# NATIONAL RESOURCE CENTER

# NRCCM

## ON CHILD MALTREATMENT

# Maltreatment in Out-of-Home Placement

## A Leadership Initiative of the
## National Resource Center on Child Maltreatment

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# Preface

States and local public child welfare agencies are increasingly addressing outcome measurement relative to safety, permanency and child well-being. Efforts to develop improved outcomes in these areas have been accelerated by the passage of the Adoption and Safe Families Act and the current Federal Child and Family Service Reviews. States not meeting the federal requirement must develop Program Improvement Plans (PIP) and demonstrate improved outcomes within a defined period of time. Maltreatment of children in out-of-home care represents one of the Leadership Initiatives of the National Resource Center on Child Maltreatment (NRCCM). The purpose of this initiative is to provide a base of information that will enable the productive targeting of PIPs and improve the effectiveness of agencies in assuring the safety of children in out-of-home care.

Technical assistance is available from the NRCCM to support development of responsive PIPs and implementation of strategies to reduce child maltreatment in out-of-home care.

# Introduction

Incidence of substantiated maltreatment in out-of-home care is one of the child safety outcome indicators used in the Federal Child and Family Services Reviews (CFSR). The federal standard is .57% of children in care, which means that 99.43% of a state's foster care placements must have no substantiated maltreatment reports. States that are not in compliance with this standard are required to develop a Program Improvement Plan (PIP) that will bring the state into compliance.

The NRCCM developed this briefing paper to help states enhance their planning, training, technical assistance and practice. This paper focuses on the research findings and literature on maltreatment in kinship placements and foster home placements. It provides a review of what is known, what is being done and options that may strengthen management of this problem. Although maltreatment in group and residential care settings is included in the federal measure of overall maltreatment in out-of-home care, the NRCCM  briefing paper is limited to kinship and foster care settings.

This briefing paper summarizes and comments on the current state of the art regarding maltreatment in out-of-home placements as represented in the literature, including any emphasis given to child safety. This paper considers six questions:

- How is maltreatment in out-of-home placement defined?

- What are the characteristics of out-of-home caregivers who maltreat children placed in their homes?

- What are the characteristics of children who are maltreated while in placement?

- How is child safety in placement addressed, explained, considered or referenced within the literature?

- What child welfare service organizational issues or practices contribute to or fail to prevent maltreatment in placement?

- What are the implications for child welfare agencies to respond effectively to maltreatment and child safety in placement?

# I.   How is maltreatment in out-of-home placement defined?

There is limited research about maltreatment by substitute care providers. No nationally accepted definition exists that precisely defines child maltreatment in the home or in out-of-home care. Nor is there a current analysis of differences among state definitions and differences between what qualifies as maltreatment in out-of-home care versus in a child's own family system. One study found considerable differences between and within agencies in the definitions of abuse and neglect and criteria for substantiated allegations (Ryan, et al.1987); however, that study is more than 15 years old.

McFadden (1984) concluded that no universally accepted definition of maltreatment in foster homes exists although there is a general acceptance that the standard should be higher than in birth families. Other researchers have also pointed out that differences in definitions and standards are inherent when considering maltreatment in a child's own home versus the home where they are placed (Nunno and Motz, 1988). While kinship care providers must meet the same approval or licensing standards as non-kin foster families, different expectations for kinship care and foster care exist.

Many behaviors identified as maltreatment by an agency when a child is in out-of-home care may not be grounds for intervention in a biological family. Some child welfare professionals believe that since children in foster care are the state's responsibility, a higher standard of care is applied for family foster care (McFadden and Ryan, 1991). The standard of care and definition of maltreatment in out-of-home care compared to a child's own family remain unclear.

The federal standard for determining whether maltreatment in out-of-home care occurred relies on states' individual definitions of maltreatment in out-of-home care and accepts that different thresholds may exist among states. In developing this standard, the rates of maltreatment in out-of-home care reported by states to the National Child Abuse and Neglect Data System (NCANDS) were not adjusted for definitional differences. The standard developed by the federal government reflects the twenty-fifth percentile ranking of states rates of occurrence for maltreatment in out of home care (ascending values reflect proportionally higher rates of maltreatment in out-of-home care). This percentile value was then further adjusted to include a measure of possible error.

