

Report:

CHILDREN'S SERVICE
NEEDS ASSESSMENT

FINAL REPORT



Administration Division

**CHILDREN'S SERVICE NEEDS ASSESSMENT
FAMILY FOSTER CARE SURVEY**

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EXECUTIVE SUMMARY

The Children's Service Needs Assessment Project had its origins in a 1977 Washington State Legislative Budget Committee performance audit of the adoption program and the state child care system. The audit called for comparable information about children across programs administered by the Department of Social and Health Services (DSHS). In 1979 the Legislature authorized a four-year research project to collect this information for use in planning programs, monitoring performance, and assessing the degree to which the child care system is appropriately serving children.

The first year of the project focused on children in family foster care. In this type of care, children are placed in a licensed foster home rather than in alternative state care such as a group home or psychiatric facility. Family foster care is the least disruptive and the least expensive form of long-term state-subsidized care for children. It is therefore preferred over placements in group homes and institutions.

The project surveyed those children for whom the DSHS Community Services Offices (CSOs) and the voluntary child care agencies (VAs)¹ provide child welfare services. Children in Division of Developmental Disabilities-supervised family foster care were not included, having been surveyed in the year preceding the project.

A statewide sample of children in family foster care was prepared in early 1980. At that time there were 2,511 children in CSO-supervised care and 477 in VA-supervised care, for a total of 2,988. From this population, a sample of 598 was selected. Three sources of information were used for each child in the sample. Interviews were conducted with the child's foster parent and caseworker, and the child's case record was read.

Three questions are addressed in summarizing the results of the study:

1. What are the characteristics of children in family foster care which affect program planning and priorities?
2. What are the major program and diagnostic service needs of children in care and to what extent are they being met?
3. What placement decisions have been made for children and what are the long-term prospects that they will remain in or leave care?

¹The voluntary agencies are private nonprofit agencies providing supervision and case services to foster parents and children. These services are subsidized by DSHS at a rate of \$53.50 per month per child.

Characteristics of Children in Care: Within the family foster care population, the following types of children were identified who may require the development of specialized resources:

1. Teenagers: Half the children in family foster care were teenagers. They are of concern because the majority were expected to reach adulthood while still in care. Emancipation classes would help these teenagers in their transition to independent living.
2. Ethnic minority children: Thirty-two percent of the children were ethnic minorities, compared to eight percent in the state population.
3. Children in need of special education: Twenty-two percent of the children had been diagnosed by the schools as in need of special education classes. This was four times higher than in the general Washington State school population.
4. Children not performing well in school: Four out of five school-aged foster children had academic performance scores below the average for the United States school population.
5. Preschool children at risk of developmental delay: One third of all foster children aged five and below may be developmentally delayed.
6. Children with potential mental health problems: One quarter of all foster children aged four and above show potential mental health problems.

Program and Diagnostic Service Needs:

1. Physical Health: Adequate mechanisms did not exist for the communication of medical information. Health records were found in only 15 percent of the case records, and only 36 percent of the foster parents had access to medical histories for the child in question.
2. Mental Health: Most children who needed mental health services were receiving them, with unmet need estimated at 11 percent. The child's refusal to accept counseling was the major barrier to service.
3. Education: One in five school-aged children had changed schools during the year, primarily due to a change in foster care placement. Such changes are of concern because of the generally poor school performance of children in care and their need for special education classes.
4. Developmental Delay: Routine screening for all young children in the family foster care program for developmental delay seems advisable, with all suspected cases of delay referred for a complete diagnosis. All preschool children in foster care should be screened for development delay prior to placement.

5. Foster Homes: Particular need exists for ethnically and culturally appropriate homes for ethnic minority children and for homes experienced in dealing with teenagers. Special support services may be necessary to enable foster homes to cope with hard-to-place children.
6. Casework Resources: Both the caseworkers and the foster parents recommended more face-to-face contact. However, a disparity existed between the Community Services Offices and the voluntary agencies with regard to available casework resources. CSO caseloads were twice the size of VA caseloads, and CSO caseworkers attended three times as many court hearings per month. One way CSO caseworkers were adapting to their limited amount of time per child was to have more regular face-to-face contacts with those children who had been in care a short time and with children for whom return home was the goal. Continuity of casework services is an additional problem. Seventy percent of the children in foster care have had more than one caseworker during their current episode of foster care.
7. Training: More training and education should be provided to the foster parents concerning the resources available to them.

Placement History and Long-Term Placement Goals:

1. Family foster care was the primary placement resource used for the children.
 - . Only nine percent had been in group homes before coming into family foster care.
 - . Only six percent previously had been in other institutional settings, such as psychiatric facilities or juvenile rehabilitation institutions.
2. Children's history in family foster care had the following features:
 - . Two-thirds had been in care only once, a proportion found among teenagers as well as young children.
 - . An average of 2.7 years had been spent in the current placement.
3. Goals for children varied according to age.
 - . Adoption and return home were the preferred goals for children twelve and younger.
 - . Emancipation and long-term foster care predominated as goals for teenagers.

Forty-six percent were expected to remain in care until adulthood, a fact reflecting the large number of teenagers in foster care population.

4. Incomplete court work was a major barrier to adoption.
 - . Half of the children for whom adoption was the goal had not yet been legally freed for adoption.

Freeing children for adoption depends upon the Attorney General's pursuit of termination proceedings.

5. Likelihood of return home may be affected more directly by services to the child's family than to the child.

- Almost half of the children had come into care through Child Protective Services.
- Reasons for placement related primarily to the parents, not the child.
- Acceptance of services by the child's family was correlated with likelihood of return home.

Chapter 1

Introduction

The Department of Social and Health Services (DSHS) of the state of Washington provides a broad spectrum of services to children and their families. In 1977, the Legislative Budget Committee conducted a performance audit of the adoption program and the state child care system. This audit called for the development of a needs assessment process to gather comparable data about children across programs. It outlined a number of recommendations for increasing the coordination and effectiveness of service delivery to children. Parallel concerns had been expressed in a 1976 Child Foster Care Program Review prepared by an intra-agency work group. There was agreement on four basic recommended actions:

1. Determine whether children have received adequate evaluative services such as medical and psychological diagnoses.
2. Determine program services required by the child and the family.
3. Design a process to collect children's service needs data on a yearly basis.
4. Develop a more systematic placement system for children, including such options as in-home services, foster care, and institutional care.

In 1979, the Washington State Legislature endorsed a four-year research project assessing the needs of children served by departmental programs. Each year a sample of children in specific DSHS programs was to be the focus of the study. The purpose of the project is to create a data base which can be used by program personnel in meeting the recommendations outlined above. Data will be available to use in planning programs, monitoring programs, and assessing the degree to which the child care system is appropriately serving children.

In the first two years, the Children's Service Needs Assessment project was to survey children in programs administered by the Bureau of Children's Services. In the final two years, it would study children served through the Divisions of Mental Health, Juvenile Rehabilitation, and Developmental Disabilities.

The overall plan of the project is as follows:

Year One Survey and Report:

Family Foster Care (excluding Division of Developmental
Disabilities Family Foster Care)

Year Two Surveys and Reports:

Receiving Homes
Group Homes
Child Protective Services
Crisis Intervention Services

Year Three Surveys:

Mental Health Inpatient
Mental Health Day Treatment
Mental Health Outpatient
Juvenile Rehabilitation Institutions

Year Four Reports:

Reports for Year Three Populations
Reanalysis of Data, Division of Developmental Disabilities Client
Survey of 1979 (Family Foster Care and DDD Institutions)
Summary Report on All Populations Surveyed

As noted in the plan above, family foster care supervised through the Division of Developmental Disabilities (DDD) was not included in the first year. In 1979, a study gathered data on all children and adults for whom DDD was providing placement services. In order to avoid duplication of effort, DDD supervised family foster care was not surveyed a second time in 1980. Reanalysis of the data on these children and on children in DDD institutions is planned for the fourth year of the project.

This report contains the results of the survey of children in family foster care. The objectives for this phase of the project are:

1. To provide a descriptive analysis of the characteristics of children in family foster care:

Presenting problems of child and family at initial contact with program

Basic social and demographic characteristics of child and family

Estimated service needs

Estimated met and unmet needs

Reported barriers to service for unmet needs

Problem areas for which no service exists

2. To estimate program and diagnostic service needs:

Establish measures for assessment of needs in the areas of

- . Shelter requirements
- . Physical health
- . Mental health
- . Developmental disabilities
- . Education
- . Legal support
- . Access to interpersonal support systems (family, peers, school activities)

Estimate the percent of children who require diagnostic evaluations, e.g., complete evaluations have not been obtained.

Estimate the percent of children who require program services, e.g., services are needed to supplement standard procedures.

3. Estimate placement needs:

Describe children's past placement history

Estimate the percent of children who will be returning home, who are eligible for adoption, and who will require long-term placement in out-of-home settings.

When family foster care is described in this report, it refers to children for whom overall management responsibility rests with the regional offices of DSHS. The foster care program provides residential services for children who cannot be maintained in their own homes. Foster family care is subsidized by the state and provided by licensed foster parents. Foster care is offered as the least disruptive transition from family life to state care, since the child continues to live in a family setting. The alternative out-of-home placements for children are group homes and state institutions.

The Bureau of Children's Services establishes policy and procedures, and develops program guidelines for children in foster care. The children are served under two different arrangements. Child welfare services for one group are provided within DSHS by the Community Services Offices (CSOs). Licensing of foster homes is done by the CSOs, and a CSO caseworker is assigned to each child. DSHS mails monthly payments (ranging from \$147 to \$333.95 per child) directly to the foster parents of each child in care. Child welfare services for the other children are provided by private, nonprofit voluntary child care agencies, referred to in the report as a voluntary agency or VA. DSHS issues licenses to VA foster homes which have been screened by the voluntary agencies. DSHS contracts with each agency for family foster care. Monthly payments to foster families are sent from DSHS to each VA, along with a monthly fee (\$53.50 per child) to aid in agency costs. Each VA sends out the monthly payment to the foster families it supervises.

Budgetary appropriations from the Washington State Legislature for both CSO and VA supervised family foster care are channeled through the Bureau of Children's Services. In terms of broad overall planning for these children, it is appropriate to treat them as one unit; in terms of specific details, it is important to separate data on children supervised by the CSOs and the VAs. The survey was designed to supply both kinds of data. The CSO and VA populations were sampled separately, but a weighted state total of the combined CSO and VA data is also provided.

The text of this report emphasizes weighted data on children in family foster care. Differences between children in CSO and VA foster care are noted where this seems warranted. Unless otherwise stated, all information presented in the text refers to a statewide population of foster children, including both CSO and VA supervised children.

Chapter 2

Methods

I. Populations Surveyed

The foster care survey took place from mid-February to mid-June of 1980. Samples were selected to obtain information on a statewide rather than regional basis.¹ The estimated number of children in CSO foster care on January 28, 1980 was 2,511, from which 372 children were chosen. Interviews were completed for 369 children in 337 foster homes. The estimated number of children in voluntary agency (VA) foster care on March 21, 1980 was 477. Two hundred twenty-six children were sampled, and interviews for 200 children in 167 foster homes were completed.

The source of population data for CSO and VA foster care was a computer printout provided by the Office of Information Services, which showed children in foster care on the day specified. Utilizing this data source presented technical problems, discussed in Appendix A. This appendix also discusses the sampling method, the replacement strategy, and the completion rates for the data collection instruments.

Sample sizes were calculated at the 95 percent confidence level, with absolute precision of the estimate of five percent. This means that estimates based upon the sample would be, on average, within plus or minus five percent of the actual number in the total population in 95 out of 100 cases.

The rate of response for the CSO sample was sufficient to achieve the desired confidence level and precision of the estimate. Due to a few refusals on the part of voluntary agency administrators to have caseworkers and foster parents interviewed, the rate of response for the VA sample was slightly below the level needed to achieve the desired precision of the estimate.

In order to test the representativeness of the two samples drawn, a comparison was made between the populations from which the samples were drawn and the samples. Only age and sex were available on the population lists, so these two variables were compared in the populations and in the samples. No significant differences were detected.

¹A study reflecting regional variation would have required very large sample sizes. Although information can be obtained on a regional basis from the survey made, it is subject to a higher rate of possible error than is statewide data.

II. Data Collection Procedures

Three sources of information were used for each foster child. The child's foster parent was interviewed, the child's caseworker was interviewed, and the child's case record was read. These will be discussed in turn.

A. Foster Parent Interview

Most foster families contain two foster parents. One foster parent was interviewed about each child included in the sample. The foster parents decided which individual -- the foster mother or the foster father -- would be interviewed. If both chose to be present, they had the choice of responding as a couple to the interview.

A closed-ended, structured questionnaire was used, except for two open-ended questions at the end. The instrument focused primarily on the foster child. Questions were asked about the child's history in the foster home, contacts with his or her natural family and caseworker, and current functioning in such areas as education and health. Two standardized tests designed to be completed by a parent or parent substitute were administered. The Child Behavior Checklist, which deals with social competence and behavior problems, is described in the chapter on mental health (Chapter 6). The Alpern and Boll Developmental Profile, used as an indicator of possible developmental delay, is discussed in the chapter on developmental disabilities (Chapter 8).

The interview also included items about the foster parents. Basic demographic information about the household, years of experience giving foster care, contacts and coordination with the agency, and opinions about how to improve the system were among the items asked.

B. Caseworker Interview

Each foster child's current caseworker was interviewed, if possible. In some instances, the child's case was being reassigned and had no current caseworker, while in others the child's caseworker was unavailable due to illness or vacation. The interview was then conducted with the staff person most likely to have information about the child. This might be a former caseworker, the casework supervisor or, for one child, a juvenile parole officer.

As with the foster parent instrument, all questions were closed-ended except for two open-ended questions at the end of the interview. The instrument was organized into four sections. The first concerned the foster child. Reasons for foster care placement, plans for the child's future, and the caseworker's assessment of the child's current needs were among the items asked.

The second section was asked only if there were a possibility that the child could return home at some time. A demographic description of the household to which the child might return was obtained. Questions were asked about family problems, whether services were being given to help solve the problems, and barriers to service delivery.

The child's current foster family was the focus of the next set of questions. The child's adjustment in the foster home and caseworker contacts with the foster parents were among the questions asked. The final section of the instrument obtained data on caseworker activity, such as caseload size and preparation of cases for court hearings. Caseworkers also were asked how to improve the foster care system.

C. Case Record Review

The case record review covered information about the child's situation before coming into foster care, including former placements in foster care and institutions. Health records and professional evaluations of the child contained in the case record were noted.

D. Inter-judge Reliability Study

Six percent of the survey instruments were tested for inter-judge reliability. Two staff members were present at the foster parent and caseworker interviews. One person asked the questions, but both recorded answers on separate forms. After the interview, answers were compared and disagreements in coding recorded. The process was similar for case records, with the two staff members coding the same record in turn.

It was decided to eliminate any item on which 80 percent agreement was not obtained. Of the 318 items in the foster parent instrument (177 of which were the Child Behavior Checklist), only three items were eliminated. Three items were eliminated from the caseworker instrument's 231 items. From the case record instrument, 12 out of 95 items were eliminated. The lower inter-judge reliability of the case record instrument reflects the difficulty of interpreting the complex and widely differing written materials contained in case records. For information on the items eliminated, see Appendix D.

III. Staff Training and Data Collection

Instruments and procedures for data collection were reviewed by the DSHS Human Research Review Board. Interviewers began training for the foster care survey on January 28, 1980. After a week in Olympia reviewing the three instruments, participating in role-playing interviews, and learning about field procedures, they tested the instruments in the field. Interviewer comments were

used to modify the instruments. The interviewers were then brought to Olympia for a three-day training session to acquaint themselves with the revised instruments.

Field data collection began in February 1980 and ended in mid-June. Additional training in case record reading was provided in the field, with small groups of interviewers meeting with the field supervisor at a CSO to read case records with her. After the interviewers had been in the field for a week, the project director and the field supervisor visited them individually, attending at least one interview. This served both as an inter-judge reliability check and as a vehicle for any further training needed. Additional visits to the interviewers during the course of the survey served the same purpose.

