**
Family Type	**		**			**
Head of Household	*					**
Primary Financial Support	*	**	**	*		**
Source of Referral	*	**			*	*
Reason for Placement						
Primary Reason		**	**	**		**
Abandonment		*d	**d	**d		**d
Neglect	**d	**d	**d	**d		**d
Abuse	*n		**n			**n

* Statistical significance at the .05 level.
** Statistical significance at the .01 level.
d There are significantly more "yes's" in the drug group for this dichotomous variable.
n There are significantly more "yes's" in the non-drug abuse group for this dichotomous variable.
a There is a significantly shorter time for the drug abuse group.
b There is a significantly shorter time for the non-drug abuse group.

VARIABLE	Miami	New York	Detroit	Seattle	Houston	Total
Reason for Placement (continued)						
Voluntary Placement		**n				*n
Incarceration	*d		*d		**d	**d
Mental Illness		**n				**n
Physical Illness						*d
Alcohol Abuse	**d	**d		**d	**d	**d
Poverty	**d	**d	**d	*d		**d
Inadequate Housing	**d	**d	**d	*d		**d
Homelessness	*d			**d		**d
Child Related Reasons for Placement						
Emotional/Behavioral Problem of Child		**n				*n
Health or Handicap of Child					**d	
Delinquent Behavior					**d	
Substance Abuse of Child			**d		**d	**d
Hospital Boarder Baby					**d	**d
Fetal Alcohol Syndrome					**d	*d
Child with AIDS					**d	*d
Child Runaway	*n	**n		*n	*d	**n
Child Truancy		**n		*n	*d	
Types of Abuse or Neglect						
Malnourishment	**d	**d			*d	**d
Poor Hygiene	**d	*d			*n	**d

* Statistical significance at the .05 level.
** Statistical significance at the .01 level.
d There are significantly more "yes's" in the drug group for this dichotomous variable.
n There are significantly more "yes's" in the non-drug abuse group for this dichotomous variable.
a There is a significantly shorter time for the drug abuse group.
b There is a significantly shorter time for the non-drug abuse group.

VARIABLE	Miami	New York	Detroit	Seattle	Houston	Total
Types of Abuse or Neglect (continued)						
Physical/Medical Needs Unmet	**d	**d	**d			**d
Physical Abuse		**n				**n
Sexual Abuse				**d		
Emotional Abuse	*d					
Child Unsupervised/Unattended		**d	**d	**d		**d
Uncertain Return of Parent		**d	**d	**d		**d
Kept Home From School						**d
Additional Housing Variables						
Special Residence Before Placement					*	
Condition of Housing	**	**	**	*		**
Relatives and Permanency Planning						
Significant Other Considered		*d	*d		**d	**d
Type of Significant Other Assisting			*			
Type of Permanency Plan		**			**	**
Persons in Permanency Plan	*	**			**	**
Visits						
Whether Any Visits Occurred					**	*

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* Statistical significance at the .05 level.
** Statistical significance at the .01 level.
d There are significantly more "yes's" in the drug group for this dichotomous variable.
n There are significantly more "yes's" in the non-drug abuse group for this dichotomous variable.
a There is a significantly shorter time for the drug abuse group.
b There is a significantly shorter time for the non-drug abuse group.

VARIABLE	Miami	New York	Detroit	Seattle	Houston	Total
Services Offered or Referred to Parents During Foster Care						
Parent Education	*d			**d		**d
Psych Evaluation			*n		*n	
Drug Treatment	**d	**d	**d	**d	**d	**d
Therapy from Other Agency						**n
Family Therapy from Agency		**n	*n			**n
Legal Assistance					*d	
Housing Assistance			*d	*d		
Emergency Shelter				*d		
Services Offered or Referred to Child During Foster Care						
Psych Assessment	*n					
Psych Assessment by Age of Child	**	**	**	*	**	**
Employment Assistance		*n				
Legal Assistance	**n					**n
Transportation						**n
Services Offered or Referred to Family Before Foster Care						
Psych Evaluation						*d
Drug Treatment	*d	**d	**d	**d	**d	**d
Family Therapy from Agency		**n				**n
Transportation						*n
Financial Assistance						**d

* Statistical significance at the .05 level.
** Statistical significance at the .01 level.
d There are significantly more "yes's" in the drug group for this dichotomous variable.
n There are significantly more "yes's" in the non-drug abuse group for this dichotomous variable.
a There is a significantly shorter time for the drug abuse group.
b There is a significantly shorter time for the non-drug abuse group.