# Current Etiological Models of Maltreatment in Out-of-Home Care

In the absence of definitive theories for understanding maltreatment in out-of-home placement, some researchers have attempted to conceptualize out-of-home care maltreatment by relying on models related to non-foster families. For example, Benedict, Zuravin, Brandt and Abbey (1996) discuss the National Research Council's adaptation of Belsky's (1980) ecological integrative model as a framework for examining the maltreatment literature. In Belsky's model, maltreatment was viewed "within a system of risk and protective factors interacting across four levels":

1. the individual level, including parent and child factors;
2. the family environment and patterns of interaction;
3. the community, including available supports and services; and
4. the overarching values and beliefs of the culture.

Benedict et al. (1996) contend that maltreatment in foster care may be even more complex than in birth homes, resulting from the involvement of more than one family system and the agency supervisory system (Carbino, 1988; Ryan et al., 1987; Zuravin et al., 1993). These aspects of maltreatment in foster care are not accounted for in Belsky's model nor described in alternative models.

# Characteristics of Maltreatment in Out-of-Home Care

Research offers somewhat better information about the types of maltreatment that children experience in out-of-home care. However, one must be guarded in accepting the results of this research in the face of limited consistency in concept and definition. Foster parents are more likely to be reported across all categories of maltreatment than families in the general community; however, the proportion of reports that is substantiated (at least in one study) is lower than in the community or in comparison with other researchers  (Benedict, et al. 1994). Studies suggest that physical abuse is the most prevalent form of maltreatment reported as it represents more than half of the reports (Benedict, et al., 1994; Ryan, et al., 1987). Reports of sexual abuse vary across studies, ranging from findings that are consistent with the general public up to 48% of all reports of out-of-home maltreatment (Rosenthal et al., 1991; Ryan et al., 1987; Zuravin et al., 1991; Benedict et al., 1994).

The nature of severity of child maltreatment in out-of-home care is not clear. For instance, in one study one-half of the physical abuse that occurred left no marks or injury while one-half involved marks or injury (Ryan, et al., 1987).  Another study concluded that most confirmed physical abuse did not cause serious injury

or need for medical treatment (Zuravin, et al., 1991). While the incidence of sexual abuse is reported differently, there seems to be consistency regarding severity since penetration was included in half of all sexual abuse that was reported (Ryan et al., 1987; Zuravin, et al., 1991). It is of interest that in one study, 61% of the neglect incidents confirmed at least one child suffered fairly serious adverse consequences, such as injury or illness (Zuravin et al., 1991).

In a study of 158 children in care who were involved in 191 incidents of alleged physical or sexual abuse, foster parents committed 41% of these maltreatment incidents (Hobbs et al., 1999). Approximately 6.3% of the maltreatment took place in the home of relatives (usually involved in kinship fostering). Twenty percent of the maltreatment involved another child as the abuser; half of these abusers were other children in foster care.

## II. What are the characteristics of out-of-home caregivers who maltreat children placed in their homes?

Given the limited research on maltreatment in out-of-home care, it is difficult to be definitive about the characteristics of maltreating substitute care providers. Data is available about the characteristics of caregivers who succeed or fail and those who discontinue as foster care providers. This data is limited to foster care providers and is sometimes contradictory, which makes it difficult to form a profile that may serve as a beginning point for conceptualizing decision-making and practice approaches. Although the data may suggest characteristics that have some relationship to subsequent maltreating behavior, it should be considered guardedly if used as potential risk indicators:

- **Marital Status**

    Studies have indicated that abusing foster parents are more often single (Vera Institute, 1982; Cavera and Ogren, 1983). However, in another extensive study 71% of the maltreating families were two-parent households (Ryan, 1987).

- **Age of Caregiver**

    Ryan (1987) found that the mean age of foster mothers and fathers who maltreat is approximately 45 years of age; Zuravin (1991) and Vera Institute (1981) found that foster mothers are often younger women.

- **Race**

    Ryan's (1987) study observed the racial make up of maltreating foster mothers to be 54.4% white; 38.6% African American; and 5.1% Hispanic. She observed the racial make up of maltreating foster fathers to be 64.5% white; 26.4% African American; and 6.6% Hispanic.

- **History of Caregiver**

    Some researchers have found that foster mothers who maltreat were victims of maltreatment as children themselves (Vera Institute, 1981; Tobias, 1982). Cavara and Ogren (1983) also found that abusing foster parents more often do not have children of their own.