IV. Data Editing and Analysis

Interviewers edited one another's data in the field before forwarding completed instruments to project headquarters. Instruments were edited a second time in the office, including making uniform coding decisions on the Child Behavior Checklist.

After keypunching of data, all instruments were edited by computer for coding errors and for logical inconsistencies. Those errors found were corrected. Data analysis was conducted using SPSS (Statistical Package for the Social Sciences) computer programs.

Chapter 3

Basic Description of Children in Family Foster Care

I. Characteristics

A. Demographic Characteristics

Approximately half of the children in family foster care during the early months of 1980 were teenagers aged 13 or over (Tables 1 and 2).¹ Girls predominated over boys by a margin of six percent. In contrast, males under age 20 outnumber females in the general population of the State of Washington by two percent. In both foster care and in the general population, younger children (from birth to age 10) are outnumbered by older children, but in foster care this difference is more pronounced. Teenagers aged 13 to 18 comprise 35 percent of the children in Washington State, and 48 percent of the children in foster care.² The proportion of teenagers in family foster care has not changed from the proportion reported in a 1976 survey.³

It is not surprising to find that more children from ethnic minority groups are in foster care than the proportion in the general population. This is true for most state social services, and the need for social services may be related to the socio-economic status of many minority group members. Only figures for the total Washington State population of adults and children were available, but it can be assumed that these figures approximate the ethnicity of the state's children (Tables 1 and 2). The predominant ethnic group in both the foster care and general population is Caucasian; however, in the general population 91.9 percent are Caucasian, while in foster care the proportion is 67 percent. Blacks number 2.3 percent in the state, 8 percent in foster care. Indians number of foster care children were classified in this fashion.

¹Tables to accompany this and following chapters are provided at the end of the report.

²In addition, one percent of foster children were aged 19 or 20 years old.

³Child Foster Care Program Review, Community Services Division, DSHS, State of Washington, page IV-4. In the 1976 survey, 57 percent of the VA children were aged 13 and over, which is comparable to the 1980 VA sample.

1.3 percent in the state, 7 percent in foster care.⁴ The proportion of Asians and Hispanics in foster care is similar to their proportion in the state population. The survey of children in foster care also included a category not in use in the state statistics, that of mixed ancestry. Eleven percent of foster care children were classified in this fashion.

B. Legal Status of Children in Care

At the time of the study, 21 percent of the children were still in the custody of their parents and had been placed voluntarily in foster care. Four percent were in the custody of their parents but had not been placed voluntarily; rather, they had been placed under a shelter care order or under an alternative residential petition. Future court review of these cases would be necessary because of the temporary nature of this type of court order.

The majority of children in family foster care were legal dependents (Table 3). A child so classified is under 18 years old and, as the result of a court investigation, has been found to be "abused, abandoned, neglected, or at risk of serious harm."⁵ Dependent children may remain at home under court supervision or be removed from the home into living situations such as family foster care. Children removed from the home become dependent wards of the court. In some cases, parental rights have not been terminated, although the children are no longer in the custody of their parents. Every six months the case is reviewed by the court. In other cases, parental rights have been terminated, and court review may or may not be required every six months.

Fifty-two percent of the children in family foster care were dependent wards of the court on a temporary basis (54 percent of the CSO cases and 40 percent of the VA cases). Parental rights had not been terminated. For 20 percent of the children in family foster care, parental rights had been terminated (21 percent for CSO cases and 19 percent for VA cases). These children were in the permanent custody of DSHS or a voluntary agency (5 percent), under the guardianship of their foster parent (1 percent), or were dependent wards of the court (14

⁴In VA care the proportion of Native American children was especially high because these children are served by Native American voluntary agencies. The VAs also have special grants to serve Vietnamese and Cambodian children.

⁵Washington Juvenile Code Overview, Bureau of Children's Services, Washington State Department of Social and Health Services, 22-150 2/80. Unpaginated pamphlet.

percent). While 15 percent of the CSO cases were dependent wards of the court with parental rights terminated, only 10 percent of the VA cases were in this legal status.

This pattern is similar to that observed in 1976, when 21 percent in CSO care had been placed voluntarily, retaining parental custody, 56 percent were temporary wards of the court with parental rights not terminated, 13 percent were permanent wards of the court with parental rights terminated, and seven percent were under the permanent custody of DSHS.⁶

C. Payment of Special Rates

Higher rates are paid to foster parents for the care of children whose problems require special attention. Eligibility is determined by CSO caseworkers according to established guidelines. Foster parents of one in four children received special payments for care (Table 4). Special rates were granted for behavioral problems (eight percent), a combination of problems (six percent), emotional problems (five percent), and developmental disabilities (two percent).

Two percent were Indo-Chinese refugees funded under a separate program. These children's foster care payments are federally funded. The state has contracted with VAs for their care. Ten percent of the VA children at the time of the survey were refugees.

II. Reasons for Current Placement

Caseworkers were asked to describe the reasons contributing to each child's current placement in family foster care. On the average, four reasons were mentioned for each child. Most factors related to the parent, not the child. A similar pattern had been observed in the 1976 survey of foster children, with parent-related causes for placement and parent-child conflict being more frequent than child-related causes for placement.⁷

The reasons most frequently mentioned which related to the parent included parental neglect of the child (55 percent) and physical or mental abuse of the child (42 percent). The most common child-related reasons were rejection of parents (22 percent) and the child's hyperactivity (18 percent, Table 5).

⁶Child Foster Care Program Review, Loc. Cit., Appendix III-5.

⁷Ibid., page II-2 and Appendix III-1. Only one cause per child was listed in the survey, unlike the Children's Service Needs Assessment survey.

Given the prominence of neglect, physical or mental abuse, sexual abuse, and abandonment among the reasons for placement, it is not surprising that almost half (46 percent) of the children entered foster care through CPS (Child Protective Services). There was a large difference between CSO foster care and VA foster care in this respect. While 51 percent of the CSO foster children were CPS cases, only 19 percent of the VA foster children were CPS cases. Since the CPS program is administered entirely by the CSOs, many of the cases involving foster care are supervised by the CSOs. There would be few reasons to refer such cases to VA foster care.

III. Use of Specific DSHS Programs in Attempts to Prevent Placement

The most frequently used DSHS program to prevent the placement of a child in foster care was Child Protective Services (53 percent of the children). Crisis Intervention Services and Homemaker Services each had been used for 17 percent of the children. Day care had been employed in eight percent of the cases. Chore Services and Delinquency Prevention Services (a special program within Crisis Intervention Services) were least frequently used, at four percent each (Table 6).

Conclusions

Two important demographic facts about children in family foster care emerged from the survey: 1) a large number of children in care are teenagers and 2) more children from ethnic minority groups are in foster care than would be predicted on the basis of their statewide population. Program implications suggest the need to recruit more minority group foster families to provide placements for minority group children and emancipation training to help teenagers with transition into the adult world.

Two elements are involved in the legal status of children, namely, whether parental rights have been terminated and whether the courts are involved in placement and planning for the child's future. Parental rights had been retained for the majority of children. For most children, the courts were involved and reviewed the child's case every six months.

The majority of reasons cited for placement in family foster care related to the child's family rather than directly to the child. This suggests that when return home is the goal, changes in the family situation may be more important than changes in the child's behavior and coping skills.

Chapter 4

Casework, Placement History, and Current Placement

Chapters 4 through 9 examine the provision of services to children in family foster care. Chapter 4 discusses the dimensions of casework and foster care placement. Subsequent chapters focus on physical health, mental health, education, developmental disabilities, and special services such as legal services.

I. Casework

A. Caseload Activities

Each caseworker interviewed was asked questions about caseload activities. The data should be interpreted with caution because children in care were sampled, not caseworkers. This means that caseworkers with larger caseloads would have a greater chance of being interviewed than those with smaller caseloads.

Among the caseworkers interviewed, 51 percent of the CSO caseworkers had Child Welfare Services and Child Protective Services caseloads of 30 children or less, and nine percent had caseloads of more than 60 children.¹ Ninety-six percent of the VA caseworkers had Child Welfare Services caseloads (they do not do CPS) of 30 children or less. Seventy-eight percent of the CSO caseworkers and 41 percent of the VA caseworkers were assigned to these caseloads for a five-day work week. Other caseworkers either had diversified caseloads, covering more services than CWS and CPS, or were working part-time (Table 7).

To give a more meaningful picture of full-time caseloads, the standard 40 hour week was divided by the average number of children on a caseload. CSO caseworkers could spend 1.1 hours per child per week, VA caseworkers 2.2 hours per child per week (Table 8).

In the time available per child, a wide variety of activities must be accomplished. These include arranging placements and services for children; meeting with children, their families, and foster parents; documenting family problems; writing monthly reports; contacting informative collateral sources such as relatives, schools, and psychologists; doing court work; and closing and transferring cases.

¹Some caseworkers did CWS only, some a combination of CWS and CPS.

Several activities which take caseworkers' time away from direct services were measured (Tables 8 and 9). In the month preceding the study, CSO staff averaged three court hearings and VA staff one court hearing. CSO staff were preparing an average of four cases for court at the time of the interview, VA staff two cases. The greater amount of legal work undertaken by CSO caseworkers reflects the fact that a much higher proportion of children in their caseloads were dependents of the court. In some areas of the state the court calendars do not allow for specific hearing times. Because of this, caseworkers may arrive at the opening of a court session and sit through the day only to have the case postponed. Such incidents seriously reduce the time available per child per week.

Another task undertaken by caseworkers is the paperwork involved in opening, closing or transferring a case to another worker or another geographic location. The average number of such tasks performed each month by the CSO caseworkers was seven, while VA caseworkers reported three.

B. Face-to-Face Contacts

The service standard for children in family foster care is that they be seen face-to-face by their caseworker every 90 days. At the time of the survey, 83 percent of the children had met their caseworker face-to-face within the previous three months, many of them (57 percent) within the last month (Table 10). Assuming that a face-to-face contact with the child requires about two hours, this leaves the CSO caseworker with 11 hours (per 90-day period) to complete the tasks listed in the preceding section.

For children who might be able to return to their natural families, caseworkers' rate of contact with these families was examined. Two-thirds of the families had been seen within the past three months. Twenty percent had never been seen, in part because of families living out-of-state (Table 10).

Contacts between caseworkers and foster parents had taken place within the past three months for 80 percent of the children. Neither CSO nor VA foster parents, however, rated the amount of contact as satisfactory. The most frequent recommendation of foster parents for improving foster care was that caseworkers should have more contact and communication with foster parents and foster children, a recommendation with which caseworkers agreed (Table 101).

The contrast between CSO and VA caseload size was reflected in caseworkers' face-to-face contacts with children and foster families. In the larger CSO caseload, 54 percent of the children had been seen by their caseworkers in the month preceding the study. In the smaller VA caseload, 71 percent of the children had contact with their caseworkers in the same

period. Likewise, 54 percent of the CSO children's foster parents and 67 percent of the VA children's foster parents had met the children's caseworkers in the preceding month (Table 10).

It appears that the CSO caseworkers were adapting to their limited time per child by concentrating on those children who had been in care a short time and the foster families of these children. The tables accompanying this chapter compare the frequency of contact with the length of time each child had been in care. In CSO care this contact becomes less frequent as the child stays longer in care; for example, 67 percent of the children in care five months or less had been seen within the past month by their caseworker, whereas only 40 percent of the children who had been out of home four years or more had seen their caseworker in the past month. Although the VA caseworkers show a similar pattern, the differences were slighter and the rates of contact higher (Tables 11, 12, and 13).

C. Caseworker Continuity

The number of caseworkers a child had during his current out of home placement was determined. Thirty percent of the children had had one caseworker, 39 percent two caseworkers, and 31 percent three or more caseworkers. Sixty percent of the children had been in their current placement for one year or less. A number of these children (59 percent) had more than one caseworker in a relatively short time. This was especially true of those in CSO supervised care (Table 14). To some extent the CSO case assignments are affected by the size of the agency. Cases are transferred when families move (even if the move is within the same city) and when caseworkers are reassigned (e.g. to decentralize services).

II. Placement History

A. Placements Apart from Receiving Homes and Family Foster Care

In addition to placements in receiving homes and family foster care, a small number of the children surveyed had had other placements as well. Nine percent had been in group homes, two percent in Division of Juvenile Rehabilitation (DJR) institutions, two percent in inpatient mental health facilities, and one percent in Division of Developmental Disabilities (DDD) institutions (Table 15).

There was a large difference between CSO and VA foster children in one respect. While six percent of the CSO children had been in group homes, 23 percent of the VA children had been in group homes. This difference probably is due to the fact that voluntary agencies run group homes and also supervise family

foster care placements, moving children from the group home to the less restrictive family foster care setting whenever possible.

B. Total Time Spent in State-Supported Placements

An estimate was made of the time each child had spent in state-supported out-of-home placements. This information was tracked in the child's case record using payment forms.² The forms cover placements on which state foster care funds are expended. These placements include time spent in receiving homes, family foster care, group homes, and state-paid care in private mental health facilities. Out-of-state placements in family foster care, group homes, and private mental health facilities are also included if paid for by Washington State.

Use of payment forms results in a conservative estimate of placements. Some forms were missing. The payment forms do not report time spent in private agency care not funded by the state, in state mental health institutions, and in juvenile institutions.

Every time a child returned home, went to relatives, or otherwise left state care, the episode of out-of-home placement was recorded as having ended.³ During this episode a child might have been in several types of care and in several different living situations. For example, a child might have been in a receiving home pending acceptance at a group home, then in a group home, another receiving home pending transition to family foster care, and two different foster homes before returning to his parents.

Sixty-three percent of the children had only one known period of out-of-home placement, 30 percent had two or three placement episodes, and six percent had four to twelve separate placement episodes. The total time children had spent away from home averaged 3.2 years in CSO care and three years in VA care. This average is affected by the fact that a number of children had been in care for long periods of time. Approximately one third of the children had spent less than a year in care, one third had spent one or two years, and one third had spent three years or more (Tables 16 and 17).

²The "C-form" (DSHS 6-10x) was used. For a quotation of the coding instructions and commentary on the problems of coding, see Appendix E.

³The placement episode referred to here is not the same as opening and closing a case. During one case opening a child may return home several times but remain under close supervision of a caseworker. The case therefore remains open and is closed only when some satisfactory resolution is reached. In this survey, the child would be said to have several placement episodes even though the case opened only once.

The proportion of children's lives spent in out-of-home care was computed. This proportion decreased for older children (Table 18). In part, this is because young children relinquished for adoption may stay in a foster home until adopted.

C. Time Spent in Current Episode of Care

The time a child had spent in his most recent period of out-of-home care was computed. The average length of time in the child's current episode was 2.7 years in CSO-supervised care and 2.8 years in VA-supervised care.⁴ Much of this time had been spent in the foster home in which the child was living at the time of the survey. Average length of time in the current foster home was longer in the CSO-supervised care (2.3 years) than in the VA-supervised care (1.9 years) where a group home placement was more likely to have preceded the foster home placement (Table 19).

D. Changes in Child's Living Situation

The length of time a child spends in out-of-home placement describes one important dimension of foster care. A second dimension is the number of times a child is placed in a different living situation. For purposes of the study, if a child lived in Foster Home A, moved to Foster Home B, and returned to Foster Home A, this was counted as three different living situations.

Half of the children had lived in one or two places during their total time in foster care. This figure includes the typical placement sequence in which a child was first placed in a short-term receiving home prior to finding a longer term placement, then moved to a family foster home. Forty-seven percent of the children had lived in three to ten places, and three percent had lived in eleven places or more (Table 20).

When a child had moved at least once from one living situation to another, the reason for the most recent move was asked. Thirty percent were placed from a receiving home to a foster home; 26 percent were moved due to the child's behavior problems, including rejection of the foster home placement; and most of the rest were moved because of conditions in the former foster home. These conditions ranged from a change in foster parent circumstances, such as the death or extended illness of a foster parent (14 percent), to substantiated or alleged abuse within the foster home (6 percent), to foster parent burnout

⁴The average is almost as great as the total time spent in all episodes of out-of-home placement. This is because a number of children had entered care only once but had been in care for a long time.

(6 percent) and the caseworker's decision that the foster home was not appropriate for the child (4 percent). See Table 20 for a list of reasons for the child's most recent move.