VARIABLE	Miami	New York	Detroit	Seattle	Houston	Total
Parental Responsibilities in Case Plan						
Attend Therapy	**n	*n	*n			**n
Attend Drug Treatment	**d	**d	**d	**d	**d	**d
Visit Child Regularly	*n					
Provide Adequate Housing				*d		**d
Attend Parenting Class				*d		*d
Find Employment	**d				**d	
Undergo Psych Evaluation	**n					
Attend Alcohol Program				**d		*d
Barriers to Reunification						
Lack of Cooperation from Parent		**d			*d	
Inadequate Housing			*d	**d		
Drug Abuse of Parent	**d	**d	**d	**d	**d	**d
Lack of Finances			**d	**d		**d
Mental Illness of Parent		*n	*n	*d	*n	**n
Alcohol Abuse of Parent				*d		**d
Outcomes						
Type of Discharge					**	**
Person Discharged to					**	**
Length of Time Until Discharge	*a					
Length of Placement in Foster Care When Case Was Reviewed				**b		**b

* Statistical significance at the .05 level.
** Statistical significance at the .01 level.
d There are significantly more "yes's" in the drug group for this dichotomous variable.
n There are significantly more "yes's" in the non-drug abuse group for this dichotomous variable.
a There is a significantly shorter time for the drug abuse group.
b There is a significantly shorter time for the non-drug abuse group.

VARIABLE	Miami	New York	Detroit	Seattle	Houston	Total
Outcomes (continued)						
Length of Time When Placed With or Discharged to a Relative	*a					*a
Total Foster Care Living Arrangements					**	
Total Number of Caseworkers Per Child						**

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* Statistical significance at the .05 level.
** Statistical significance at the .01 level.
d There are significantly more "yes's" in the drug group for this dichotomous variable.
n There are significantly more "yes's" in the non-drug abuse group for this dichotomous variable.
a There is a significantly shorter time for the drug abuse group.
b There is a significantly shorter time for the non-drug abuse group.

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NBCDI PUBLICATIONS

POLICY ANALYSES

Diversity: An Approach to Child Care Delivery. The child care system in California is an example of how diversity can work to the advantage of children, parents, and the provider community. This report, written by Dr. Karen Hill-Scott, provides an overview of the national child care delivery system and explores diversity as it relates to arrangement, type of provider, program and delivery system, and the children who are served. The positive outcomes -- and possible problems -- of child care conceptualized around the idea of diversity are discussed. 10 pages. 1986. $3.50 each.

Drug Crisis in America: Where Do We Go from Here? The tragedy of drugs is a national problem that affects us all. The African American population, concentrated in large, urban areas, seems especially hard hit by the drug crisis. Unfortunately, children are the most traumatized and innocent victims of the crisis. This document, based on presentations at the NBCDI 19th Annual Conference, explores many of the crucial areas of the drug crisis in America, and points to directions we can go in finding solutions. 16 pages. 1990. $3.00 each.

Excellence and Equity, Quality and Inequality: A Report on Civil Rights, Education and Black Children. This report represents the proceedings of a conference of advocates, experts, educators, and parents who came together to discuss the link between educational policies and the civil rights of African American children, including such issues as testing and placement, competency testing, vocational education, and effective schools. Included in this report are specific recommendations for parents, advocates, schools, and policy makers. 33 pages. 1985. $4.00 each.