- **Education**

    Studies show variation in education attainment levels among maltreating foster caregivers (Ryan, 1987; Zuravin, 1991).

- **Isolation and Support**

    There is some speculation that those care providers who maltreat are isolated, experience heavy stress and lack support (CWLA, 2001).

- **Training**

    Studies agree that maltreating foster parents are under-trained (Ryan et al., 1987; CWLA, 2001).

- **Health**

    One study (Zuravin et al., 1991) found a higher percentage of maltreating foster mothers have health problems.

In her article about preventing abuse in family foster care, McFadden (1984) notes that foster families are subject to all the normal stressors of contemporary family life, yet additionally must accommodate sometimes unclear role expectations of fostering. Substitute care providers experience double binding related to agency expectations, economic stresses and lack of resources. Foster care providers also burn out which may be related to Dawson's (1983) finding that the highest incidence of maltreatment occurs with foster parents who have five to six years of experience. Cavera and Ogren (1981) also found maltreating foster parents tend to be long-term foster parents.

Bolton, Laner and Gari (1981) compared maltreating foster families with abusive biological families and found that foster parents tend to be older, more affluent and more likely to be married. They also tend to maltreat in response to a disciplinary situation. Findings of the Vera Institute of Justice (1981) show that single foster parents might be at higher risk for maltreating. Overcrowding and children sharing bedrooms with other family members have also been associated with maltreatment (CWLA, 2001; Zuravin et al., 1991). One study found the mean number of people in a maltreating foster home was 5.7 (Ryan et al., 1987).

Dawson (1982) found social isolation, relocation, authoritarian discipline methods, family discord and change in working hours as factors related to maltreatment in foster care. Dawson's findings are of interest when compared to McFadden's (1984) and others' identification of factors related to successful placements that have to do with good family relationships and functioning, social

connection and a democratic family structure. This may give some support for conceptualizing maltreatment within foster homes along a continuum or within a sequence that begins with positive characteristics that eventually become influenced to manifest as negative characteristics, and then eventually advancing to maltreating behavior.

Sources indicate that different negative outcomes in foster parenting (such as lack of success, quitting and maltreatment) are related to preparation and training of providers (McFadden, 1984; CWLA, 2001; Rhodes, et al., 2001; Rehnquist, 2002; Motz, 2001; Tittle, et al., 2000; Vera, 1981; Ryan, 1987). The lack of preparation in the presence of highly difficult children to care for, along with varying degrees of support from the agency, would appear to be a formula for failure. It may also be that regular foster homes rather than specialized ones are more vulnerable. One study found that regular foster homes are 2.4 times more likely to have confirmed maltreatment reports than specialized foster homes (Zuravin et al., 1996). This might suggest the preparation that specialized foster parents receive is one factor that may have a mitigating effect on preventing maltreatment.

Regular foster homes are also more likely to maltreat than relative/kin care homes (Zuravin et al., 1996). While there is little information about characteristics of kinship care homes where maltreatment occurs, it is curious that although less maltreatment occurs in kin care families, they share many of the factors associated with failing or maltreating foster families (Children's Bureau, 2000; Kelley et al., 2000). Kin providers are less prepared than foster families; experience psychological distress and health concerns; have less involvement with the agency and caseworkers; care for children who are more likely to be victims of maltreatment as compared to children who are placed for other reasons; more likely to care for children who are younger while they themselves are more likely to be older than other foster parents, and are more likely to experience financial and other stresses.

The absence of clear evidence and apparent contradictions about characteristics of those who maltreat children during placement is noteworthy. Information about the emotional, behavioral, social and personality factors that may explain maltreating care providers is notably absent. Despite the lack of data in this critical area, there is information among various studies of foster parents (conducted for different reasons) which suggests that the nature and characteristics of a maltreating kinship or foster parent may not be pre-existing traits but may evolve or be stimulated into action as a result of the substitute care provider's experience.

A number of curious characteristics have been identified through examining caregivers who have negative experiences with substitute caregiving. These characteristics do not necessarily indicate caregiver risk factors for maltreatment in out-of-home care. However, such information stimulates a reasonable question about the possibility of a sequence or continuum of caregiving in out-of-home

placements that progresses from normal and acceptable to troubled and failing to dropping out or to maltreatment. If such a sequence is plausible, additional questions seem relevant: What contributes to the progression? What may prevent progression? How predictable is such a progression?  In what order or with what speed does the progression take place?