E. Factors Related to Length of Child's Current Out-of-Home Placement

When length of time in the child's current out-of-home placement was compared with the number of times a child had left foster care and returned again, the children with the most foster care turnover were those who had been in care between six months and three years. Children who had been in foster care for a continuous period of four years or more appeared the most stable (Table 21).

One reason for the higher turnover among children in foster care a short time may be that children with problem behaviors or unstable home situations are moved back and forth from home to foster care on a trial basis. A second reason may be that the foster care system has recently been affected by legal and social changes. After passage of SHB 371 in 1978, status offenders no longer are sent to detention and more of these children are being sent to receiving homes and foster homes. The same bill emphasizes the rights of natural parents, the need to reunite families, and the rights of teenagers to be heard when a placement decision is made. All of this may result in more movement in and out of care for children who have entered the system in recent years.

Data on the age of children in care show that even among children whose current placement had lasted five months or less, almost half were teenagers (42 percent, Table 21).

As the length of the current time in care increases, the likelihood of return home decreases. There often is no home to which to return. Whereas among children in care five months or less parental rights were retained for 93 percent of the children, among those in care for four years or more parental rights were retained for only 55 percent. For the rest of the children in care four years or more, the parent-child tie was legally severed (Table 22).

Caseworkers felt that return home was a possibility, however remote, for 70 percent of those children who had been in care five months or less. This option decreased with length of time in care (Table 23). Caseworkers' long-term goals for children varied accordingly. Return home was a frequently mentioned goal only for children in care less than a year. Given the high proportion of teenagers in foster care, it is not surprising that emancipation was the goal for approximately one quarter of all children in care six months or more. Adoption and long-term foster care were favored goals for children who had been in care one year or more, possibly after attempts to return the child home had failed (Table 23).

One index of the stability in a child's life is the number of times a child changes school during the school year. Using this index, stability increased with length of out-of-home placement. Among school-aged children in care five months or less, 60 percent had no school changes, 27 percent one change, and 13 percent two to four changes. Among those in care four years or more, 95 percent had no school changes (Table 24).

This suggests that as a child's stay in foster care lengthens, it may be appropriate to change program priorities. Early in care, return home could be emphasized and an effort made to stabilize a child's living situation and school enrollment. Later in care when children are in their teens, return home is an option for only a few children and school enrollment is stable. Program efforts could concentrate on preparing these children for emancipation. It may be possible to develop specialized caseloads to respond to the different characteristics of children according to the length of time in care. Those in care a shorter period of time would require more court work, for example, and more paperwork to transfer them child in and out of care.

III. Description of Current Foster Home

A. Foster Parent Characteristics

Recruiting and retaining foster homes is a matter of concern for the family foster care program. While the number of licensed foster homes (4,800) exceeds the number of children in care, there is a shortage of appropriate foster homes. The range of available foster homes is not always sufficient to allow good matches for the child and the foster parents in terms of geographic location, ethnic background, behavior problems, parenting skills, etc. The supply of foster homes has decreased as the proportion of two income families has increased. At the same time, the demand for foster care has increased. The increase results from legislation which shifted the responsibility for status offenders from the Division of Juvenile Rehabilitation to the Bureau of Children's Services. Flexibility in licensing foster homes may be one way of dealing with the shortage of foster homes. For example, the licensing of single women and men as foster parents has become an acceptable option. In 12 percent of the homes, a woman was the only foster parent; in four percent of the homes, a man was the only foster parent (Table 25).

The foster care system had succeeded in retaining a number of experienced families. CSO foster parents had been licensed for an average of 6.3 years, VA foster parents an average of 5.1 years. Approximately one third of the foster parents were relatively inexperienced, having been licensed for one year or less (Table 25).

Information about the characteristics of people serving as foster parents can be useful in planning recruitment strategy. Very few foster parents were in their twenties. Most foster parents were in their thirties and forties, but many were 50 years old or older (Table 26). In 44 percent of the households, the foster child was the only child in the home. Half of the foster families had incomes, not including foster care payments, of over \$18,700 per year. Only a small proportion of foster parents, 10 percent in the CSOs and four percent in the VAs, made \$7,000 or less per year (Table 27).

A foster home consisting of a husband working outside the home and a wife staying at home was the pattern in only 56 percent of the VA homes and 64 percent of the CSO homes. In 28 percent of CSO foster homes and 40 percent of VA foster homes, no one was home full-time (Table 27). A large number of foster children are teenagers and are away from the home during most working hours. Foster parents in 14 percent of the CSO foster homes and 18 percent of the VA foster homes used day care so they could work outside the home (Table 27).⁵

Many foster parents interviewed had become licensed because of their interest in the particular child in their care. Twenty-two percent of the foster parents had been acquainted with the child before being licensed (Table 28). Encouraging these people to remain foster parents after the child has left foster care would be one way of retaining experienced foster homes.

B. Foster Parent Financial Costs

A full inventory of foster parent financial costs for each child in care was not made. For areas covered by direct questions, the study obtained data on types of costs incurred by foster parents. Payments for school activities had been made for 16 percent of the children, payments for activities outside school for 28 percent, and non-reimbursed medical expenditures for 22 percent. Payments ranged from a few dollars to \$400 and more (Table 29).

Other expenditures were not made by choice. Approximately one quarter of the foster parents had property damage by a foster child in the year preceding the survey, often as a result of the child's deliberate act. Foster parents paid the majority of the repair or replacement expenses themselves, expenses which were sometimes a few dollars but ranged as high as \$3,000 (Table 30).

⁵It was not ascertained from foster parents whether such care had been provided or paid for by DSHS. Caseworkers reported that day care had been provided to four percent of the CSO foster homes and three percent of the VA foster homes (see Table 27).

Yet another expenditure was borne by foster parents, that of subsidizing state care of foster children while waiting for late monthly payment checks. For 35 percent of the CSO and 13 percent of the VA foster parents, payment checks were arriving later than expected. Among those waiting for checks, delayed payment always or sometimes presented financial hardships for about half of the foster parents (Table 31). Delays occur because the payment vouchers are not submitted by the clerks or the caseworkers on time (i.e., during the first week of the month).

C. Foster Parent Training After Licensing

Almost half of the foster parents had taken training courses after being licensed. These are provided by the state's community colleges through funds from DSHS. Most foster parents who did not take classes stated that training was available in their area. The most common subjects studied were behavioral and emotional problems of children, first aid, and dealing with normal family problems (Table 32).

D. Use of Other DSHS Programs

The Homemaker Program can be used in foster homes to provide respite for foster parents. In this program, a trained individual lives in the home for a time, often helping the family improve interaction skills, as well as aiding with meal preparation, supervision of children, and the like. Eleven percent of the CSO foster parents and three percent of the VA foster parents had used the program. Most VA foster parents had not heard of the program (Table 33).

Caseworkers said that day care services had been provided to four percent of the CSO foster homes and three percent of the VA foster homes; 10 percent of the CSO foster homes and 15 percent of the VA foster homes were presumably obtaining day care on their own (Tables 27 and 33).

Certain services may be used with foster families as well as natural families to protect children and to help solve family crises. Child Protective Services had been used with 16 percent of the CSO foster homes and four percent of the VA foster homes. Crisis Intervention Services had been used with nine percent of the CSO homes and one percent of the VA homes. Delinquency Prevention Services had been used with one percent of CSO and of VA homes (Table 33).

E. Match Between Foster Parent and Foster Child

Placement in a foster home where at least one foster parent is of the child's ethnicity can be important for many foster children. The method of classifying ethnicity in the survey permitted the evaluation of foster parent/foster child ethnic

match for some but not all of the children. The category "mixed ancestry" was recorded for foster children and foster parents if no one ethnic category seemed appropriate. This designation can cover a number of different ethnic combinations, but there is no way to determine whether the ethnicity of a child of mixed ancestry matches in part the ethnicity of Caucasian foster parents.

What can be reported is the number of known ethnic matches between a child and at least one foster parent. The actual number, if matching for those of mixed ancestry could be made, would be higher. Ninety-eight percent of Caucasian foster children were matched to at least one foster parent. For Black children, 72 percent were matched; for Native American children, 52 percent; for Hispanic children, 21 percent. None of the Vietnamese/Cambodian or other Asian children were matched to their foster parents. The numbers of Asian and Hispanic children in the sample are so small, however, that the results for this group may be misleading (Table 34).

F. Adjustment of Child in Current Foster Home

Caseworkers assessed the adjustment of foster children in their foster homes (Table 34) as excellent or good in most cases (91 percent of the children). Among the children whose adjustment was marginal or extremely poor, the problem was described as due to the child's behavior pattern for almost all VA children (94 percent) and the majority of CSO children (77 percent). Usually this was a continuation of previous behaviors rather than unique to the foster home. Six percent of the children exhibited chronic behavior problems which interfered with their adjustment in a foster home (Table 35).

Ninety-four percent of the caseworkers said they were satisfied with the child's current home. A change of placement was being considered for most children whose current home was rated unsatisfactory. In the few cases where a change was not advised by the caseworker, disruption of even a difficult situation was considered detrimental to the child (Table 36).

IV. Access to Family and Peers

A child's social development takes place in the context of supportive networks of friends and relations. Despite the fact that parental problems are the main factor bringing children into family foster care (see Chapter 3), emotional ties with parents and siblings remain important for most children, as do ties with friends.

Thirty-five percent of the children in foster care were in the same home with at least one brother or sister. As many as six siblings were found in the same placement (Table 37). Three percent of those in foster care were teenaged mothers and their children (Table 39).

Contacts between the child and members of his or her natural family living outside the foster home had occurred within one month of the survey for 56 percent of the children. Five percent had had no contact with their natural family since entering care. Among children who had not been seeing their families frequently (defined as several times a year or less for purposes of the question), the most common barrier was that the family lived out-of-state. This of course includes Indo-Chinese families still living abroad.⁶ Parental refusal to see the child or breaking appointments also occurred frequently (Tables 37 and 38).

Almost all school-age children were attending school. For 22 percent of these children, their relationships with fellow students had been disrupted at least once by school changes during the school year, many due to changes in foster home placement (Table 61).

Approximately half of the children attending school were engaged in extracurricular school activities and in other activities not connected with school such as scouts, church groups, sports, etc. Forty-eight percent were interested in such activities but not participating in them. The most common barriers were the expense of the child's preferred activity, the fact that activities were not available locally, or the child's inability to follow through and take advantage of opportunities available (Table 40).

V. Conclusions

For most of the children studied, family foster care was the only long-term care setting they had experienced. Two-thirds were in their first episode of out-of-home placement. The remaining third had moved in and out of care. This movement was not evenly distributed in the foster care population but was concentrated among children whose current foster care episode had lasted less than four years.

The amount of casework time available to serve children varied considerably between CSO- and VA-supervised care, with CSO caseworkers involved in the heavier caseloads and doing a greater amount of court work. One way CSO caseworkers were adapting was to have more frequent face-to-face contact with children who had been in care a short time and/or who had "return home" as a goal. VA caseworkers had regular face-to-face contacts with children, regardless of the time in care or the goal for the child.

The foster homes serving the children were relatively experienced. Flexibility in foster home utilization was apparent, both in the licensing of single adults to accept foster children and in the placement of children in homes where the foster parent(s) worked during the day.

⁶Eleven percent of the VA children were Indo-Chinese refugees.

Caseworkers rated the adjustment of most children in their foster homes as good but said that six percent of the children had chronic problems which made adjustment in any foster home difficult. These children may require the development of specialized foster homes.

Chapter 5

Physical Health

An assessment of the health status of each child in the foster care sample by a medical professional was beyond the scope of this study. The concern was whether health care was being provided. Foster parents and caseworkers were questioned about the child's recent contacts with doctors and dentists, the location of the child's health records, chronic illnesses known to them, etc. Case records were examined to see if they contained health information and specialized medical diagnoses. The data were interpreted with the help of DSHS Division of Health Services staff.

I. Routine Health Care

A. Medical Examinations

Routine medical examinations are considered a crucial element in the health care of children. Yearly examinations for children aged four and over and examinations at more frequent intervals for younger children are recommended by the Division of Health Services, especially for those in high risk categories such as foster children.¹ Examinations should be provided for all children, not just those who have medical problems.

Seventy-six percent of the children, according to their foster parents, had received a physical examination or EPSDT² in the past year. Caseworkers were less knowledgeable about the health care given to foster children. For 19 percent of the children, caseworkers with access to their case records did not know if a physical examination had been made in the past year (Table 41). While it may be appropriate that foster parents be more concerned with routine health care than caseworkers, the fact is that only 26 percent of the children studied had been in just one foster home. This means that valuable information may be lost when a child is transferred from one foster home to another.

Compared to the situation in 1976, caseworkers now have more complete records on preplacement physical exams. This information was reported in 50 percent of the case records in 1976

¹See the Maternal and Child Health Manual, DSHS, State of Washington, 1978, pages 1-39 for a detailed discussion of standards of child health care.

²Early Periodic Screening, Diagnosis, and Treatment, a federally-funded Medicaid health screening program for children.

and 78 percent of the current case records. In addition, the number of children receiving preplacement physicals has increased from 20 percent in 1976 to 41 percent of the current sample (Table 41).³

Nine out of every ten foster children had a regular health care provider (Table 42), and in most cases this individual was a private medical doctor (88 percent) or a public clinic doctor (9 percent). It is likely that in many instances this person was the foster family's health care provider as well.

B. Routine Dental Care

Seventy-two percent of the children had seen a dentist in the past year, according to their foster parents (Table 42). Caseworkers, on the other hand, did not know about recent dental care for 29 percent of the children.

C. Immunization Status

Over 90 percent of the children in Washington State had been immunized at the time of the survey. Immunizations were known to be up to date for 91 percent of the foster children (Table 43).

D. Medical History and Medical Records

Health care for prevention or early detection of problems requires medical histories and medical records. These were very difficult to obtain for the foster children studied. Foster parents claimed they had access to medical histories for only 36 percent of the children in their care (Table 43).

Health record form 13-18 is supposed to be in each child's case record. It was developed to record significant facts in the child's medical history. Only 15 percent of the case records contained this form (Table 43).

The emphasis in case records seemed to be on specific medical problems rather than routine health care. Twenty-six percent of the case records contained evidence of special medical evaluation of the child (Table 43). Such an evaluation may not include the overall health status of the child.

E. Car Seats for Children Under Four

Accidents account for one-half of all deaths of children under the age of five, with automobile accidents the leading cause of death. Many of these deaths could have been prevented by the

³Child Foster Care Program Review, Loc. cit., Appendix IV-5.

appropriate use of children's car seats. Foster parents of children under four years of age indicated they had such car seats for 61 percent of the children, leaving two out of every five unprotected. When asked whether they would use a children's car seat if it were provided by the agency, 100 percent of the foster parents replied "yes" (Table 44). The Bureau of Children's Services has authorized the purchase of car seats for use in foster homes serving young children through an exception to policy process.⁴ It appears that this authorization has not been fully utilized.

F. Medical Coupons

While every child in foster care is eligible for medical coupons, only 59 percent of the foster parents said that caseworkers had explained the use of medical coupons when they first received them. The rest learned to use the coupons on their own. There was a marked difference between CSO and VA foster parents when it came to obtaining coupons. Only four percent of the CSO foster parents had encountered problems in obtaining medical coupons, compared with 19 percent of the voluntary agency foster parents. The primary difficulty was delay in receiving the coupons (Table 45).

When foster parents did have coupons for their foster children, medical services were obtained without problem for 75 percent of the children. For the rest there were some difficulties in persuading practitioners to accept medical coupons and provide services (Table 45).

Foster parents had incurred nonreimbursed medical expenses for 22 percent of the foster children surveyed. While this fact speaks well for the generosity of the foster parents, it may be that some of these expenses should have been reimbursed.

G. General Health Status

In the opinion of foster parents, the health of the children in care was excellent in 54 percent of the cases, average for 41 percent, and poor for four percent. This opinion is supplemented by a question asked about the child's weight, with underweight and overweight both acting as indicators of possible health problems. Fifteen percent of the children were considered by their foster parents to be too heavy for their age and height, and 10 percent to be underweight (Table 46).

⁴This means that each purchase request must be reviewed and approved by the Foster Care Program Manager in Olympia.

