

**PART I**  
Child and  
Adolescent  
Well-Being



Child welfare has traditionally been concerned with the safety and well-being of children. However, the Adoption and Safe Families Act of 1997—ASFA (P.L. 105-89)—and the Fostering Connection to Success and Increasing Adoptions Act (P.L. 110-351) mandate that specific and focused attention be given to promotion of positive outcomes of well-being for children and youth. Without doubt, however, well-being has remained the most ambiguous of the ASFA trinity of safety, permanency, and well-being. Renewed attention to the role of trauma and the need for positive attachment experiences and the consequences of the lack of positive attachment experiences have also surfaced in recent years as critical issues with respect to the overall well-being of children, youth, and families, especially for those whose lives have been affected by the child welfare system. Philosophically, we believe that without adequate attention to well-being and to the resilience and protective factors that support children, youth, and families there is a weakening of the foundation for both safety and permanency and important developmental issues are likely to be disregarded. Therefore, although safety is given prominence in ASFA legislation and language, a focus on child and adolescent well-being is intentionally situated at the beginning in this volume.

The coeditors of this volume recognize that chapters placed in other sections also relate, often very directly, to the well-being of children and youth who are served by the child welfare system. To illustrate, one might reasonably argue that all of the systemic issues in child welfare, discussed in part 4, directly affect the well-being of children and youth. Placement instability, for example, a very serious problem not yet resolved in the majority if not all of child welfare systems, potentially affects all children placed in legal custody for their protection. This observation holds true for chapters in the other parts of this volume as well. Therefore, the coeditors encourage readers to remain mindful of the complex and often nuanced ways in

which a child or adolescent's day-to-day experiences within the child welfare service delivery system from case opening through case closure may affect well-being for the better or for the worse.

As identified in the outcomes for the Child and Family Service Reviews (CFSRs) process, there are three well-being variables. However, in actuality, the first of these is the most prevalent and the most wide-ranging. The three well-being variables in this framework include the following:

- Well-Being 1: Families have enhanced capacity to provide for their children's needs. This includes consideration of the needs of and services to children, parents, and foster parents and the involvement of children, youth, and families in case planning. In the federally derived framework, well-being 1 also includes the critical area of worker visits with children and with parents. This is critical, because the first two rounds of the completed federal reviews in fifty states and two territories have found a strong, statistically significant positive relationship between caseworker visits with children and other safety and permanency outcomes.
- Well-Being 2: Children and youth receive appropriate services to meet their educational needs.
- Well-Being 3: Children and youth receive adequate services to meet their physical and mental health needs.

In ensuring the well-being of children and youth, there are numerous issues that a child welfare professional must attend to:

- Assessing the situation from the young person's perspective and actively either safely serving children and youth while they live with their families or preparing them for reunification, foster care placement, or adoption (Bellamy 2008).

- Supporting the child or youth's adjustment to temporary placement in foster family homes and/or facilities, placement with an adoptive family, or reunification.
- Supporting the child or youth in dealing with feelings of loss, depression, and anxiety due to separation from parents and siblings.
- Supporting birth families, foster or resource families, and the child or youth during the process.
- Including the birth family, fathers and paternal resources, foster or resource parents, and the young person herself in case planning.
- Considering the preferences, norms, culture, and experiences of the child or youth and family when making the placement selection.
- Helping the child or youth maintain relationships with the birth family, relatives, informal support systems, and the community. This means children and youth must be placed geographically in a community that facilitates maintaining family relationships through frequent visits with parents and with siblings placed separately and that prevents unnecessary changes for children in school enrollment.
- Using frequent worker-parent, worker-child visits to facilitate permanency plans.
- Ensuring that the plan for the child or youth includes all domains of development (e.g., school performance, health, and physical and emotional well-being).

In the first chapter of part 1, Kemp and colleagues review the critical concepts and issues relevant to understanding resilience in family support systems. From a strengths perspective, their focus on practice principles and strategies that support resilience frameworks resonates with the overarching philosophy that all families, despite the presence of some risk factors, possess factors that promote resilience. Therefore, the family's strengths can be utilized to

enhance its capacity to provide for the child or youth's needs.