- Stone and Stone (1983) concluded that caregivers experiencing unsuccessful placements had poorer rapport with the agency; fewer good marriages; and questionable motivation and ability as foster parents.

- Kelley and her colleagues (2000) reached findings consistent with previous research indicating kin care providers as being older (usually grandmothers); under increased psychological distress; with worsening health; feeling depressed; isolated; and experiencing financial difficulties. These conditions had obvious effects on the quality of parenting and family functioning. Kelley speculated as to whether psychological distress reduces the ability to implement and monitor effective ways of dealing with child behavior and thus leads to child abuse and neglect.

- Rhodes and her colleagues (2001) found foster parents who quit indicated a high degree of dissatisfaction with agency relationships, including poor communication and perception of workers; dropped out at greater rates than trained foster parents; received inadequate services; experienced problems between their children and the foster children; and were frustrated with the foster child's behavior.

The research literature fails to provide a clear profile of the characteristics of maltreating substitute care families. As with maltreatment in general, researchers have concluded that no single characteristic of a foster family by itself is predictive of maltreatment (Ryan and McFadden, Grant#90CA975).

## III. What are the characteristics of children who are maltreated while in placement?

It is commonly believed that children who have been victimized in their own homes and then placed will produce considerable stress and strain on the family with whom they are placed. Compared to other children in care, these children are at an increased risk of being involved in a maltreatment report while in foster care (Benedict et al., 1984; Bolton et al., 1981). Children who have been victimized are more likely to be victimized again (Vera, 1981; Dawson, 1981). McFadden (1984) suggests that a critical part of preventing abuse in placement includes acknowledging that most foster children are at high risk of maltreatment as they enter placement. Previous victimization and reactions to separation and loss can result in placed children influencing caregiver reactions that can lead to maltreatment.

Physically abused children are more aggressive than children who were placed in care due to parental neglect. These children have developed patterns of interaction, which are often provocative and may trigger abuse by an out-of-home caregiver or other children in the foster home. Any child with special needs is likely to be at higher risk for maltreatment while in placement. Dawson (1983) found that special needs such as handicapping conditions contribute to maltreatment. Certainly conditions that require extra patience, skill, or resources on the part of the foster family increase their stress.

Ryan (1987) provides considerable data about the characteristics of children maltreated while in foster care placement:

- Children of all ages were fairly evenly represented. Rosenthal et al. (1991) found the mean age of victims to be 8.9 years of age.

- 46.3% of the children were white; 39% were African American; and 9.1% were Hispanic.

- 45.1% were male; 54.9% were female. [Others researchers have found that victims are most likely to be male and between the ages of 4 – 12. (Cavara and Ogren, 1983).]

- The victim's sibling(s) also resided in about 1/3 of the placement homes.

- 80.5% of the victims were in temporary custody; 10.4% were in permanent custody.

- Of the victims that were maltreated, the permanency plan was for 33.5% of them to go home; 16.5% of them to be adopted; 11% of them to remain in long-term care; 3.7% to go to other relatives; 3.7% to emancipate, 7.9% other and 23.8% had no plan indicated.

While it may remain unclear exactly how a victimized child contributes to his or her own re-victimization while in out-of-home care, there is evidence that certain child characteristics are more likely to trigger or be associated with maltreatment in out-of-home care. Ryan (1987) provides interesting data about child characteristics related to provocation and caregiver tolerance. Referring to the behaviors as "trigger behavior," Ryan found that wetting/soiling, disobedience and aggressiveness toward an adult were child behaviors most associated with severe physical abuse. Often these same behaviors are highly provocative of maltreatment within children's own homes.

Children who have abused and/or neglected, have suffered separation from their family, and have a variety of behaviors that are difficult for caregivers, are at risk for further maltreatment in out-of-home placement. Children who have been abused and neglected have often learned complex ways of interacting with adults. The AAFC (Analyzing Abuse in Foster Care) study found that younger children who were sexually abused in foster homes were very likely to have been sexually abused previously while this was not as likely for older victims (McFadden, Ryan, & Wiencek, 1986).