Among known disabilities or chronic illnesses of the foster children, the most frequently mentioned problem was allergies (8 percent), followed by neurological dysfunction or epilepsy (6 percent) and skeletal deformities (4 percent). Other chronic disabilities and illnesses are listed in Table 47.

III. Alcohol and Drug Use

Foster parents felt that one of ten foster children used alcohol and/or drugs occasionally, and that three percent used one or both frequently. These figures probably underestimate actual use.⁵ Seventeen percent of the children were using prescription drugs. This figure appeared high to Division of Health Services staff. For three percent of the children, medication was being used to modify and control their behavior. Caseworkers recommended that a very small proportion of children, less than one percent, receive inpatient alcohol or drug treatment (Table 48).

IV. Known Medical Needs

A small number of unmet medical needs was mentioned by caseworkers. Among the needs identified for two percent of the children or less were corrective surgery, a hearing aid, orthotic shoes or braces, plastic surgery, and family planning information (Table 49).

A frequently mentioned concern has been that the child who needed glasses, usually a teenager, refused to wear standard issue "welfare" glasses. The survey showed that the majority of children who needed glasses had them and wore them (15 percent). Some children (two percent) needed glasses and did not have them. Seven percent of the children had glasses but did not use them, two percent because they did not like to wear "welfare" glasses (Table 49). Thus, in spite of the frequently mentioned concern, the actual evidence indicates that the problem is limited to a small group of children.

Regular therapy or medical treatment was being provided outside the home without difficulty for five percent of the children. For another two percent, treatment or therapy was also being provided, but transportation presented difficulties. Foster parents of 10 percent of the children said that transportation to a medical facility for routine care and emergencies presented a problem (Table 50).

V. Dental Needs

Among those children (72 percent) who had seen a dentist in the past year, short-term dental work had been completed for most children. Eight percent needed further dental care. Sixteen

⁵According to Bureau of Alcohol and Substance Abuse staff, adults generally under-report substance use by children.

percent of the children aged three and above had had orthodonture recommended (Table 51). When foster parents and caseworkers gave their recommendations for improvements in the foster care system, one of the twelve items mentioned by both was a need to make orthodonture available to foster children (Table 101).

VI. Conclusions

Two dimensions are important in health care. The first is regular contact with medical and dental professionals. Because children in foster care are a high risk population from a medical standpoint, they should see a doctor and a dentist at least yearly for a general examination. Twenty-three percent of the children in family foster care had not seen a doctor in the past year, and 27 percent had not seen a dentist.

The second aspect of health care is the creation, preservation, and transmission of health and medical records. Only 15 percent of the case records contained the child's health history, and foster parents had access to a medical history for only 36 percent of the children. This means that adequate mechanisms do not exist for the communication of medical information among the individuals concerned with a child's welfare, i.e., the doctor, caseworker, foster parent, and natural parent.

Chapter 6

Mental Health

Information about a child's mental health status was sought in two ways. The first involved direct questioning of the caseworker about the child's problems and needs and examining the case record for a history of inpatient mental health treatment and for psychological evaluations. The second involved administering a standardized psychological test, using the child's parent, guardian, or foster parent as a respondent. These two types of information will be discussed and compared. The caseworker's assessment of the child corresponded with the results of the test in most cases.

I. History

Only two percent of the children in foster care had received inpatient mental health treatment at some time, such as a stay at the Child Study and Treatment Center or in one of the acute beds at Western State Hospital. However, a general concern with the mental health functioning of foster care children was evident from their case records. Thirty-six percent of the records contained psychiatric or psychological evaluations. During the six months prior to the survey, special needs payments had been made by DSHS to obtain such evaluations for 14 percent of the children (Table 52).

As noted in Chapter 3, special rates were paid to the foster parents of some children because their problems were considered severe (Table 4). Eight percent of the foster families received special rates for behavioral problems, five percent for emotional problems, and six percent for a combination of problems. This means that one of every five children receiving foster care was identified as having special mental health or behavioral problems.

II. Child Behavior Checklist Scores

A. Description of the Checklist

The Child Behavior Checklist (CBCL) was created by psychologist Thomas M. Achenbach while working at the National Institute of Mental Health. It is available in two versions, one scored by a child's parent and one scored by a child's teacher. The version used by a child's parent was adopted for use in the foster care survey and was administered to the child's foster parent.

The CBCL consists of 20 items dealing with social competence and 120 behavior problem items (see Appendix F for a facsimile of the Checklist). It can be completed either during an interview or by the child's parent filling it out alone, with the latter use being more common. The Checklist is written in colloquial language and is meant to be used by nonspecialists rather than

by professionals trained to observe children's behavior. Test-retest, interparent, and inter-interviewer reliability have been assessed for the Checklist and found to be high.¹

The CBCL was chosen for the study of children in foster care because of its brevity, simplicity of administration, standardization on a large sample of American children, and applicability to a wide age range. Normally the Checklist is administered to children aged four to 16, but for this study the range was expanded to include children up to 19 years old.

This report will focus on one aspect of the CBCL, the total score reported for behavior problems. As indicated in the Checklist, the scores are assigned as follows:

For each item that describes your child now or within the past 12 months, please circle the 2 if the item is very true or often true of your child. Circle the 1 if the item is somewhat or sometimes true of your child. If the item is not true of your child, circle the 0.²

The sum of all 120 behavior problem items constitutes the child's score, which can be as low as zero or as high as 240. This score differentiates between children referred for mental health evaluation and treatment, and children not referred. Specific cutoff points to distinguish between referred and nonreferred children have been established for six groups of children: boys aged 4-5, 6-11, and 12-16, and girls of the same three age groups.³

B. Scores

Considering all children four and over as a group, 45 percent obtained behavior problem scores similar to the scores of referred children on the CBCL (Table 53). This suggests that these children may need mental health evaluation. When scores are broken down by age and sex groupings (Table 54), the need appears most acute among boys aged 6 to 11 (54 percent), girls aged 6 to 11 (57 percent), and girls aged 12 to 16 (59 percent).

¹Thomas M. Achenbach and Craig S. Edelbrock, "Behavioral Competencies Reported by Parents of Normal and Disturbed Children Aged 4 through 16," Monographs of the Society for Research in Child Development, in press, pp. 14-15 of manuscript.

²Child Behavior Checklist, Department of Health, Education, and Welfare, Revised 12-77, page 3.

³ The cutoff point has been established within each age and sex group in such a way that the scores of 90 percent of all children known to have been referred for mental health services fall above the cutoff point.

III. Caseworker Recommendations and Current Treatment

Caseworkers recommended that one out of every three children in foster care receive mental health treatment (Table 52). These recommendations were based on the caseworkers' professional judgment. They saw Community Mental Health Centers as a possible resource for some children. Fifty-eight percent of those children judged in need of treatment had been referred to a public mental health clinic (Table 55).

Among all children for whom caseworkers recommended treatment, 55 percent were receiving treatment at the time of the study (Table 55). In half of the cases for which treatment had been recommended but was not being received, the child involved had refused mental health treatment. The next most common barrier to service was a lack of caseworker time to make referrals (10 percent). Other barriers to mental health treatment are listed in Table 56.

The most common source of treatment was Community Mental Health Centers (CMHC), which served half of the children receiving psychological services (Table 55). These services are available with medical coupons; otherwise, the services must be reviewed and approved by DSHS staff as exceptions on a case by case basis. Private providers were the next most common source (34 percent), followed by voluntary agency staff (9 percent) and other providers (5 percent). Some children were receiving medication to control their behavior. Two percent of the CSO children and six percent of the VA children received such medication, for a state total of three percent (Table 48).

Caseworkers felt that less than one percent of the children had an unmet need for specialized counseling in such areas as play therapy and preparenting counseling. Very few children had problems so severe that day treatment (therapy in a day-long program, sometimes called a therapeutic child care setting) or inpatient institutional care was recommended by caseworkers.

IV. Comparison of CBCL Scores with Caseworker Recommendations

The Child Behavior Checklist identifies children likely to need mental health referral. Caseworkers' judgment of the mental health status of foster children was compared with the CBCL.⁴ The score

⁴The CBCL indicates the need for evaluation, not for treatment. Therefore, to compare this with caseworkers' judgment required the combination of several items. The items combined were: special needs payment requested in past six months for mental health evaluation or treatment; special needs payment made in past six months for mental health evaluation or treatment; caseworker states that child currently needs mental health treatment. By combining these items, an estimate is made of the caseworker's assessment of potential mental health problems.

obtained on the CBCL was similar to the caseworkers' judgment for 67 percent of the children aged four years and older. Both sources agreed that referral was necessary in 28 percent of the cases or that referral was not necessary in 39 percent of the cases. For the remaining 33 percent, potential mental health problems were identified only by the CBCL or by the caseworker (Table 58).

The 28 percent of children identified by both the CBCL and the caseworker represent a conservative estimate of the need for mental health evaluation. Among these children, 59 percent were receiving services. There was an unmet need for mental health services for 41 percent of the children in this group.⁵ Among all children aged four and over, this would be an unmet need of 11 percent (Table 59).

V. Conclusions

The mental health needs of children aged four and over appeared to be great. The most conservative estimate, obtained when both caseworker and CBCL agreed that a child had a potential mental health problem, was that one child in every four should have a mental health evaluation. Within this group of children the majority were in fact receiving services. Unmet need was conservatively estimated at 11 percent of the children aged four and over. Because a major barrier to service delivery was the refusal of the child to accept services, it may be important to find ways of delivering mental health services which have more client acceptance.

Although it may be useful to employ a standardized screening device such as the CBCL with foster children, caseworker judgment agreed with CBCL findings for two out of three children. When only the more severe cases identified by caseworkers were compared, the agreement was even greater. Caseworkers recognize the mental health needs of children in foster care and refer these children to services. The major barrier to such services is the child's unwillingness to accept treatment.

⁵The children in VA supervised care had a higher rate of services received (72 percent) than in CSO supervised care (56 percent, Table 59).

Chapter 7

Education

I. Preschool Children

Forty percent of the preschool children in foster care were enrolled in day care, preschool, or kindergarten. Among those enrolled, 15 percent were attending programs for handicapped children. Most other children participated in regular programs (Table 60).

II. Children Attending School

A. Relationship to the School System

Almost all (96 percent) school-aged foster children were attending school on a regular basis during the time of the survey.¹ Among those attending school, 22 percent had changed school at least once during the past year. Two-thirds of these children changed schools during the year because of a change in foster care placement. Thus, movement from one foster home to another disrupted not only their family situation but their school environment, the two settings in which children spend most of their time (Table 61).

The majority of children attending school exhibited no problems with truancy, suspensions, or expulsions during the current school year. Eleven percent had been truant one to three times and five percent four times or more. Nine percent of the children had been suspended or expelled during the school year (Table 62). Comparable figures are not available for the Washington State school population.

B. Academic Performance

Foster children's academic performance was measured on the Child Behavior Checklist discussed in Chapter 6. Using this standardized test, the children's performance could be compared with a cross-section of the United States population. Eighty-one percent of the family foster care children fell into the lower half of the national population, exhibiting relatively poor academic performance. Even when children in need of special education classes were considered separately, children not in need of such classes did not score well (Table 63).

¹The number of children not attending school was so small that characteristics of these children could not be reliably described. A discussion of these children is therefore omitted from the text. Tables 67 and 68 give the data gathered on them.

C. Special Education Services

A child receives special education services only after a handicapping condition has been formally diagnosed. The school system coordinates the required tests, but the child's guardian is notified of the tests and must agree that they take place. School systems are required by state law to provide for children's special educational needs. Although special education services need not occupy all of a child's day, they are distinct from remedial classes. During the 1979-1980 school year, 5.3 percent of the children attending school in the State of Washington were receiving special education services.²

Caseworkers reported that among school-attending foster children, 22 percent had been diagnosed by the schools as in need of special education services (Table 64). This is four times the rate among the general school population. In addition to the CSO and VA foster children studied, there are developmentally disabled children in specialized foster homes supervised by the DSHS Division of Developmental Disabilities. If these children had been included in the present study, the number of foster care children needing special education would have been much higher.

Four of five foster children needing special education services were receiving services. The study did not determine the reasons for some students not receiving services. Caseworkers considered that four percent of the school-age children had an extreme unmet need for special education (Table 64).

Children in need of special education may be at particular risk when moved from school to school as a result of changes in foster homes. Adaptation to new school situations can be especially difficult for children with learning and behavioral problems. Twenty-five percent of the children needing special education had changed schools at least once during the school year (Table 65). Stabilization of these situations would seem important.

The incidence of handicapping conditions among children in foster care was higher than among children in the general population.³ In foster care, learning and language disabilities ranked first (8 percent of school-age foster children),

²This information was provided by the Office of the Superintendent of Public Instruction.

³This information was provided by the Office of the Superintendent of Public Instruction for the 1979-1980 school population. The term "mental retardation" rather than "developmental disability" is in use in OSPI and has therefore been used in this section of the report.

behavioral disabilities second (5 percent), mental retardation third (4 percent), and multiple handicaps fourth (1 percent) (Table 64). In the general school population, mental retardation ranked first (1.1 percent), learning/language disabilities second (1.0 percent), behavioral disabilities third (0.4 percent) and multiple handicaps fourth (0.1 percent).⁴

D. Other Classes and Services

Twenty-nine percent of the family foster care children attending school were enrolled in remedial classes. Additional services provided by the schools to three percent or less of the children are listed in Table 66. Not all children's educational needs were being met, however; caseworkers noted unmet needs for vocational guidance (12 percent) and in-home tutoring (6 percent).

III. Educational Needs Apart from Formal Schooling

The foster care population contains a disproportionately large number of children who are nearing the age of emancipation. They may need training in specific skills in order to function adequately in the adult world. Among children of this age group, the skill areas of greatest deficit were ability to use banking services (34 percent could not), plan a menu and shop for food (27 percent could not), and purchase appropriate clothing (23 percent could not), in the opinion of their foster parents. Most children had held a job, and most knew how to cook simple meals (Table 69).

For children aged 16 and over, an important skill is the ability to drive a car. Approximately half of the children in this age group did not have driver's licenses. In some cases this was due to the child's handicap or refusal to learn to drive, but in many more instances the barriers involved a lack of money for insurance or the refusal of permission by a parent or foster parent (Table 70).

Among the teenaged mothers in foster care, 72 percent were receiving special parenting training. Eighteen percent had refused such training, but problems prevented the remaining nine percent from receiving training available in their community. These problems included lack of the fee to pay for classes and lack of transportation to the classes (Table 71).

IV. Conclusions

The most striking finding regarding the educational status of foster children was the relatively poor academic performance. A large number of children required special education or remedial services.

⁴If the foster children supervised by the Division of Developmental Disabilities had been included in the study, mental retardation would probably have ranked first.

In terms of the foster care program, this indicates it may be useful to develop some program components targeted for these children. One example would be foster parent training in how to provide support for children enrolled in special classes. On the whole, the educational system was meeting children's needs for enriched services in the classroom. The exception was the four percent of school-aged children who had an unmet need for special education classes.

One fifth of the foster children attending school had changed school during the school year, often because of changes in foster home placement. Such changes are of special concern for children whose learning and behavioral problems make adaptation to new school and home situations difficult.

Chapter 8

Developmental Disabilities

Severely developmentally disabled children in family foster care are supervised by a caseworker with the Division of Developmental Disabilities. As noted in Chapter 1, these children were not included in the 1980 survey because they were studied the previous year.

A concern in the 1980 study was the identification of children in regular foster care who might have developmental disabilities. For school-aged children, the school system's judgment was used. As explained in Chapter 6, children with possible disabilities are tested by the schools, and a recommendation is made concerning the need for special education classes. This recommendation was used as an indicator of developmental disability. It was assumed that most children would have been identified through the school system and that separate testing was not necessary. For the younger children aged five and below included in the study, the Alpern and Boll Developmental Profile was used, with each child's foster parent as the respondent.

I. Children Aged Five and Younger

A. The Alpern and Boll Developmental Profile

The Alpern and Boll Developmental Profile is used by the Division of Developmental Disabilities. It is a screening device which is used, often in conjunction with other tests, to identify children with possible developmental delay.¹ They are tested further before a diagnosis of developmental delay is confirmed.

