

Selected state strategies to help foster children succeed

Child welfare systems are responsible for ensuring children's safety, facilitating that they are raised in stable, permanent homes, and promoting their well-being. To this end, child welfare services are intended to improve the ability of families to develop and maintain a safe, stable environment to enable them to safely care for children in their own home; and, when it is necessary to place children in out-of-home care, provide a safe, brief (if possible), and beneficial experience aimed at moving them into permanent homes in a timely fashion. Child welfare-involved children and families may be offered or mandated to a wide variety of services both when children remain at home and when they are in out-of-home care. Placement in care can be a turning point, for better or worse, for those abused or neglected children who must be removed from their home and placed in out-of-home care such as a foster home, with relatives, or in a treatment facility.

Foster children are at high risk for psychological and behavioral problems, which can decrease the odds of reunification with their parents and result in longer placement stays and more placement changes. Those who "age out" of the foster care system—at 18 in all but a few jurisdictions—are susceptible to homelessness, unemployment, low educational attainment, and other problems. Numerous strategies for improving foster children's outcomes are being developed and evaluated. This brief shares descriptive summaries by researchers familiar with three such promising strategies to provide the support and care foster children need at various stages of development to increase their chances for success throughout their lives.¹

Offsetting toxic stress for infants and toddlers who have experienced trauma

Infants and children under 3 years of age are at greatest risk of being neglected and abused, and the effects of maltreatment and associated toxic stress are especially harmful to their development. Experiencing maltreatment in early childhood may adversely influence the formation of secure attachments to caregivers, which is considered crucial for social and emotional development. Studies have found that insecure attachment is associated with later psychosocial problems such as anxiety, depression, acting out, and substance use. The Attachment and Biobehavioral Catch-Up (ABC) parenting program, a scalable, 10-week intervention that trains foster and birth parents to be more nurturing and responsive to young children's signals, has been specifically developed to prevent and offset the damaging effects of early toxic stress for young children. ABC, which

is currently operating in 11 states, teaches caregivers three core behaviors to encourage healthy attachment formation: (1) nurture and reassure the child, even when they are difficult to soothe; (2) follow the child's lead and be sensitive to their cues and behaviors; and (3) avoid relating to the child in an intrusive or threatening manner.

Evaluations of ABC have been encouraging. Preliminary evidence from a randomized control study of 46 young children who were referred to ABC by child protective services revealed that children whose caregivers received ABC training were more likely to have secure attachments and less likely to react to caregivers with confusion or fear than children in the comparison intervention, which focused on language and learning.² Another randomized clinical trial examined cortisol ("stress hormone") levels in 101 babies and toddlers before and after separation from their caregivers. A program to enhance children's cognitive skills was the control intervention and an additional comparison group was comprised of children who had never been in foster care. Children in the ABC and comparison groups showed lower cortisol levels than children in the treatment control group, suggesting that ABC helps children react to stress in ways more typical of young children who have not experienced adversity.³ Although the existing findings are preliminary and additional evaluations are underway, current evidence suggests ABC is a promising intervention for offsetting toxic stress for maltreated infants and toddlers in order to promote healthy attachment to caregivers. Based on this evidence, ABC is now listed among the National Child Traumatic Stress Network's "Empirically Supported Treatments and Promising Practices."⁴

Improving youth outcomes by training caregivers to care for youth with behavior problems

Effective parenting is a strong predictor of positive child and youth development, whereas ineffective parenting is strongly associated with behavior problems. This is especially true for maltreated and foster children. Lack of skill in managing children's behavior is a primary reason that foster parents stop providing care and children are moved from one placement to another. Experiencing multiple placements is harmful to children. Treatment Foster Care Oregon (TFCO; formerly Multidimensional Treatment Foster Care) is a promising approach to help foster parents better care for maltreated and foster youth, especially those who have already gotten into trouble or are at high risk of engaging in risky behaviors.

TFCO is a multifaceted intervention for children with serious social, emotional, and behavioral problems intended to increase developmentally appropriate and prosocial behavior so they may remain in a family setting rather than a treatment facility.⁵ It trains caregivers to help children effectively deal with their problems and provides children with therapy and school-based support. TFCO was initially conceived as an intensive program to improve caregivers' skills to work with boys who had been seriously and chronically delinquent; it was later modified to treat girls referred from the juvenile justice system, as well as youth with serious mental illness. Foster parents are carefully selected for TFCO participation, and are supported and trained in parent-management skills such as monitoring youth whereabouts, setting clear rules, and tracking positive and negative behaviors. Foster parents are provided access to a support group, daily care from staff, and a 24-hour hotline. They are taught behavior management techniques to teach foster children how to act responsibly, improve their relationships with peers and teachers, and manage their homework. Birth parents also are involved if the child is expected to return home.