Adolescents, especially those who have been abused before, are also at risk of maltreatment in foster care.

> "Adolescents face developmental issues around autonomy and moving away from parental authority. If they were maltreated earlier, they may have remained developmentally fixated at an earlier stage. Such youths need more structure and nurturing than do older adolescents. Poorly equipped to care for themselves, they often experience unintentional neglect by foster parents who don't understand their developmental lags and thus don't provide the high degree of care required. This problem is compounded by youths who appear pseudo-mature or self-sufficient." (Ziefert, 1984)

Findings differ regarding a correlation between the number of placements and maltreatment. Vera (1981) found that children who have been in multiple placements are a higher risk for maltreatment while Dawson (1981) found children in their first placement are at higher risk. One can hypothesize that children who have lived in multiple placements may have developed behaviors that are unacceptable in most foster homes and test their new foster parents with

these behaviors. The knowledge that the placement is permanent does not appear to automatically reduce risk for maltreatment. Meezan and Shireman (1985) found that disruptions in permanent placements were precipitated by foster parents who feared abusing the children or accepted children who the child welfare staff had put pressure on the foster parents to adopt. Dawson (1983) found that children in Canada who were permanent wards were at greater risk for maltreatment in foster care. Ryan, McFadden and Wiencek (1987) found several cases of abuse in pre-adoptive homes. This abuse may have stemmed from ambivalence about the adoption, the failure of the worker to monitor and support the family, or the stress caused by uncertainty of permanency for both the child and the foster parents.

## Comparison of Foster and Kinship Placements

During the past decade the number of children placed in kinship care placements increased significantly. States show an increasing preference for kinship placements. Recent data indicate that 47% of all children in out-of-home care are placed in foster homes while 26% are placed with relatives (Rehnquist, 2002). There is little research regarding children who are maltreated in relative placements. It is known that children placed in kinship care arrangements remain in care longer and experience fewer moves (Children's Bureau, 2000; Iglehart, 1994). One study indicated no difference between children placed with kinship care and those placed in non-relative homes with regard to behavioral functioning. But significant differences were noted between the two groups with regard to mental health functioning. Overall, children placed with relatives tend to function better than children in traditional foster placements (Iglehart, 1994).

Many sources report that children in traditional foster care and kinship care seem to have similar problems, including visual and hearing deficits, poor growth, poor dental care, performance problems, increased developmental issues and more mental health and school behavior concerns. Dubowitz et al. (1994) assessed the physical, mental health and educational status of 524 children in kinship care in Baltimore, Maryland. They found that children in kinship care "do not appear to be significantly worse off than foster or impoverished children. The number of unidentified and untreated health problems and the lack of basic health information regarding children in kinship care points to serious shortcomings in the child welfare and health care systems. It is difficult to discern if these results are being driven by the effects of poverty or by the effects of having been maltreated." Dubowitz et al. (1994) recommend creating a system within the child welfare agency to ensure appropriate evaluations and services are implemented.

Hobbs and her colleagues (1999) studied 158 children involving 191 episodes of maltreatment in out-of-home placement and found no differences in terms of the likelihood for abuse between children in kinship care and foster care. In this study, most of the children (80%) had been abused prior to entry in care.

Longstanding emotional, behavioral and learning difficulties were common. Fifty-nine percent of the victims had a persistent and significant problem causing concern to a caregiver, including sexualized behavior or were known to be receiving mental health services due to an emotional or behavioral difficulty. Over a fourth of the children had a significant learning difficulty, including Down's syndrome, cerebral palsy and severe hearing impairment.

## Research Implications

Available research provides a picture of children who are maltreated in out-of-home placement. Benedict and his colleagues (1996) found that children who are maltreated during placement have a multitude of health, developmental and school problems that increase their risk of abuse. Stone and Stone (1983) found that aggressive, poorly socialized children were more likely to fail in foster care and experience disrupted placements. These children are more often troubled, are experiencing loss and often have special needs.

However, the children who enter substitute care that are not maltreated do not appear to be significantly different than those who are maltreated. It appears that while the characteristics of all children who are placed is an important variable in understanding maltreatment in out-of-home care, it is likely that it is a dependent variable or one factor that fits within a pattern of interaction involving other contributing factors. Furthermore, it may be that there is no way to know what kind or how much of an influence any particular child will have on any particular placement situation. Successful prevention of maltreatment in out-of-home care may have more to do with managing the provocation and stress that these children generate (while in placement) than any other factor.