The Profile is privately marketed through Psychological Development Publications of Aspen, Colorado. Like the Child Behavior Checklist described in Chapter 6, the Profile is in wide use throughout the United States. Its simplicity of administration and the fact that it could be applied to very young children were factors in its choice for the family foster care survey.

¹Developmental delay is a broader term than developmental disabilities. A young child could be developmentally delayed in the first few years without qualifying as developmentally disabled. For school aged children, the developmentally delayed are below normal with I.Q.s between 70-85.

The Profile consists of five separate developmental scales, each relevant to a different area of the child's functioning.² Items in each scale are asked of a parent or guardian of the child. Items are chosen according to a child's chronological age and are used to compare the child's functioning with that of other children. The Alpern and Boll Developmental Profile scores were interpreted with the help of Division of Developmental Disabilities personnel (see Appendix G for a description of the scoring conventions).

B. Developmental Delay Among Children Five and Under

Potential developmental delay was indicated for 28 percent of the children aged five and under. An additional six percent of the children had inconclusive scores and needed further evaluation (Table 72).

This means that one out of every three foster children aged five and under may be developmentally delayed and requires further evaluation. Fourteen percent of all children in this age group had in fact been evaluated (Table 73). In the interest of early intervention and the mitigation of problems which can grow more severe as a child matures, screening of all young children in foster care is important. The evidence from the Alpern and Boll Developmental Profile indicates that only some of the children who need full-scale evaluations have been reached (Table 73).

Special foster care payments for developmental disabilities were concentrated among children five and under. Foster parents of five percent of these children were receiving such payments, compared to one percent of older children (Tables 73 and 74). A small proportion of young children (six percent) were enrolled in preschool or day care programs for children with special needs (Table 73). There may be a number of other young children who could benefit from such programs.

II. Children Aged Six and Over

A child's identification by the school system as being in need of special education services can be used as an indicator of developmental delay. In some cases this is not severe enough to qualify the child for specialized services from the Division of Developmental Disabilities. These services include a DDD caseworker and special funds for home aid. Although children with a behavioral disability may be put in the same classroom with developmentally disabled children, they are not considered developmentally disabled.

²These are labeled the physical, self-help, social, academic, and communication scales.

Among children in family foster care supervised by the CSOs and the voluntary agencies, 22 percent had been tested by the school system and recommended for special education services. Thirteen percent were diagnosed as having some form of developmental disability (Table 64). Five percent of the children had behavioral disabilities, and for four percent the type of disability was not known. In a few cases the disabilities of these children may be severe enough that specialized foster care would be appropriate.

III. Conclusions

Since the school system provides information about developmental disabilities among school-aged children, the developmental disabilities portion of this survey focused on preschool children. One third of these young children received test scores indicating the need for further assessment for developmental delay. Translated into implications for the foster care program, this suggests that routine screening of all preschool children for delay may be advisable and that it may be useful to train foster parents and caseworkers in identifying developmental delay in young children.

Chapter 9

Special Services

This chapter describes three areas in which foster children may have special needs: legal services, transportation, and clothing.

I. Legal Services

A guardian ad litem¹ had been provided for 42 percent of the children to represent their interests in court hearings. Caseworkers had attended an average of 1.8 court hearings per CSO foster child and one court hearing per VA foster child during the three months of the survey.² Up to twelve court hearings for a child had been attended (Table 75). Caseworkers claimed that at the hearings attended, 67 percent of the children had a legal guardian or relative to act as their advocate, and 39 percent of the children had separate legal counsel (Table 75).³

Caseworkers in the CSOs and the voluntary agencies were asked what legal resources they had for dealing with dependencies, deprivations, and adoptions. Their detailed responses are in Table 76. The attorney general was the most commonly utilized resource for the CSOs, with the prosecuting attorney the second most common. The voluntary agency caseworkers frequently claimed they had no legal resources. They are prohibited by law from using the attorney general. Voluntary agencies most often relied upon contracted providers of legal services.

Neither the CSO nor the VA caseworkers were satisfied with the agency training in legal matters. The majority felt they had to learn primarily on their own how to deal with the legal system (Table 76).

II. Transportation Needs

A special needs payment for transportation (ranging from \$5 to \$100 in any month) had been made during the six months preceding the survey for five percent of the children. The areas in which transportation was mentioned as a problem were those of medical

¹A guardian ad litem is a special guardian appointed by the court to defend the rights of the child. The guardian ad litem acts as an officer of the court in all legal proceedings.

²This is because a higher proportion of CSO children are dependents of the court requiring periodic court review of their situation (Table 3).

³The figure regarding separate legal counsel seems high and may represent a confusion between the guardian ad litem and legal counsel.

care, the child's participation in desired activities, contact between parents and children (e.g., transportation to family counseling sessions). Foster parents mentioned that for 10 percent of the children, transportation to periodic medical services, such as a yearly examination, was a problem.⁴ For two percent of the children, transportation to regularly scheduled physical therapy sessions or medical treatment was a problem. Among the barriers preventing children from participating in desired extracurricular and other activities, transportation was cited for three percent of the children (Table 77). For twelve percent of the children, caseworkers said that transportation was one of the barriers preventing their natural families from receiving services (Table 77).

III. Clothing Needs

Children under 12 years old receive \$14.82 per month for clothing, and youth 12 or older receive \$17.67 per month. In addition, special needs payments for clothing (ranging from \$60 to \$100) were provided for 16 percent of the children in the six months preceding the survey. According to caseworkers, clothing still remained an unmet need for 14 percent of the children surveyed (Table 78). Also, payment for clothing was mentioned spontaneously in the open-ended question asking about improvements in foster care. Both foster parents and caseworkers felt that an increased clothing allowance was necessary (Table 101). The problems in obtaining adequate clothing for children included increased clothing costs in an inflationary economy, replacing undersized clothing when a child is growing rapidly, and obtaining seasonally appropriate clothing.

IV. Conclusions

Among the special needs discussed in this chapter, clothing needs appeared most urgent. Caseworkers and foster parents both mentioned an increase in the regular clothing allowance as a priority for improving foster care.

A comprehensive inventory of transportation needs was not made; however, transportation problems did not appear to impact the majority of children. The most frequently mentioned problems were transportation to medical services and transportation as a barrier to delivering services to the child's family.

⁴The question in the survey was ambiguous, asking only if transportation to physical examinations and the like was a problem, not if this problem prevented medical care. Transportation, lodging, and per diem can be authorized by CSOs on the C-form (DSHS 6-10x) for medical purposes. While the data do not show how often such authorization was used, they do show that this option is needed.

Chapter 10

Long Term Prospects for Placement

In Washington State, the foster care program has emphasized providing children with clear plans for a permanent placement. Action is taken early in the placement process to ensure that the child has continuity of care. Currently, all children in foster care for one year or more are the focus of special attention and enriched casework services, with the goal of finding a permanent placement for each child. The option of returning a child home is thoroughly explored. If this is not possible, the other alternatives, in order of priority, are placement with relatives, adoption, guardianship, and long-term foster care.

This chapter will discuss caseworkers' assessments of the long-term prospects for the foster children studied. The final portion of the chapter concentrates on the families of children who may return home, examining their problems and the services they were receiving.

I. Caseworker Assessment of Long-Term Prospects for Child

A. Long-Term Goals for Placement

Return home was the caseworker's goal for 20 percent of the children, placement with relatives for two percent, and adoption for 29 percent (Table 79). Emancipation was the goal for almost a quarter of the children (23 percent), closely followed by long-term foster care (19 percent).

These goals show some changes from those observed in the 1976 study of children in foster care. In 1976, adoption was the goal for 16 percent of the children, while in 1980 it was the goal for 29 percent. The percent to be returned home remained similar, as did the percent for whom an institutional placement was recommended. The comparison between the remaining goals is not clear, because the 1976 study included different categories of goals.¹

The goal for a child was related to that child's age (Table 80). Children recommended for adoption had an average age of six years. Those for whom return home was the goal had an average age of eight in the CSOs, ten in the VAs. Long-term foster care was the goal for children in their early teens (average age of 14 in the CSOs, 12 in the VAs). Emancipation was the goal for children in their late teens (average age of 16).

Another way of looking at the relationship between age and the long-term goals for a child is to divide the children into age groups and note which goals are most common in each age group

¹Child Foster Care Program Review, Loc. Cit., Appendix IV-3.

(Table 81). For children from birth to five years, adoption (65 percent) and return home (28 percent) were the preferred outcomes. For children aged six to 12, the goals of return home (32 percent) and adoption (39 percent) were mentioned most often. For children aged 13 and over, long-term foster care (29 percent) and emancipation (46 percent) predominated. Children in long-term foster care usually stay in care until emancipation, so the two goals could be combined, indicating that the majority of older children would remain in care until adulthood (75 percent).

Long-term foster care is consistent with the goal of permanent placement when the child can be maintained in one permanent foster home. As discussed in Chapter 4, half the children in family foster care have been moved from their first foster home to at least one other home. The reasons for change include rejection of the foster home by the child, behavior problems of the child, changes in foster parent circumstances, abuse within the foster home, and foster parent burnout (Table 20). Most of these factors are beyond the control of the caseworker. However, it may be possible to reduce the amount of movement among foster homes by emphasizing the long-term commitment expected of the foster parents.

The goal for a child was also related to whether parental rights had been terminated (Table 82). Among children for whom return home was the goal, parental rights had been terminated for only two percent. Most children for whom return home was the goal were dependents of the court (58 percent) or were placed voluntarily (37 percent). Parental rights had been terminated for 18 percent of those children for whom long-term foster care was the goal, and nine percent of those children for whom emancipation was the goal.

Adoption cannot take place until the parent-child relationship has been terminated legally. This legal termination had occurred for 46 percent of the children for whom adoption was the goal. Among the others, seven percent were in foster care under voluntary consent to place, and 44 percent were there as dependents placed by the courts (Table 82). Termination of the parent-child relationship for these children requires court action and is contingent upon the ability of the legal system to schedule and complete the court hearings.

CSO caseworkers used much of their time (see Chapter 4) in face-to-face contacts with children for whom return home or to relatives was the goal. VA caseworkers, with smaller caseloads, were able to have more frequent contacts with children, regardless of the intended outcome (Tables 83 and 84).

Children's rate of contact with their natural families varied according to the plan for the child. It was highest among those for whom return home was the goal, lowest among those for whom adoption was the goal (Table 85).

B. Adoption as a Goal

Chapter 4 examined the relationship between a child's legal status and the goal for that child. Fifty-three percent of children for whom adoption was the goal had not yet been legally freed for adoption. This barrier to adoption is only partially under agency control. DSHS can contract with the Attorney General's Office to pursue termination proceedings. However, the level of funding given to the Attorney General's Office affects the amount of time spent on this type of legal work.

For a number of children in foster care, neither adoption nor return home was the goal. Caseworkers were asked why they did not consider adoption a possibility for these children (Table 86). For half of them, the response was that the child was too old for adoption. Severing family ties would be emotionally damaging for 20 percent of the children, and parents were actively resisting the adoption of six percent. A number of barriers were cited for the remaining children, including refusal by the court to approve deprivation, the child's resistance to adoption, the child's emotional disturbance or handicaps, and the fact that a refugee child's parents still lived abroad.

When caseworkers stated that a child was too old for adoption, they meant that he or she was 13 or older. Age was the most common barrier to adoption for teenagers. In the six to twelve year age range, family ties were most often cited as a barrier. For young children five and under, family ties were also an important barrier, as was the failure of the court to approve adoption (Table 87).

C. Acceptance of Goals by Parents and Children

Caseworkers had discussed long-term goals with most parents and with the children who seemed old enough for such discussion (Table 88).² According to caseworkers, the majority of parents (64 percent) and children (88 percent) accepted the goals. Distinct from the question of accepting goals is the question of the child's preferred living situation. One result of the new Juvenile Code has been to increase the role of children in court hearings about placement and termination or continuation of parental rights. Children's opinions are admitted as evidence in some hearings at the discretion of the judge. Among children with whom the caseworker had discussions, 60 percent preferred their current foster home, 22 percent

²Only 25 children were considered too young to discuss their placement goals.

wanted to return home, and the balance (18 percent) preferred such options as living with relatives, living with friends, or living alone (Table 89).

D. Prediction of Time In Care

The caseworker of each child was asked to give a personal opinion about how many additional months or years the child would remain in family foster care. Caseworkers predicted that 53 percent of the children would leave care within 11 months, 20 percent after a year, and an additional 20 percent within two to five years. The remaining seven percent might be in care for up to 16 years. The average additional amount of time in care predicted by CSO caseworkers was 1.5 years and 2.4 years by Voluntary Agency caseworkers (Tables 90 and 91).

The predicted time in care varied with the child's age and the goal for the child. The shortest stays were predicted for children five and under, followed by teenagers who would soon be emancipated. The longest stays were predicted for children in the six to twelve year age group. In terms of goals for the child, the shortest stays in foster care were predicted for those who may return home or be adopted. The longest stay in foster care was predicted for children for whom the plan was long-term foster care (Table 92).

E. Caseworker Assessment of Short-Term Placement Needs

For a very small number of children, caseworkers felt that a placement other than family foster care would be appropriate in the immediate future. For three percent of the children, the caseworkers recommended inpatient mental health treatment, treatment for alcohol and/or drug abuse, or a group home (Table 93).

II. Families of Children Who May Return Home

A. Description of Family

If the child's caseworker said that return home was a possibility, however remote, questions were asked about the household to which the child might return. In most cases the home contained the natural mother or father, but it also could be the home of relatives, stepparents, or adoptive parents.

The households to which children might return tended to be low income and to contain the child's mother but not the father (Table 94). Among those children for whom household income could be estimated, 84 percent would be returning to households with incomes of less than \$12,500 per year (Table 95).

The woman in the household who would have primary care of the child was usually the natural mother (76 percent). For only eight percent of the children would there be no woman to care for the child. Half of the children would be living in households with no father or father figure. Twenty-one percent of the children would return to their father, and 13 percent to a stepfather or adoptive father (Table 94).

Caseworkers also rated the probability of returning these children to their homes (Table 95). Caseworkers felt that return home was probable or highly probable for 59 percent of the children, and unlikely or highly unlikely for the remainder. Contacts between a child and the child's family were much more frequent for the children likely to return home. Most of them saw some member of their family at least once a month and often visited one or more times a week. Among children for whom return home was not likely, the majority saw their family only a few times a year (Table 96).

A five-year study of children in foster care undertaken at the Columbia University School of Social Work showed that children whose parents visited them frequently had a high probability of returning home. The study also showed that the amount of parental visiting was linked to the amount of casework activity, and that caseworkers could take an active role in encouraging parental visiting.³ This research suggests that efforts should be continued to maintain or increase the amount of visiting between children likely to return home and their parents. The research further suggests that encouraging parental visiting and providing funds for transportation when necessary would have a positive impact in terms of the number of children who return home.

B. Problems of the Child's Family and Services Received

The problems most prevalent in the families to which children might return were child abuse or neglect, financial and housing needs, a lack of vocational skills, family conflict, and alcohol abuse. Each of these was reported in the families of at least 30 percent of the children who might return home. Mental health problems, physical illness, and drug abuse also had a high incidence, ranging from 18 to 25 percent. Developmental disabilities were found in the families of seven percent of the children (Table 97).

³David Fanshel and Eugene B. Shinn. Children in Foster Care: A Longitudinal Investigation. Columbia University Press, 1978. Page 483.

For each problem, the caseworker was asked whether the family was receiving services. If services were being received, they were rated as adequate or not adequate (Table 98). At least 50 percent of the families were receiving services rated as adequate in two problem areas, mental health and physical illness. Only 30 to 49 percent of the families received services rated as adequate for child abuse or neglect, family conflict, alcohol abuse, drug abuse, and developmental disabilities. Two of the most common problems, financial and housing needs and lack of vocational skills, had the lowest ratings in terms of service delivery and adequacy. These two problems place stress upon families and may be linked to other problems, such as child abuse and neglect.

Caseworkers were asked what barriers they had encountered in delivering services to families (Table 99). The most common was the refusal of the family to accept services (50 percent). Two others commonly identified were the unavailability of household members due to schedule conflicts between jobs and services (33 percent), and the failure of household members to keep appointments (23 percent).