In the chapters that follow, the authors focus on several factors necessary for the meaningful engagement of families and for supporting the well-being of children and youth. Philosophically, we believe that an agency's approach to engagement influences the effectiveness of the assessment, which in turn determines the appropriateness of the child's or youth's and family's case plan and service implementation and, ultimately, the placement and service outcomes for children, youth, and families.

### Engagement

Meaningfully engaging families in service planning and delivery early and in a focused way is essential for achieving the best possible outcomes for children and their families within the time frames set by ASFA. The goal of meaningful family engagement is to develop and maintain a mutually beneficial partnership with the family that will sustain the family's interest in and commitment to change. Frontline workers must find ways to meaningfully engage families that protect the children and support maximum family involvement in defining needs and strengths and identifying solutions. During the first contact with the family, the child welfare worker must engage the family around the concern for the child's or youth's safety. Once parents understand the safety concerns, attention can be given to what it will take for the family to protect the child and create the safe, stable, nurturing home environment that provides for the child's or youth's needs. As trust builds over time, multiple issues families may be struggling with emerge and the family and frontline worker frankly discuss the relevant issues and the urgency in addressing them.

Engagement must continue throughout the life of the case. Skilled workers will engage and reengage families in the change process, even following a "relapse." The caseworker may consider focusing on an issue that is of immediate interest to the family and communicating a

concern for or appreciation of it. For example, engaging the family around the child's developmental needs and sense of time will make clear that reunification will happen when families can provide a nurturing environment. Acknowledging explicitly and often the demonstrable signs of progress while continuing to discuss safety and service planning can also facilitate continued engagement.

A worker's ability to engage families is significantly affected by the families' perception of the process—parents often perceive this process as an intrusion into the privacy and integrity of their families. As Bossard, Braxton, and Conway stress in their chapter, whatever the cause of the initial intervention, frontline workers must be cognizant of the family's feelings toward the system and find effective ways to engage families and help family members identify needs and solutions, while at the same time protecting the child(ren).

Understanding cultural differences is also crucial to the staff's ability to engage the family and build relationships as discussed by Rivera-Rodriguez in her exploration of Latino families and their communities. Misinterpretation of culture can result in miscommunication and inappropriate or inaccurate interpretations and judgments that are likely to negatively impact the agency-family relationship and case decisions.

The agency's engagement with other professionals, extended family members, and caregivers also becomes critical. This engagement should promote focused assessment and decision making and encourage everyone involved—agencies, extended families, birth families, and foster/adoptive families—to work together to identify and resolve problems that resulted in a child's out-of-home placement.

### **Assessment**

The goal of assessment is to gather and analyze information that will support sound decision making regarding the safety, permanency, and well-being of the child or youth and, based on

assessment, determine appropriate services for the child and his family. Assessment, therefore, is addressed repeatedly throughout this volume. Assessment is based on the principle that all families have strengths that must be used to resolve the issues of concern; therefore, assessment provides an opportunity for families and workers to review family concerns, strengths, and resources together. Assessment includes an evaluation of family functioning and service needs based on information obtained from the family and other sources, such as schools, medical agencies, churches, and others. As such, it provides the information that lays the foundation for subsequent selection and implementation of services and strategies aimed at problem resolution. Assessment that engages relevant staff from related child- and family-serving agencies helps to highlight the comprehensive needs of the child and family and begins to identify how multiple agencies and community resources can support the family. Assessment must be an ongoing process and should be conducted throughout the agency's involvement with the family.

With the implementation of ASFA and Fostering Connections and their emphasis on the timely achievement of permanency for children and youth in the child welfare system, comprehensive, timely, and accurate assessment of families and children takes on renewed importance. To make realistic decisions about child safety, family preservation, reunification, and termination of parental rights, increased attention must be given to the appropriate assessment of the family's strengths and needs and to the length of time required for the family to provide a safe, stable home environment.

An important challenge facing frontline workers is to take a comprehensive, ecological view of families' situations and to understand the contributions of various problematic behaviors to child maltreatment. Child maltreatment is complicated by many factors, including a parent's personal physical and emotional health and substance use/abuse, as well as environmental, social, and economic factors. No less

complex than the problems of their parents are the needs of the children. Research indicates that maltreated children are at higher risk for a variety of poor developmental outcomes. The accuracy and utility of the ongoing assessment process depends upon the timely and active involvement of members of the immediate and extended family, others identified by the family, and professionals with expertise relevant to these issues of concern.