# IV. How is child safety in placement addressed, explained, considered or referenced within the literature?

The research literature concerning maltreatment in out-of-home placement is relatively primitive with respect to child safety. This is not surprising since the current state of the art of child safety intervention within child welfare services has evolved within the last 15 years and has been most influenced by the more recent Adoption and Safe Families Act (ASFA). Agencies have been investigating reports of child maltreatment in substitute care for many years similar to the manner in which all child maltreatment reports are addressed.

Child safety as a concept is not defined with respect to how it applies to kinship or foster placements. Nor is child safety in a specific placement conceptualized in a manner that lends itself to decision making with regard to the presence and severity of maltreatment, licensing compliance, services to substitute care providers and their families, and safety management. Additionally, there exists no clarification, explanation or rationale as to whether standards and criteria related to these decision making areas are or should be the same or different for kin families versus foster families.

Generally, agencies and staff contend that assessment of child safety in foster and kin homes is a routine practice. For instance, in its 2001 national survey, the Child Welfare League of America found that the responding states reported that child safety responses occur in various ways, including regulating placements, interviewing placed children, removing children judged to be unsafe, using group decision making and making the removal from a kin or foster home a collaborative one.

In the absence of specific reference to child safety in the foster care literature, it is noteworthy to find it mentioned clearly in the kinship care literature. It is mainly referenced as an unresolved concern held by many, although insufficient information is available to assess whether these concerns are warranted (Children's Bureau, 2000). Areas of apprehension about child safety in kin placements include the possibility that kin caregivers may be maltreaters; may not prevent abusive birth parents from continuing to abuse the children who have been placed; and may not have the knowledge and resources to provide a safe living arrangement. In its work, *Kinship Care: A Natural Bridge*, CWLA raised concerns about whether kinship care policies address protection and safety needs; whether policies permit less casework involvement; whether caseworkers are sufficiently trained in protection and family preservation in kinship care; and whether kinship care providers are adequately trained to enable them to ensure safety while maintaining relationships with the child's parents.

When discussing safety related to state policies governing kinship care, Leo-Urbel et al. (1999) cite Boots and Geen (1999):

> The safety of children in kinship care is clearly of paramount concern. While some states require all kinship caregivers to meet the same licensing requirements as non kin foster parents, some states waive one or more of these requirements and others offer an approval standard specifically for kin that is often less stringent than the non kin foster care licensing process.

In its report to Congress on kinship foster care, the Children's Bureau (2000) stated:

> If the child welfare system is to work in the best interests of the child, then there is no reasonable argument for the state to have different standards of protection simply based on whether the caregiver is a relative or not.

## V. What child welfare service organizational issues or practices contribute to or fail to prevent maltreatment in placement?

The research literature reveals a number of organizational and practice issues observed to be present with, related to, and perhaps contributing to failure and maltreatment in substitute care placements:

- Failure in, lack of or poor matching of children to placement homes (McFadden, 1984; Vera, 1981).

- Failure to de-certify deficient homes (McFadden, 1984).

- Over crowding placements (McFadden, 1984; Vera, 1981).

- Lack of caregiver training and preparation (McFadden, 1984; Vera, 1981).

- Absence of worker visits; lack of supervision and oversight; lack of active rapport building and little energy expended by caseworker; non-responsive to caregiver needs (McFadden, 1984; Iglehart, 1994; Vera, 1981; Stone and Stone, 1983; Rehnquist, 2002; CWLA, 2001; Children's Bureau, 2000; Dawson, 1983).

- Recruitment efforts do not focus on families willing and able to care for the most difficult children; failure to keep pace with changing recruitment needs (Rehnquist, 2002).

- Non-stringent standards for kin care homes (Leo-Urbel et al. 1999).

- Poor/superficial quality of home studies (McFadden, 1984).

- Emergency placements (McFadden, 1984; Tobin, 1982). In a later study, Ryan, McFadden and Wiencek (1988a) found that homes licensed specifically as emergency placements were actually less likely to have allegations substantiated.

- Lack of thorough screening (e.g., criminal checks) (McFadden, 1984).

- Poorly stated expectations about disciplinary practices (McFadden, 1984; Vera, 1981).