A second set of barriers had to do with lack of services in the problem area (12 percent), lack of transportation to link families with services (12 percent), lack of financial resources (7 percent), and lack of caseworker time (4 percent). If attempts are to be made to remove barriers to service delivery, these are the ones over which the agency has some control.

The most frequently cited barrier to service, the family's refusal to accept services, was more prevalent among families for whom the caseworker did not expect to return the child to the family. Sixty-two percent of these families had rejected services, compared to 45 percent of the families for whom return was likely. In nearly all problem areas, adequate services were being delivered more frequently to the families for whom return was likely (Table 100).

III. Conclusions

A child's age seemed to have a strong influence on goals for that child's future. Return home and adoption were the preferred goals for younger children. For teenagers the plan was usually for long-term foster care or emancipation. Because teenagers made up almost half of the foster care population, it is not surprising that 46 percent of all foster children were expected to stay in care until adulthood.

A large number of children still remained in care although the stated goal was adoption. However, half of them were not yet legally free for adoption. Freeing these children depends upon the Attorney General's pursuit of termination proceedings.

Caseworkers' ratings of likelihood of return home corresponded with the family's receptiveness to services and the caseworkers' assessment of adequacy of services. Among families for whom return of the child was rated as probable or highly probable, family members were less likely to refuse services.

Chapter 11

Improving the System - Comments from Foster Parents and Caseworkers

I. Foster Parents and Caseworkers Agree: Common Recommendations

Twelve recommendations for improving the foster care system were made by both foster parents and caseworkers (Table 101).¹ Better training for foster parents and for caseworkers was requested, with special emphasis on the former. During the interview, foster parents were given a list of possible courses and asked which types of training they would like to receive. Two items were requested by half of the foster parents. One was training in understanding the agency and the resources available for either the foster parent or the foster child. The second was a request for training in dealing with difficult behavioral and emotional problems. Caseworkers, in their comments about foster parent training, also mentioned these items (Table 102). A list of training requests made by foster parents is in Table 103.

Areas of concern for caseworker training included understanding agency resources, dealing with the changes in rights of parents and children brought about by SHB 371, dealing with sexual and emotional abuse, understanding adolescent behavioral problems, finding methods to integrate children back into their families, and understanding the needs of children from diverse cultural backgrounds.

Caseworkers most frequently mentioned a need for increased foster parent training. Foster parents, on the other hand, most often recommended that caseworkers have more contact and communication with foster parents and with foster children. Both foster parents and caseworkers urged that more caseworkers with smaller caseloads should be provided to improve the quality of foster care. "All we have time for is crisis intervention," several caseworkers commented.

An increase in the foster care payment was recommended by 16 percent of the foster parents. Foster parents commented that with inflation, the rate for foster payments is insufficient. Foster parents contend they must use their own money to meet some of the children's

¹The recommendations were characterized by great diversity. The highest level of agreement reached by foster parents on any one item was 20 percent; for caseworkers, the highest level of agreement was 43 percent. The low cutoff point established for this report was five percent agreement among foster parents (with one exception of four percent agreement) and 10 percent agreement among caseworkers. The higher level of shared agreement among caseworkers is probably related to caseworkers' frequent contact with one another in a common work setting.

needs. A second area of concern was promptness of foster care payment and timely provision of medical coupons. Thirty-five percent of the CSO foster parents and 11 percent of the VA foster parents reported that their checks arrived later than expected (Table 31). For 11 percent of the CSO foster parents and four percent of the VA foster parents, late checks presented a substantial financial hardship. When asked whether they had had problems in obtaining medical coupons for the foster child, five percent of the CSO foster parents and 17 percent of the VA foster parents reported problems, primarily in delays in receiving coupons (Table 45).

Foster parents were particularly concerned that the quality of licensing standards for foster care be increased and that foster parents be screened better. They recommended equally strongly that caseworkers give foster parents more accurate information on a child's background before placing the child. Caseworkers themselves admitted that "foster parents are not always told the whole picture." Lack of a medical history, lack of information about emotional problems, and lack of information about the child's family were cited as problems.

Foster parents and caseworkers agreed that permanent planning for a child should be done early in the case. Needed services included more and better counseling, orthodonture, and an increased clothing allowance. As one caseworker put it, "the amount of money for clothing is just not adequate to cover clothing needs, particularly when the child is growing."

II. Caseworker Recommendations

CSO and VA caseworkers had different sets of recommendations to make (Table 102). Regarding improvements needed within the agencies dealing with foster children, VA caseworkers called for more preventive services to keep children out of foster care. VA caseworkers emphasized a need for more coordination between the state and private child care agencies. A corollary request was that the general process of administering foster care be streamlined and decentralized.

CSO caseworkers called for additional support services within the office, both in the form of caseworker aides to do routine paperwork and provide transportation and in the form of specialized staff such as homefinders and community resource workers.

Both CSO and VA caseworkers called for more and better recruitment of new foster homes. Strong pleas were made for homes for teenagers and children from ethnic minority groups. Caseworkers suggested that extra incentives be available to foster parents for taking difficult children, both in the form of increased payments and enriched support services. They also agreed that foster parent support groups might be helpful for emotional support and information sharing. They suggested their agencies could facilitate the formation of such groups by putting foster parents in the same area in touch with one another.

CSO caseworkers emphasized a need for foster parents with special training to deal with children with severe emotional problems. Their concern focused on hard to reach, difficult teenagers. VA caseworkers had a different but related suggestion, that foster parents be treated as professionals by the agency, especially if they have specialized training.

III. Foster Parent Recommendations

Although they had been asked to list training needs earlier in the questionnaire, foster parents were so concerned about one training request that they mentioned it again in the open-ended question. This was the request for training about the services and resources available to foster parents and foster children (Tables 103 and 104). The CSOs currently provide training in the form of orientation sessions for families interested in becoming foster parents. Following this orientation, the families receive copies of the licensing regulations and some brochures describing state-funded services. Since the information in the brochures is necessarily incomplete and sometimes out-of-date, the most useful information results from informal discussions among foster parents and caseworkers. Regularly scheduled training programs concerning current policies and services could easily supplement these informal discussions.

Foster parents asked that caseworkers give additional attention to the nondisruptive foster children in their care. They felt that "problem children" received most of the attention. On other points, CSO and VA foster parents differed in their requests. CSO foster parents desired an increased respect for foster parents on the part of caseworkers. They cited such problems as removing children from a home without 48 hours' notice, disregard of foster parents' knowledge of the children, and lack of information about foster children once they have left the home. CSO foster parents were troubled by what they perceived as a high rate of caseworker turnover. They also felt that caseworkers undermined discipline within the foster home by moving children from home to home rather than leaving them in a situation unpleasant to the foster child. Finally, CSO foster parents requested greater flexibility in the rules and regulations governing foster care (Table 104).

IV. Conclusions

The recommendations by caseworkers and foster parents have a common theme: the need to commit more resources in personnel, training, and money to the family foster care program. What would happen if these recommendations were put into effect? Would major problems faced by the foster care system, such as obtaining and keeping qualified foster homes, be mitigated?

One group of foster parents indicated that with proper support, they could not only cope but could be committed and enthusiastic. Foster parents participating in a program in Spokane went out of

their way to recommend their program as a model.² It merits special comment because it embodies many of the recommendations made above.

The Children's Hospitalization Alternative Program (CHAP) in Spokane places emotionally disturbed children in foster homes as an alternative to institutionalization.³ Clearly, not all children currently in foster care are as difficult to deal with as the children admitted to the CHAP program, and they would not require all the special resources committed to that program. Nonetheless, there are some striking comparisons between the CHAP program and the recommendations shown in Tables 101, 103, and 104. The two most frequently mentioned were for further foster parent training and for more caseworker contact with foster parents. In the CHAP program, initial foster parent training, which they are paid to attend, is followed by monthly training on topics of mutual concern. Caseworkers contact foster parents at least once a month.

A number of other recommendations are reflected in the CHAP program. Small support groups of foster parents are formed which meet monthly. The foster parents provide temporary child care for each others' foster children. The groups also meet once a month with the program's social worker and with a psychologist to discuss the foster children. These are features of the program which could be duplicated elsewhere without major expenditures. Other features would require additional funds. These include a caseload of one caseworker to twelve children, the provision of individual and group therapy to each child, and an increased monthly payment for each child's care.

²Because all identifying information except region had been removed from the questionnaires, only the fact that the CHAP program was mentioned by name made it possible to group foster parent responses together.

³Foster parents receive a regular monthly foster care payment and an additional monthly payment provided through the Division of Mental Health. Children accepted into the program range in age from two to 18, must need at least six months of care, and have scores of 40 or below on the Global Assessment Scale for emotional functioning. Children are kept a maximum of two years in the program. Currently a maximum of 36 children can be served. The contract from the Division of Mental Health is with Spokane County, with Spokane Community Mental Health providing the services. Catholic Family Services is involved as the sub-contractor for licensing foster homes, placing children, and providing casework services. The cost per child per month of the CHAP program as computed in August 1980 was \$950, including all direct and indirect costs. This compares with a monthly payment during the same period for Level 3 group home care of \$981 per month.

GUIDE TO THE USE OF THE TABLES

1. Order in Which Tables Appear:

Tables appear in the same order as the material is presented in the text.

2. Separate Columns of Information:

Information about each item, such as the child's sex, is presented in three separate columns. The first column gives the percentages within the CSO sample, the second column gives the percentages within the VA sample, and the third column gives the weighted state total. It was necessary to compute the state total using a weighting formula because the CSO sample represents a large portion of the total state population and the VA sample only a small portion of the total state population. The weighting factors are 1.293 for the CSO data and .46 for the VA data.

When results pertaining to foster parents and to caseworkers are reported, no weighted state total is given. This is because there is no way to compute this total. See the end of Appendix A for explanation of this point.

3. Subgroups Shown Within the Columns of Information:

Not every table refers to all the children in care. Some tables refer only to children aged four and above, other tables only to children who have seen a dentist in the past year, others to children receiving mental health treatment, and so on. The notation at the bottom of each table shows what subgroup, if any, is being used. Percentages refer to this subgroup only, not to the total sample of children in each type of family foster care.

4. Rounding of Percentages:

In most cases, percentages have been rounded to the nearest whole number. This means that some columns add up to 99 percent and some columns add up to 101 percent. Because any percentage figure may differ from the actual population by plus or minus five percent, precise reporting of fractions of a percent was not done.

5. Number at the Bottom of Each Column:

After each item reported separately on the tables, the number of cases included in the computation is shown in parentheses. In the left hand margin this number is indicated by "N = ". If all sampled cases are included in the computation, N equals 369 for the CSO sample, 200 for the VA sample, and 569 for the weighted state total. Only for age and sex of the child, however, was data available for all the children in the samples. Otherwise, some cases are missing. There are three reasons why information is not given for all the cases.

- A. Some questions do not apply to all children. For example, questions about school performance apply only to school-age children attending school. When a question applies to a sub-group within the sample, a description of that group is written in parentheses next to the symbol "N", as in "N (children attending school)".
- B. Three separate questionnaires were filled out for each child. However, due to some refusals to take part in the study, not every child has a complete set of three questionnaires. Depending on which questionnaire a specific item such as ethnicity of the child is drawn from, the total number of completed questionnaires differs. The following chart shows how many of which type of questionnaire has been completed. Appendix A has further information about completion rates.

	CSO Sample	VA Sample	Total
Foster Parent Interview	357	194	551
Caseworker Interview	366	199	565
Case Record Instrument	367	190	557

6. Calculating the Number of Children in the Total Foster Care Population:

See Appendix H for instructions for calculating actual numbers of children, as opposed to percentages.

SEX, AGE, AND ETHNICITY OF CHILDREN IN FAMILY FOSTER CARE
 TABLE 1: COMPARED TO WASHINGTON STATE

	CHILDREN IN FOSTER CARE	ALL CHILDREN WASHINGTON STATE*
A. SEX, CHILDREN BIRTH TO 19 YEARS		
1. Male	47%	51.5%
2. Female	53%	49.5%
N =	(569)	(1,263,459)
B. AGE		
1. 0-5	23%	30%
2. 6-12	29%	36%
3. 13-18	48%	35%
N =	(569)	(1,215,523)
C. ETHNICITY		
1. Caucasian	67%	91.9%
2. Black	8%	2.3%
3. American/Canadian Indian	7%	1.3%
4. Vietnamese/Cambodian and other Asian	3%	1.8%
5. Hispanic	2%	2.4%
6. Mixed	11%	n.a.
7. Unknown	1%	n.a.
N =	(569)	(3,911,200)

*Data on age and sex are taken from the 1980 population estimates prepared by the Office of Financial Management. Sex was not obtainable for the same age groups as age. Data on ethnicity was taken from the State of Washington Pocket Data Book published by the Office of Financial Management. The information appears on page 10 and is given for the total population, not for children alone. It is assumed here that the distribution of children will be roughly similar.

Table for Chapter 3

TABLE 2: SEX, AGE, AND ETHNICITY OF CHILDREN IN FOSTER CARE

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. SEX			
1. Male	47%	52%	47%
2. Female	53%	48%	53%
N =	(369)	(200)	(569)
B. AGE			
1. 0-5	23%	21%	23%
2. 6-12	29%	24%	29%
3. 13-18	47%	54%	48%
4. 19-20	0.6%	2%	1%
N =	(369)	(200)	(569)
C. ETHNICITY			
1. Caucasian	70%	54%	67%
2. Black	9%	4%	8%
3. American/Canadian Indian	6%	15%	7%
4. Vietnamese/Cambodian	1%	11%	2%
5. Other Asian	1%	2%	1%
6. Hispanic	2%	4%	2%
7. Mixed	12%	10%	11%
8. Don't Know	1%	-0-	1%
N =	(366)	(198)	(564)

Table for Chapter 3

TABLE 3: CHILD'S CURRENT LEGAL STATUS

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. CHILD'S CURRENT LEGAL STATUS			
1. Parental custody (placed voluntarily)	19%	35%	21%
2. ARP (alternative residential petition) filed; parental custody	3%	1%	3%
3. Shelter care order; parental custody	1%	2%	1%
4. Emancipated; child has turned 18	2%	2%	2%
5. Dependent ward of court; parental rights not terminated	54%	40%	52%
6. Dependent ward of court; parental rights terminated	15%	10%	14%
7. Permanent custody; parental rights terminated	5%	8%	5%
8. Foster parent guardian; parental rights terminated	1%	1%	1%
9. Dependent ward of court; unknown whether parental rights have been terminated	0.3%	1%	0.4%
10. Unknown	0.3%	1%	0.3%
N =	(366)	(198)	(564)

Table for Chapter 3

TABLE 4: PAYMENT OF SPECIAL RATES

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. PAYMENT OF SPECIAL RATE FOR CHILDREN IN FOSTER CARE:			
1. No special rate paid	79%	68%	77%
2. Behavioral problem	8%	8%	8%
3. Combination of problems	7%	6%	6%
4. Emotional problem	5%	7%	5%
5. Developmental disability	1%	2%	2%
6. Indo-Chinese refugee*	-0-	11%	2%
N =	(366)	(198)	(564)

*This is paid from a separate, 100 percent federally funded program.