Guidelines for Adoption Service to Black Families and Children. Too often, one of the primary barriers to the adoption of African American children is the clash between the prospective adoptive family and the adoption agency. The unfortunate result is that a disproportionate number of African American children languish in foster care. This report provides alternatives to policies and practices which serve to "screen out" Black adoptive families. 19 pages. 1987. $3.75 each.

Safeguards: Guidelines for Establishing Child Development Programs for Four-Year-Olds in the Public Schools. As public schools become a major provider of child care for four-year-olds, large numbers of African American families will rely on these programs. This highly acclaimed report offers ten detailed recommendations for parents, administrators, and advocates to ensure that early childhood programs in the public schools create a learning environment for African American children which is safe, developmentally appropriate, and culturally sensitive. 21 pages with bibliography. 1987. $4.00 each.

The Status of African American Children: Twentieth Anniversary Report, 1970 - 1990. This comprehensive report explores the current conditions of African American children and documents the progress -- or decline -- that African American children have experienced in the past two decades since NBCDI was founded. Covering health, education, child care, child welfare, drugs, homelessness, and child victimization, the report illustrates the overall status of African American children. The report concludes with recommendations to ensure African American children are prepared to meet the challenges of the twenty-first century. 110 pages. 1990. $14.95 each.

Who Will Care When Parents Can't? This report details the results of a two-year study of African American children in the foster care system conducted by the National Black Child Development Institute. The study examined case records of over 1,000 children entering foster care in five cities. The report gives a profile of children and families, describes reasons children enter care, documents services they receive, and offers recommendations for policy change. 96 pages. 1989. $12.00 each.

PERIODICALS

The Black Child Advocate. This newsletter provides public policy and legislative updates, reports on NBCDI's local service programs for African American children, current issue reports, and more. 8 pages. Quarterly. $12.50 per year.

Child Health Talk. Focusing on health issues facing African American children, this newsletter provides practical information and guidance for parents. 8 pages. Quarterly. $4.00 per year.

OTHER PUBLICATIONS

African American Family Reading List. 8 pages. 1990. $2.00 each.

Beyond the Stereotypes: A Guide To Resources for Black Girls and Young Women. 75 pages. 1986. $6.00 each.

Community Empowerment: A Guide To Fundraising. 20 pages. 1988. $4.00 each.

Community Empowerment: A Guide To Volunteer Management. 20 pages. 1988. $4.00 each.

Community Empowerment: How To Use the Media Effectively. 16 pages. 1988. $4.00 each.

Giving Your Child a Good Start in School. 12 pages. 1988. $4.00 each.

Keeping Your Baby Healthy: A Practical Manual for Black Parents. 38 pages. 1989. $5.50 each.

Negotiating Your Child's Experience in the Public Schools: A Handbook for Black Parents. 21 pages. 1989. $4.50 each.

Selecting Child Care: A Checklist. 8 pages. 1990. $3.00 each.

Teens, Television and Telephones: A Survival Guide for Parents. 16 pages. 1988. $3.00 each.

Tutor's Manual. 31 pages. 1990. $2.00 each.

All prices include shipping and handling. A ten-percent discount is available to all current members, except on "Child Health Talk." Contact us for bulk prices. ***Please make checks or money orders payable to NBCDI, 1463 Rhode Island Avenue, N.W., Washington, D.C. 20005, 202-387-1281.***

About NBCDI

The National Black Child Development Institute (NBCDI), founded in 1970, is dedicated to improving the quality of life for Black children and families. NBDCI is the first national organization of its kind.

NBCDI focuses primarily on issues and services that fall within four major areas: health, child welfare, education, and child care/early childhood education. NBCDI monitors public policy issues that affect Black children and educates the public by publishing periodic reports and two quarterly newsletters, as well as convening an annual conference and other public education forums. The NBDCI affiliate network, comprised of hardworking volunteers from all walks of life, provides direct services to Black children and youth such as conducting tutorial programs, helping homeless children find adoptive homes, and sponsoring culturally enriching programs and activities.

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