- Lack of support for care providers (McFadden, 1984; Rhenquist, 2002; Children's Bureau, 2000).

- Workers have reservations about homes but apparently fail to act on them (Zuravin et al., 1991).

- Multiple responsibilities placed on caseworkers (Rehnquist, 2002).

- High caseloads; unmanageable workloads (Rehnquist, 2002; CWLA, 2001).

- High turnover; multiple caseworkers per case (Rehnquist, 2002).

- Increased need for services for care providers but less access (Rehnquist, 2002; Children's Bureau, 2000).

- Lack of involvement in important often-critical case decisions (Rehnquist, 2002).

- Lack of specialized procedures to investigate out-of-home maltreatment (Nunno and Motz, 1988).

- Decision-making concerned with maltreatment in out-of-home placements that fails to differentiate between familial and state care responsibilities and assesses risk based on false assumption that children in care are less vulnerable (Nunno and Motz, 1988).

- Considering maltreatment in out-of-home placements as less of a priority than maltreatment in child's own home; often investigation delays (Nunno and Motz, 1988).

It is noteworthy that the problems we see here appear to a large extent to be related to organizational resource limitations expressed in time, effort, exposure, involvement and so forth.

## VI. What are the implications for child welfare agencies to respond effectively to maltreatment and child safety in placement?

The absence of a substantial theory and research base concerning maltreatment in out-of-home care challenges the child welfare field with respect to conceptualizing and implementing effective practice models and practice responses. However, the review did reveal information as to what is being done or what can be done related to assessment; practice, caregiver-agency interaction; caregiver support; recruitment, licensing and certification; training of caregivers and workers; policy, and investigation of out-of-home maltreatment to ensure child safety during placement.

### Assessment

- A rigorous assessment of foster care providers during the application process, at the time of placement and during placement (McFadden, 1984).

- A (family) system-related assessment of kin and foster families based on inclusion of the specific child to be placed (McFadden, 1984).

- Identification of red flags for children who may be at higher risk for being maltreated (McFadden, 1984).

- At placement, or promptly thereafter, assess all family members, baby-sitters and other regular caregivers who will be involved with a placed child, including adults who do not live in the home. (Ryan et al., 1987; CWLA, 2001).

- Complete assessments of all central registries, CPS and other social service records, criminal checks, etc. for foster care applicants and kin caregivers (Ryan et al., 1987).

- Conduct a thorough assessment of all family members and the family network at re-licensing, including caseworkers who have used the home and focus on any substantive changes or new household members (Ryan et al., 1987).

- Make safety a focus in assessment methodology including use of group decision-making (CWLA, 2001).

**Practice**

- Regulate the number of new placements (CWLA, 2001).

- Remove children when assessment indicates threat to safety (CWLA, 2001).

- Make removal of maltreated children from placements a collaborative decision (CLWA, 2001).

- Conduct program audits to detect inappropriate or maltreating care giving, including periodic confidential interviews with children who are placed. (Daly et al., 1992).

**Caregiver – Agency Interaction**

- Placement monitoring strategies (McFadden, 1984).

- Placement agreements (McFadden, 1984; Ryan et al., 1987).

- Regular, frequent worker contact (Ryan et al., 1987).

- Thoroughly address expectations and requirements concerned with discipline (Ryan et al., 1987).

- Regular, planned observations of and interviews with children who are placed (Ryan et al., 1987).

**Caregiver Support**

- Understanding and attending to the unique needs of kin caregivers and foster caregivers (if their needs are different) (Iglehart, 1994).

- Well-developed and delivered support to kin and foster caregivers and their families (CWLA, 2001; Daly and Dowd, 1992; Crumbley and Little, 1997; Motz, 2001).

- Provide direct services to support the kin and foster family (Carbino, 1992; Kelley, et al. 2000).

- Ongoing communication; consumer input (Carbino, 1992; Daly et al. 1992).

### Recruitment, Licensing and Certification

- Use the licensing process to assure adequate exchange of information between agencies and care providers so that all parties are prepared to make informed decisions (Ryan et al., 1987).

- Select highly competent, emotionally healthy foster parents (Stone and Stone, 1983).

- Target recruitment efforts on potential caregivers for children who are the most difficult to place and those that are at most risk of being maltreated (Rehnquist, 2002; Motz, 2001).