Table for Chapter 3

TABLE 5: REASONS CONTRIBUTING TO CHILD'S CURRENT PLACEMENT IN FOSTER CARE

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
REASONS CONTRIBUTING TO CHILD'S CURRENT FOSTER CARE PLACEMENT			
1. Parental neglect of child	58%	39%	55%
2. Physical or mental abuse:			
by adult	43%	37%	42%
by child	1%	1%	1%
by both adult and child	1%	3%	1%
3. Parental rejection of child	40%	35%	39%
4. Alcohol abuse:			
by adult	35%	32%	34%
by child	0.3%	1%	0.3%
by both adult and child	1%	2%	1%
5. Mental health problem:			
of adult	27%	22%	26%
of child	1%	4%	2%
of both adult and child	2%	2%	2%
6. Child rejected parents	22%	26%	22%
7. Parents abandoned child	20%	14%	20%
8. Parents could not cope with child striving for independence	18%	25%	19%
9. Child's hyperactivity	18%	20%	18%
10. Drug abuse:			
by adult	16%	12%	16%
by child	2%	3%	2%
by both adult and child	0.8%	1%	1%
11. Sexual abuse:			
by adult	14%	8%	13%
by child	2%	1%	2%
by both adult and child	0.8%	1%	1%

Table for Chapter 3

REASONS CONTRIBUTING TO CHILD'S CURRENT PLACEMENT TABLE 5, continued: TO CHILD'S CURRENT PLACEMENT IN FOSTER CARE			
	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
12. Child legally relinquished	12%	15%	12%
13. Child ran away	12%	13%	12%
14. Chronic physical illness or handicap:			
of adult	9%	9%	9%
of child	2%	2%	2%
15. Child's delinquent behavior	8%	10%	8%
16. Death of parent	8%	6%	8%
17. Incarceration of parent	8%	4%	8%
18. Retardation:			
of adult	7%	4%	6%
of child	3%	3%	3%
of both adult and child	0.3%	1%	0.3%
19. Short term physical illness:			
of adult	5%	5%	5%
of child	2%	2%	2%
of both adult and child	0.3%	1%	0.3%
20. Other:			
adult	17%	15%	16%
child	3%	15%	5%
both adult and child	6%	4%	6%
N =	(366)	(198)	(564)

Table for Chapter 3

CPS (CHILD PROTECTIVE SERVICES) CASES IN FOSTER CARE; DSHS PRO-
 TABLE 6: GRAMS USED IN ATTEMPT TO PREVENT PLACEMENT OF CHILD IN FOSTER CARE

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. CURRENT OPENING IN FOSTER CARE IS A CPS (CHILD PROTECTIVE SERVICES) CASE:	51%	19%	46%
N =	(358)	(184)	(547)
B. DSHS PROGRAMS USED IN ATTEMPT TO PREVENT PLACEMENT OF CHILD IN FOSTER CARE:			
1. Crisis Intervention Services	19%	8%	17%
2. Child Protective Services	58%	25%	53%
3. Day care	9%	3%	8%
4. Delinquency Prevention Services	5%	2%	4%
5. Homemaker Services	19%	3%	17%
6. Chore Services	5%	1%	4%
N =	(355)	(188)	(543)

Table for Chapter 4

TABLE 7: CASELOAD SIZE; HOURS ASSIGNED TO CHILDREN'S SERVICES

	CSO CASEWORKERS	VA CASEWORKERS
A. NUMBER OF CHILDREN ON CASELOAD		
1. Zero to ten	9%	34%
2. Eleven to twenty	20%	44%
3. Twenty-one to thirty	29%	18%
4. Thirty-one to forty	24%	2%
5. Forty-one to fifty	6%	1%
6. Fifty-one to sixty	3%	0%
7. Over sixty	9%	1%
N =	(197)	(76)
B. MEAN NUMBER OF CHILDREN ON CASELOAD		
	31.06 children	14.41 children
N =	(197)	(76)
C. HOURS OF ASSIGNMENT PER WEEK TO CASELOAD		
1. One to eight	5%	13%
2. Nine to sixteen	3%	8%
3. Seventeen to twenty four	7%	18%
4. Twenty five to thirty two	5%	20%
5. Thirty three to forty	78%	41%
6. Over forty	2%	0%
N =	(197)	(76)
D. MEAN NUMBER OF CHILDREN FOR FULL-TIME CASELOADS		
	36.3 children	18.5 children
N =	(145)	(22)

Table for Chapter 4

TABLE 8: TIME PER CHILD PER WEEK; COURT WORK

	CSO CASEWORKERS	VA CASEWORKERS
A. RATIO OF HOURS PER WORK WEEK DIVIDED BY CASELOAD SIZE	1.1 hours	2.2 hours
N =	(145)	(22)
B. NUMBER OF CASES BEING PREPARED FOR COURT AT TIME OF INTERVIEW		
1. Zero	9%	36%
2. One to three	53%	47%
3. Four to six	28%	15%
4. Seven to ten	6%	1%
5. Over ten	4%	1%
N =	(197)	(76)
C. MEAN OF CURRENT COURT PREPARATIONS	3.50 preparations	1.78 preparations
N =	(197)	(76)
D. FREQUENCY OF COURT HEARINGS IN PAST MONTH		
1. Zero	15%	49%
2. One to three	52%	46%
3. Four to six	27%	3%
4. Seven to ten	5%	1%
5. Over ten	1%	1%
N =	(198)	(76)
E. MEAN OF COURT HEARINGS ATTENDED	2.85 hearings	1.1 hearings
N =	(198)	(76)

Table for Chapter 4

TABLE 9: OPENING, CLOSING, AND CASE TRANSFER ACTIVITIES

	CSO CASEWORKERS	VA CASEWORKERS
A. NUMBER OF OPENING, CLOSING, AND TRANSFER ACTIVITIES IN PAST MONTH		
1. Zero	9%	24%
2. One to five	45%	55%
3. Six to ten	23%	17%
4. Eleven to fifteen	15%	3%
5. Sixteen to twenty	5%	0%
6. Over twenty	3%	1%
N =	(199)	(75)
B. MEAN OF ACTIVITIES	6.60 activities	3.37 activities
N =	(199)	(75)

Table for Chapter 4

TABLE 10: CASEWORKER CONTACTS WITH FOSTER PARENTS AND WITH FOSTER CHILD

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. CASEWORKER'S LAST FACE-TO- FACE CONTACT WITH CHILD			
1. One month ago or less	54%	71%	57%
2. One month, one day to three months ago	26%	20%	26%
3. More than three months ago	12%	7%	12%
4. Never	7%	2%	6%
N =	(366)	(198)	(564)
B. CASEWORKER'S LAST FACE-TO- FACE CONTACT WITH FOSTER PARENTS			
1. One month ago or less	54%	67%	56%
2. One month, one day to three months ago	24%	22%	24%
3. More than three months ago	20%	9%	18%
4. Never	3%	2%	3%
N =	(352)	(192)	(544)
C. CASEWORKER'S LAST FACE-TO- FACE CONTACT WITH FAMILY TO WHICH CHILD MAY RETURN			
1. One month ago or less	55%	45%	53%
2. One month, one day to three months ago	15%	8%	14%
3. More than three months ago	12%	19%	13%
4. Never	18%	28%	20%
N (children who may return home only) =	(157)	(86)	(243)

Table for Chapter 4

TABLE 11: TIME CHILD HAS BEEN IN CURRENT EPISODE OF FOSTER CARE COMPARED WITH CASEWORKER CONTACTS WITH THE CHILD

	TIME CHILD HAS BEEN IN CURRENT EPISODE OF FOSTER CARE				
	5 months or less	6 - 11 months	1 year	2 - 3 years	4 years or more
A. CASEWORKERS: TIME OF LAST CONTACT WITH THE CHILD					
1. One month ago or less	67%	70%	48%	49%	40%
2. One month to three months ago	25%	21%	32%	29%	24%
3. More than three months ago	2%	4%	15%	15%	23%
4. Never	5%	4%	5%	7%	13%
N =	(64)	(71)	(81)	(72)	(78)
B. VA CASEWORKERS: TIME OF LAST CONTACT WITH THE CHILD					
1. One month ago or less	79%	70%	74%	62%	65%
2. One month to three months ago	17%	22%	18%	27%	21%
3. More than three months ago	3%	6%	9%	12%	9%
4. Never	-0-	2%	-0-	-0-	6%
N =	(58)	(46)	(34)	(26)	(34)

Table for Chapter 4

TIME CHILD HAS BEEN IN CURRENT EPISODE OF FOSTER CARE COMPARED
 TABLE 12: WITH CASEWORKER CONTACTS WITH CHILD'S FOSTER FAMILY

	TIME CHILD HAS BEEN IN CURRENT EPISODE OF FOSTER CARE				
	5 months or less	6 - 11 months	1 year	2 - 3 years	4 years or more
A. CASEWORKERS: TIME OF LAST CONTACT WITH FOSTER FAMILY OF CHILD					
1. One month ago or less	69%	72%	54%	50%	49%
2. One month to three months ago	20%	16%	28%	31%	26%
3. More than three months ago	2%	8%	12%	11%	17%
4. Never	9%	4%	5%	8%	9%
N =	(64)	(71)	(81)	(72)	(78)
B. VA CASEWORKERS: TIME OF LAST CONTACT WITH FOSTER FAMILY OF CHILD					
1. One month ago or less	72%	70%	85%	58%	68%
2. One month to three months ago	24%	17%	9%	23%	21%
3. More than three months ago	3%	9%	6%	15%	9%
4. Never	-0-	4%	-0-	4%	3%
N =	(58)	(46)	(34)	(26)	(34)

Table for Chapter 4

TIME CHILD HAS BEEN IN CURRENT EPISODE OF FOSTER CARE COMPARED WITH CASEWORKER CONTACTS WITH THE FAMILY TO WHICH THE CHILD MAY RETURN

	TIME CHILD HAS BEEN IN CURRENT EPISODE OF FOSTER CARE				
	5 months or less	6 - 11 months	1 year	2 - 3 years	4 years or more
A. CSO CASEWORKERS: TIME OF LAST CONTACT WITH THE FAMILY TO WHICH THE CHILD MAY RETURN					
1. One month ago or less	63%	73%	44%	47%	12%
2. One month to three months ago	22%	4%	18%	18%	12%
3. More than three months ago	2%	9%	18%	6%	44%
4. Never	13%	14%	20%	29%	31%
N (children who may return home only) =	(46)	(44)	(34)	(17)	(16)
B. VA CASEWORKERS: TIME OF LAST CONTACT WITH THE FAMILY TO WHICH THE CHILD MAY RETURN					
1. One month ago or less	40%	50%	60%	50%	20%
2. One month to three months ago	8%	6%	7%	10%	20%
3. More than three months ago	10%	22%	20%	30%	40%
4. Never	42%	22%	13%	10%	20%
N (children who may return home only) =	(38)	(18)	(15)	(10)	(5)

Table for Chapter 4

NUMBER OF CASEWORKERS CHILD HAS HAD, CURRENT EPISODE OF FOSTER
TABLE 14: CARE; TIME IN CURRENT EPISODE

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. NUMBER OF CASEWORKERS CHILD HAS HAD, CURRENT EPISODE			
1. One	28%	43%	30%
2. Two	40%	34%	39%
3. Three	18%	12%	17%
4. Four	8%	6%	8%
5. Five to nine	7%	5%	6%
6. Ten to eleven	1%	-0-	1%
7. Unknown	-0-	1%	0.2%
N =	(367)	(188)	(555)
B. TIME IN CURRENT EPISODE OF FOSTER CARE			
1. One year or less	58%	69%	60%
2. Two to ten years	38%	24%	36%
3. 11 to 16 years	3%	7%	4%
N =	(366)	(190)	(556)
C. NUMBER OF CASEWORKERS FOR CHILD IN CARE ONE YEAR OR LESS			
1. One	38%	55%	41%
2. Two	48%	36%	46%
3. Three to eight	14%	7%	13%
N (children in care one year or less only) =	(210)	(126)	(336)

Table for Chapter 4

TABLE 15: CHILDREN WHO HAVE BEEN IN OTHER TYPES OF PLACEMENT

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
CHILDREN WHO HAVE BEEN IN OTHER TYPES OF PLACEMENT			
1. Group Homes	6%	23%	9%
2. Division of Juvenile Rehabilitation Institutions	2%	2%	2%
3. Inpatient mental health facilities	2%	2%	2%
4. Division of Developmental Disabilities Institutions	1%	-0-	1%
N =	(366)	(188)	(554)
B. JUVENILE OFFENDERS IN FOSTER CARE			
	5%	4%	5%
N =	(366)	(199)	(565)

Table for Chapter 4

TABLE 16: NUMBER OF PLACEMENT EPISODES PER CHILD*

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. NUMBER OF PLACEMENT EPISODES PER CHILD*			
1. One	62%	69%	63%
2. Two	23%	16%	22%
3. Three	8%	10%	8%
4. Four	2%	2%	2%
5. Five	2%	2%	2%
6. Six to twelve	2%	1%	2%
N =	(366)	(198)	(564)

*A placement episode refers to a continuous period of state funded out of home care. The child may visit home during this period. When the child returns home to live, the episode is recorded as having ended.

Table for Chapter 4

TABLE 17: TIME SPENT IN STATE SUPPORTED OUT-OF-HOME PLACEMENTS*

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. TOTAL TIME IN STATE CARE*			
1. One to three months	6%	7%	6%
2. Four to six months	10%	14%	11%
3. Seven to eleven months	13%	18%	14%
4. One year	21%	20%	20%
5. Two years	15%	9%	14%
6. Three years	7%	6%	7%
7. Four years	6%	5%	6%
8. Five years	5%	3%	4%
9. Six to ten years	14%	9%	13%
10. Eleven to fifteen years	3%	6%	4%
11. Sixteen to nineteen years	1%	2%	1%
N =	(367)	(190)	(557)
B. TOTAL TIME IN STATE CARE*			
1. Minimum number of days in care	43 days	82 days	-
2. Maximum number of years in care	17.5 years	19.9 years	-

*These figures include time spent in receiving homes, family foster care whether supervised by CSOs, VAs, or Division of Developmental Disabilities staff, and group homes. They also include time spent in private mental health facilities, both in and out of state, and time in out of state foster care. They do not include time spent in state mental health institutions, Division of Developmental Disabilities institutions, Division of Juvenile Rehabilitation institutions, Child Study and Treatment Center, or the Casey Foundation.

Table for Chapter 4

TABLE 17, continued: TIME SPENT IN STATE-SUPPORTED OUT-OF-HOME PLACEMENTS*

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
B. TOTAL TIME IN STATE CARE* (cont.)			
3. Mean number of years in care	3.2 years	3 years	-
4. Median number of years in care	1 year	1.2 years	-
N =	(367)	(190)	
C. PROPORTION OF CHILD'S LIFE SPENT IN OUT OF HOME PLACEMENTS*			
1. One to five percent	13%	24%	15%
2. Six to ten percent	14%	14%	14%
3. 11-25 percent	22%	23%	22%
4. 26-50 percent	23%	15%	22%
5. 51-75 percent	16%	11%	15%
6. 76-100 percent	12%	14%	12%
N =	(367)	(190)	(557)

*These figures include time spent in receiving homes, family foster care whether supervised by CSOs, VAs, or Division of Developmental Disabilities staff, and group homes. They also include time spent in private mental health facilities, both in and out of state, and time in out of state foster care. They do not include time spent in state mental health institutions, Division of Developmental Disabilities institutions, Division of Juvenile Rehabilitation institutions, Child Study and Treatment Center, or the Casey Foundation.