Evaluation results to date have been promising. A randomized study in the late 1990s compared the effectiveness of TFCO with community group care (GC) among adolescent boys who averaged 14 previous criminal referrals and more than four previous felonies and had been removed from their home by juvenile authorities. The study revealed that one year after 37 boys were randomly assigned to a TFCO foster home and 42 to GC 41 percent of youth in TFCO had no criminal referrals, compared to 7 percent of youth in group care. Furthermore, youth in TFCO spent, on average, fewer than half as many days in detention, two-thirds less time detained in state training schools, and nearly twice as much time living with parents or relatives.⁶ Findings from a 2009 study in which girls with histories of criminal referrals were randomly assigned to TFCO ($n = 81$) or GC ($n = 85$) revealed that, two years after randomization, the TFCO girls were less than half as likely (27 percent) than GC girls (47 percent) to become pregnant.⁷ This promising evidence led the U.S. Department of Justice to name TFCO as a National Blueprint Program for violence prevention.

Supporting the transition to adulthood by allowing youth to remain in care through age 21

Under federal law, states are entitled to receive reimbursement for the care and supervision of foster youth through age 18. When a youth "ages out" of the child welfare system—that is, becomes emancipated from the system due to no longer being considered a minor, but without either reunifying with their family of origin or being adopted—typically at age 18, the state no longer bears any legal responsibility for their care.⁸ The National Conference of State Legislatures estimated in 2016 that each year 26,000 youth age out of foster care at age 18.⁹ These young people struggle to meet their health care, education, employment, housing, and emotional needs. Their experience

stands in stark contrast with that of most young people, who experience a gradual transition into adulthood, receiving ongoing financial and emotional support from their parents or other family members well past age 18.¹⁰ Yet, states may choose to extend assistance beyond age 18, and some do; furthermore, in certain circumstances (e.g., the youth is employed at least 80 hours per month), federal funds will reimburse services up to the age of 19, 20, or 21.

An influential study by the Chapin Hall Center for Children at the University of Chicago, the Midwest Evaluation of the Adult Functioning of Former Foster Youth ("Midwest Study"), found compelling evidence that extending care beyond age 18 was associated with improved foster youth outcomes. For example, compared to youth whose foster care services ended at age 18, youth who could remain in care until age 21 were twice as likely to have ever attended college and more than twice as likely to have completed at least one year of college. Other benefits associated with extending foster care were delayed pregnancy in late adolescence, delayed homelessness, reduced criminal behavior and justice system involvement among women in early adulthood, and, among young fathers, greater involvement with their children. In all, the researchers estimated that every \$1 that was spent on extending care beyond age 18 increased by nearly \$2 the estimated lifetime earnings of foster youth, compared to their peers who exited care at age 18.¹¹

Conclusion

All children and youth need caregivers who can provide a stable, functional family and effective parenting. When foster (and birth) parents are trained to be responsive to children's developmental needs and use effective behavior management skills, foster youth have shown fewer behavioral problems at home and at school, are better able to self-regulate and, more generally, experience healthier social-emotional development. Further, when foster children age out of the system without adequate supports, many are unprepared for the responsibilities of adulthood (as are most people their age from intact families). For this reason, states are increasingly choosing to continue providing services to foster youth up to age 21 as they transition into adulthood. This brief highlights three promising interventions: the ABC program for caregivers working with traumatized infants and toddlers; TFCO for caregivers working with youth with serious behavior problems; and extended foster care (through age 21) for youth who are likely to age out of the system. Each of these approaches should be further evaluated and potentially expanded to serve a larger segment of the child welfare-involved population. Finally, the practices and programs highlighted in this brief are illustrative of only three promising child welfare practices, information on a wider range of programs and practices and their effectiveness for various child welfare-involved populations and at different levels of system involvement is available through the California Evidence-Based Clearinghouse on Child Welfare (<http://www.cebc4cw.org/>). ■

For a list of the sources used for this brief and further reading, visit www.irp.wisc.edu/publications/fastfocus.htm.

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