- Create the same standards for kinship care as for foster care, including licensing and supervision (Takas, 1994).

### Caregiver Training

- Provide pre-service and in-service training for foster care providers to help them understand and manage the current challenges of parenting others' children, including dealing with challenging child behavior (Ryan et al., 1987; CWLA, 2001; Daly and Dowd, 1992; Carbino, 1992; Motz, 2001).

- Make training mandatory (Ryan, et al., 1987).

### Worker Training

- Provide training for workers concerned with effective management and interaction with caregivers (Ryan, et al, 1987).

- Provide training concerned with assessment, including a focus on child safety.

- Provide specialized training for those who investigate maltreatment in out-of-home settings.

### Policy

- Create standards for out-of-home care at a level as high - if not higher - than those for children living with their families (Daly et al., 1992).

- Develop a clear policy concerned with acceptable disciplinary practices for kin and foster families including a prohibition of corporal punishment (Ryan et al., 1987).

- Develop policies specific to investigating reports of maltreatment in out-of-home placements, including decision making and actions taken when a question of child safety exists (Carbino, 1992).

- Develop policy governing decision making concerned with maltreatment in out-of-home placements related to substantiation, threats to child safety, child removal, service response to the kin or foster home, loss of license and closing placement home. (Ryan et al., 1987).

- Develop clear expectations and language related to investigating kinship/relative care (CWLA, 2001).

- Assure clear language regarding the interface between investigation of maltreatment in out-of-home placements and the licensing process, including references to communication, cross notification, defined roles, what is reportable child abuse, etc. (CWLA, 2001).

- Apply a well-developed model of care, including procedures, practices and quality control (Daly et al., 1992).

**Investigation of Maltreatment in Out-of-home Placements**

- Conduct immediate full investigations on all complaints by an impartial third party; specialized investigators; team approach (Ryan et al., 1987; Nunno and Motz, 1988; Carbino, 1992; Motz, 2001).

- Provide information to kin and foster caregivers about the investigation process (Carbino, 1992).

# Legal Implications

There are legal imperatives for states and agencies to ensure the safety of children in out-of-home care. The Supreme Court of Louisiana granted certiorari to consider whether the Department of Social Services can be held vicariously liable for abuse inflicted by foster parents upon children in custody of the Department. The Court found that when the Department is awarded legal custody of child, the law imposes upon the Department a non-delegable duty of care and protection of that child. As a result, the Court concluded that, when a child is abused by foster parents, the Department may be held vicariously liable for the abuse. [No. 02-CC-0670, 2003 WL 183383 (La. Jan. 28, 2003)].

# VII. Summary

As previously noted, there is no current consensus regarding standards for maltreatment in out-of-home care versus a child's own home. As well, the foundation for development of a practice intervention model is further compounded by additional challenges:

- Differences in standards of care for kinship care providers versus foster care providers;

- Common use of the same decision making/assessment concepts and instruments for both birth and substitute care families;

- An assessment, decision-making and response challenge that places the question of out-of-home maltreatment within a broader context of licensing standards;

- The agreement among many that quality of care when children are in the custody of the public agency should be higher than when children are in their own homes; and

- The requirements by the Adoption and Safe Family Act that stipulate that out-of-home placement homes (kinship and foster) are to be evaluated prior to placement and routinely throughout placement to assure safe environments for children.

It is not currently possible to create a profile for maltreating substitute caregivers or their families. Inconsistency or contradiction is more apparent among characteristics of those who maltreat than clarity. However, two things do appear to be clear. First, the children who are placed in out-of-home care pose a tremendous challenge for those who agree to care for them. Second, agencies are overwhelmed and under resourced with respect to the demand to effectively manage substitute care placements.

Researchers and agencies identify many actions that show promise for influencing the quality and management of kin care and foster care. However, the options that are suggested lack a context that is embedded in some conceptual means of understanding maltreatment in out-of-home care or in a prevention, intervention or management strategy that would organize actions that an agency might choose to employ. Child maltreatment in out-of-home care and the response to it require additional evolution. The lack of certainty about cause and influence is perplexing. Yet, it seems reasonable to accept that this is a highly complex problem that generally results from the interaction of different variables. Perhaps

the most challenging question relates to whether the placement experience has a high potential of turning acceptable care providers into maltreating ones.

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