### **Case Planning and Implementation**

The goal of case and/or service planning is to develop an individualized, strengths-based, needs-driven case plan that addresses the unique needs of children and their families as identified through the assessment while at the same time meets the standards of professional social work practice and the safety and permanency requirements of federal and state mandates.

Service implementation involves providing ongoing support for the family and children through brokering, facilitating, monitoring, coordinating, connecting, developing, and/or providing services identified in the case plan as well as reporting relevant information to the courts and working with administrative reviewers.

A family-centered and strengths-based approach to planning and implementation results in a worker-family relationship and plan for services that will best enhance the safety, permanency, and well-being of individual children, youth, and their families. The child's needs—which inevitably change over time—are a continuing frame of reference during planning and implementation. As discussed by the authors who have contributed to part 1, child welfare agency staff and biological and foster/adoptive families must be constantly mindful of the wide range of children's needs.

In the first chapter addressing well-being, Jan McCarthy and Maria Woolverton present an overview of issues that impact the health of children and youth who are involved with the child

welfare system. The authors discuss the health status and special health care needs of these young people, the child welfare system's responsibility to forge linkages with other systems and with families to ensure that these needs are met, and the challenges faced in doing so. McCarthy and Woolverton also present a framework of critical components around which to develop approaches for overcoming the myriad challenges in order to ensure children and youth with access to appropriate health care services. Taken together, the components of this framework describe a comprehensive, community-based health care system designed to meet the health care needs of children, youth, and families served by the child welfare system. They also discuss important ethical issues and dilemmas related to the implementation of various approaches as well as the knowledge and skills that social workers need to coordinate health care services for children and youth.

Utilizing case examples woven throughout the chapter to illustrate salient points, Martha Morrison Dore focuses on child and adolescent mental health issues. This chapter explores current understanding of the etiology of mental health problems in children and adolescents. It also examines the processes available for identifying and classifying disorders in childhood as well as the types of disorders most often observed in young people and their prevalence across various domains. Current treatments are identified, particularly those that are evidence based, i.e., have strong empirical support for effectiveness. Finally, Dore looks at the system-of-care concept that currently drives provision of children's mental health services in the U.S., where those services are provided, and the public policies, including funding structures, that support or undermine the timely and effective provision of mental health care to children, youth, and their families today.

In their chapter "Educational Issues for Children and Youth," Kristin Kelly, Kathleen McNaught, and Janet Stotland stress that

children and youth in foster care with unmet educational needs are at high risk for school dropout, poverty and public assistance, homelessness, and juvenile court involvement. Permanency outcomes are also affected by unmet educational needs; children and youth whose educational outcomes are more positive and who have fewer sociobehavioral problems in school are more likely to return home or achieve another permanency outcome than youth with multiple school problems. This chapter outlines the requirements of the Fostering Connections Act regarding full-time student status for children and youth in foster care as well as for those receiving adoption assistance or subsidized guardianship payments. It also describes a framework for achieving educational success for children in custody through appropriate placement planning and educational supports, such as preventing school changes for children at the time of placement and while in custody. The final two chapters in this section—"Practice with LGBTQ Children: Youth and Families in Child Welfare Systems" by Diane Elze; and "Runaway and Homeless Youth: Policy and Services" by Karen Staller—do not fit neatly into the identified well-being variables as outlined in the CFSR process. However, children

and youth's experiences in these areas can support or undermine their well-being.

Tracing the history of LGBT youth in child welfare systems with literature and a review of practices and policies, Elze asserts that child welfare professionals now have a wealth of resources and technical assistance at their disposal to provide effective, sensitive, and culturally competent services to LGBTQ youths and their families. While the current, strong leadership that exists at the federal level within the Administration of Children and Families is a positive step in supporting LGBT children, youth, and families, Elze notes how stronger ongoing leadership is needed at state-, county- and agency-levels if LGBTQ youths and their families are to receive quality care in child welfare systems.

Karen Staller's chapter highlights a highly undesirable experience and its effects upon children and youth's well-being—homelessness. With a focus on runaway and homeless youth, who are at great risk for involvement in the child welfare system, Staller addresses both policy and services relevant to the well-being of these populations of children and youth. This chapter provides a comprehensive overview of the issues that affect these young people, who are frequently overlooked by the traditional domains of child welfare.

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