Table for Chapter 4

PROPORTION OF CHILD'S LIFE SPENT IN STATE-FUNDED CARE AS COMPARED
 TABLE 18: TO AGE OF CHILD

	CHILDREN AGED BIRTH TO FIVE YEARS	CHILDREN AGED SIX TO TWELVE YEARS	CHILDREN AGED THIRTEEN AND OVER
A. CSO CHILDREN, PROPORTION OF LIFE SPENT IN CARE			
1. One to 20 percent of life in care	14%	47%	57%
2. 21 to 40 percent of life in care	20%	18%	18%
3. 41 to 60 percent of life in care	20%	19%	14%
4. 61 to 80 percent of life in care	24%	8%	6%
5. 81 to 100 percent of life in care	22%	7%	5%
N =	(86)	(108)	(175)
B. VA CHILDREN, PROPORTION OF LIFE SPENT IN CARE			
1. One to 20 percent of life in care	32%	55%	63%
2. 21 to 40 percent of life in care	15%	22%	17%
3. 41 to 60 percent of life in care	12%	2%	7%
4. 61 to 80 percent of life in care	10%	14%	3%
5. 81 to 100 percent of life in care	32%	6%	10%
N =	(41)	(49)	(110)

Table for Chapter 4

TABLE 19: CURRENT FOSTER CARE EPISODE AND PLACEMENT

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. TIME IN CARE, CURRENT EPISODE OF FOSTER CARE			
1. Five months or less	17%	25%	18%
2. Six to eleven months	19%	26%	20%
3. One year	22%	18%	21%
4. Two years	13%	9%	12%
5. Three years	7%	5%	7%
6. Four years	5%	1%	4%
7. Five to ten years	13%	9%	12%
8. 11 to 16 years	3%	7%	4%
N =	(366)	(190)	(556)
B. LENGTH OF TIME IN FOSTER CARE, CURRENT EPISODE			
1. Mean number of years	2.7 years	2.8 years	-
2. Median number of years	1.4 years	1.0 years	-
3. Minimum number of days	27 days	54 days	-
4. Maximum number of years	16.5 years	19.9 years	-
C. LENGTH OF TIME IN CURRENT FOSTER HOME			
1. Mean number of years	2.3 years	1.9 years	-
2. Median number of months	13 months	9 months	-
3. Minimum number of months	less than one month	less than one month	-
4. Maximum number of years	16.3 years	17 years	-
N =	(355)	(194)	

Table for Chapter 4

TABLE 20: CHILD'S DIFFERENT LIVING SITUATIONS

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. NUMBER OF DIFFERENT LIVING SITUATIONS PER CHILD*			
1. One	23%	39%	26%
2. Two	25%	21%	24%
3. Three	15%	12%	14%
4. Four	12%	10%	12%
5. Five	10%	7%	10%
6. Six to ten	11%	11%	11%
7. Eleven to nineteen	4%	-0-	3%
8. Twenty-four	0.3%	-0-	0.2%
N =	(366)	(189)	(555)
B. MEAN NUMBER OF LIVING SITUATIONS, CURRENT EPISODE			
	2.5 living situations	1.9 living situations	-
N =	(366)	(198)	-
C. REASON FOR MOST RECENT MOVE			
1. Receiving home to foster home	32%	18%	30%
2. Child's behavior problem, including rejection of placement	24%	34%	26%
3. Foster parent circumstances changed	14%	17%	14%
4. Abuse within foster home of this child or other child (either alleged or substantiated)	6%	5%	6%

Table for Chapter 5

TABLE 20, continued: CHILD'S DIFFERENT LIVING SITUATIONS

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
C. REASON FOR MOST RECENT MOVE (cont.)			
5. Foster parent burnout, foster parents left system	6%	6%	6%
6. Caseworker decided foster home not appropriate	4%	4%	4%
7. Child in a preadoptive home now	2%	-0-	2%
8. Preadoptive home failed	1%	1%	1%
9. Foster parent requested child move in	0.4%	-0-	0.3%
10. Foster parent home geo- graphical area undesirable (lack of services, etc.)	2%	-0-	2%
11. Foster parent license revoked	0.4%	4%	1%
12. Group home or residential treatment	2%	4%	2%
13. Keep siblings together	1%	-0-	1%
14. Keep mother and child together	1%	-0-	1%
15. Move child closer to natural parents	-0-	3%	1%
16. Other	1%	2%	1%
17. Unknown	2%	2%	2%
N (children who have moved at least once only) =	(231)	(96)	(327)

Table for Chapter 4

TIME CHILD HAS BEEN IN CURRENT EPISODE OF FOSTER CARE COMPARED
WITH NUMBER OF FOSTER CARE EPISODES, AGE OF CHILD, AND WHETHER
TABLE 21: CHILD WAS RELINQUISHED BY PARENTS*

	TIME CHILD HAS BEEN IN CURRENT EPISODE OF FOSTER CARE				
	5 months or less	6 - 11 months	1 year	2 - 3 years	4 years or more
A. NUMBER OF FOSTER CARE EPISODES, CSO AND VA COMBINED					
1. One	71%	60%	59%	54%	71%
2. Two	14%	24%	24%	28%	21%
3. Three to five	13%	14%	12%	19%	9%
4. Six to twelve	2%	3%	6%	-0-	-0-
N (CSO and VA combined) =	(103)	(114)	(120)	(108)	(117)
B. AGE OF CHILD, CSO AND VA COMBINED					
1. Birth to five years	33%	26%	31%	23%	2%
2. Six to 12 years	25%	30%	28%	29%	30%
3. 13 years and over	42%	44%	41%	48%	68%
N (CSO and VA combined) =	(111)	(114)	(120)	(108)	(117)
C. CAUSES BRINGING CHILD INTO CARE: WAS CHILD RELINQUISHED BY PARENTS, CSO AND VA COMBINED					
1. Yes	4%	7%	14%	15%	20%
2. No	96%	93%	86%	85%	80%
N (CSO and VA combined) =	(109)	(113)	(120)	(105)	(117)

*To read this chart, note that the columns refer to length of time in care. The total number at the bottom of the column shows the total number of children who have been in care this period of time. CSO and VA children have been combined, using a weighting factor. The percentages within each column refer to the column only, not to the whole table.

Table for Chapter 4

TIME CHILD HAS BEEN IN CURRENT EPISODE OF FOSTER CARE COMPARED
 TABLE 22: WITH CHILD'S CURRENT LEGAL STATUS*

	TIME CHILD HAS BEEN IN CURRENT EPISODE OF FOSTER CARE				
	5 months or less	6 - 11 months	1 year	2 - 3 years	4 years or more
A. CHILD'S CURRENT LEGAL STATUS, CSO AND VA COMBINED					
1. Parental custody (placed voluntarily)	39%	22%	21%	12%	13%
2. ARP (alternative residential petition) filed; parental custody	7%	3%	3%	-0-	1%
3. Shelter care order; parental custody	3%	1%	-0-	1%	-0-
4. Dependent ward of court; parental rights not terminated	44%	66%	56%	52%	41%
5. Emancipated; child has turned 18	-0-	-0-	1%	4%	3%
6. Dependent ward of court; parental rights terminated	4%	5%	10%	22%	32%
7. Permanent custody; parental rights terminated	1%	3%	5%	7%	10%
8. Foster parent guardian; parental rights terminated	1%	-0-	2%	1%	-0-
9. Dependent ward of court; unknown whether parental rights have been terminated	-0-	0.4%	1%	0.4%	-0-
10. Unknown	-0-	-0-	1%	0.4%	-0-
N (CSO and VA combined) =	(109)	(113)	(120)	(105)	(117)

*To read this chart, note that the columns refer to length of time in care. The total number at the bottom of the column shows the total number of children who have been in care this period of time. CSO and VA children have been combined, using a weighting factor. The percentages within each column refer to the column only, not to the whole table.

Table for Chapter 4

TIME CHILD HAS BEEN IN CURRENT EPISODE OF FOSTER CARE COMPARED
 TABLE 23: WITH POSSIBILITY CHILD WILL GO HOME CASEWORKER'S GOALS FOR CHILD*

		TIME CHILD HAS BEEN IN CURRENT EPISODE OF FOSTER CARE				
		5 months or less	6 - 11 months	1 year	2 - 3 years	4 years or more
A. IS IT POSSIBLE CHILD WILL GO HOME, CSO AND VA COMBINED?						
1.	Yes	70%	58%	42%	25%	20%
2.	No	30%	42%	58%	75%	80%
	N (CSO and VA combined) =	(109)	(113)	(120)	(105)	(117)
B. CASEWORKER'S LONG-TERM GOALS FOR CHILD, CSO AND VA COMBINED						
1.	Return home	43%	34%	16%	7%	4%
2.	Place with relatives	2%	3%	0.4%	4%	1%
3.	Adoption	17%	22%	39%	35%	29%
4.	Long term foster care	14%	14%	13%	24%	32%
5.	Emancipation	14%	24%	26%	22%	28%
6.	Institutionalization	-0-	-0-	-0-	-0-	1%
7.	Other	7%	3%	6%	9%	2%
8.	Unknown	2%	-0-	-0-	-0-	1%
	N (CSO and VA combined) =	(109)	(113)	(120)	(105)	(117)

*To read this chart, note that the columns refer to length of time in care. The total number at the bottom of the column shows the total number of children who have been in care this period of time. CSO and VA children have been combined, using a weighting factor. The percentages within each column refer to the column only, not to the whole table.

**The caseworker was asked if return home might occur, not whether return home was probable or appropriate.

Table for Chapter 4

TIME CHILD HAS BEEN IN CURRENT EPISODE OF FOSTER CARE COMPARED WITH POSSIBILITY CHILD WILL GO HOME AND NUMBER OF SCHOOL CHANGES
 TABLE 24: THIS YEAR*

	TIME CHILD HAS BEEN IN CURRENT EPISODE OF FOSTER CARE				
	5 months or less	6 - 11 months	1 year	2 - 3 years	4 years or more
A. NUMBER OF SCHOOL CHANGES THIS YEAR, CSO AND VA COMBINED					
1. No changes	60%	66%	80%	83%	95%
2. One change	27%	26%	18%	12%	4%
3. Two to four changes	13%	8%	2%	5%	1%
N (school age children only, CSO and VA combined) =	(71)	(77)	(80)	(77)	(112)

*To read this chart, note that the columns refer to length of time in care. The total number at the bottom of the column shows the total number of children who have been in care this period of time. CSO and VA children have been combined, using a weighting factor. The percentages within each column refer to the column only, not to the whole table.

Table for Chapter 4

NUMBER OF FOSTER PARENTS IN HOME; TIME AS LICENSED FOSTER
TABLE 25: PARENTS

	CSO FOSTER PARENTS	VA FOSTER PARENTS
A. NUMBER OF FOSTER PARENTS IN HOME		
1. Two	84%	85%
2. One, female	14%	12%
3. One, male	2%	4%
N (foster parents counted only once) =	(334)	(164)
B. LENGTH OF TIME AS LICENSED FOSTER PARENTS		
1. Less than one year	16%	26%
2. One year	14%	12%
3. Two to five years	28%	33%
4. Six to nine years	19%	10%
5. Ten to 19 years	20%	15%
6. 20 to 29 years	3%	2%
7. 30 to 38 years	1%	1%
N =	(334)	(163)
C. MEAN LENGTH OF TIME AS LICENSED FOSTER PARENTS		
N =	6.3 years	5.1 years
	(334)	(163)
D. MEDIAN LENGTH OF TIME AS LICENSED FOSTER PARENTS		
N =	3.9 years	2.7 years
	(334)	(163)

Table for Chapter 4

TABLE 26: FOSTER PARENT AGE

	CSO FOSTER PARENTS	VA FOSTER PARENTS
A. AGE RANGES OF FOSTER MOTHERS		
1. 20-29	10%	12%
2. 30-39	40%	45%
3. 40-49	28%	23%
4. 50+	22%	20%
N (households which have foster mothers) =	(327)	(158)
B. AGE RANGES OF FOSTER FATHERS		
1. 20-29	4%	8%
2. 30-39	37%	39%
3. 40-49	31%	28%
4. 50+	28%	24%
N (households which have foster fathers) =	(288)	(144)

Table for Chapter 4

TABLE 27: FOSTER PARENT INCOME AND WORK PATTERN

	CSO FOSTER PARENTS	VA FOSTER PARENTS
A. FOSTER PARENT INCOME RANGE		
1. \$7,000 or less	10%	4%
2. \$7,001 to \$12,500	18%	17%
3. \$12,501 to \$18,700	24%	24%
4. More than \$18,700	47%	55%
5. Unknown	0.3%	-0-
N =	(322)	(160)
B. FOSTER PARENT WORK PATTERN		
1. Two foster parents, one works outside home	64%	56%
2. Two foster parents, both work outside home	20%	28%
3. Single foster parent who works outside home	8%	12%
4. Single foster parent who stays home	8%	4%
N =	(335)	(164)
C. DAYCARE IS NEEDED SO FOSTER PARENT CAN WORK OUTSIDE HOME		
N =	(335)	(164)
D. DAYCARE IS PROVIDED THROUGH AGENCY		
N =	(335)	(164)

Table for Chapter 4

FOSTER PARENTS LICENSED BECAUSE OF PRIOR ACQUAINTANCE WITH THE
 TABLE 28: CHILD

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. DID FOSTER PARENT LICENSE ORIGINATE BECAUSE OF PRIOR ACQUAINTANCE WITH FOSTER CHILD?			
1. Yes	22%	19%	22%
2. No	75%	81%	76%
3. Unknown	3%	1%	3%
N =	(366)	(198)	(564)

Table for Chapter 4

TABLE 29: FOSTER PARENT EXPENDITURES

	CSO FOSTER PARENTS	VA FOSTER PARENTS	WEIGHTED STATE TOTAL
A. PERCENTAGE OF CHILDREN FOR WHOM THE FOLLOWING EXPENDITURES WERE MADE IN THE PAST YEAR*			
1. Payment for child's school activities	20%	14%	16%
2. Payment for child's out of school activities	28%	25%	28%
3. Non-reimbursed medical services	22%	20%	22%
N =	(357)	(193)	(550)
B. COST OF SCHOOL ACTIVITIES:			
1. No activities	57%	62%	58%
2. Activities, no expense	15%	20%	16%
3. \$1 - \$100	16%	9%	15%
4. \$101 - \$200	6%	6%	6%
5. \$201 - \$300	2%	-0-	2%
6. \$301 - \$400	1%	1%	1%
7. Over \$400	2%	2%	2%
8. Don't know	1%	-0-	1%
N (school age children only) =	(249)	(141)	(390)

*A foster child may be counted more than once on this list.

Table for Chapter 4

TABLE 29, continued: FOSTER PARENT EXPENDITURES

	CSO FOSTER PARENTS	VA FOSTER PARENTS	WEIGHTED STATE TOTAL
C. COST OF OUT OF SCHOOL ACTIVITIES:			
1. No activities	50%	56%	51%
2. Activities, no expense	13%	12%	13%
3. \$1 - \$100	21%	18%	21%
4. \$101 - \$200	8%	9%	9%
5. \$201 - \$300	4%	1%	3%
6. \$301 - \$400	1%	1%	1%
7. Over \$400	2%	4%	3%
8. Don't know	1%	-0-	1%
N (school age children only) =	(272)	(153)	(425)

Table for Chapter 4

TABLE 30: DAMAGES TO FOSTER PARENT PROPERTY IN PAST YEAR

	CSO FOSTER PARENTS	VA FOSTER PARENTS
A. FOSTER PARENTS HAD PROPERTY DAMAGED BY A FOSTER CHILD DURING PAST YEAR		
1. Yes	28%	24%
2. No	72%	76%
N =	(336)	(164)
B. SOURCE OF PAYMENT FOR MAJORITY OF REPAIR OR REPLACEMENT		
1. No repairs done	20%	10%
2. Insurance	5%	5%
3. Foster parent paid	74%	82%
4. Child or child's parent paid	1%	2%
N (foster parents with damage only) =	(95)	(40)
C. COST OF THE DAMAGE		
1. Sentimental value only	3%	2%
2. \$1 - \$99	37%	40%
3. \$100 - \$499	42%	52%
4. \$500 - \$999	13%	2%
5. \$1000 - \$3000	5%	2%
N =	(94)	(40)

Table for Chapter 4

TABLE 30, continued: DAMAGES TO FOSTER PARENT PROPERTY IN PAST YEAR

	CSO FOSTER PARENTS	VA FOSTER PARENTS
D. WAS DAMAGE RESULT OF A DELIBERATE ACT?		
1. Yes	50%	40%
2. Yes, some was, some was not	10%	18%
3. No	38%	38%
4. Don't know	2%	5%
N (foster parents with damage only) =	(95)	(40)

Table for Chapter 4

TABLE 31: FOSTER PARENT RECEIPT OF VENDOR CHECKS

	CSO FOSTER PARENTS	VA FOSTER PARENTS
A. DO PAYMENTS FOR FOSTER CARE ARRIVE WITHIN A DAY OR TWO OF WHEN EXPECTED?		
1. Yes	62%	84%
2. No	35%	13%
3. Don't know	3%	2%
N =	(336)	(164)
B. TIMES CHECKS LATE IN PAST SIX MONTHS, FOSTER PARENTS WITH LATE CHECKS ONLY		
1. Never	7%	9%
2. Once	11%	9%
3. Twice	26%	9%
4. Three times	23%	39%
5. Four times	8%	13%
6. Five times	4%	4%
7. Six times	18%	13%
8. Don't know	2%	4%
N (foster parents with late checks only) =	(125)	(23)
C. LATE CHECK IS A FINANCIAL HARDSHIP, FOSTER PARENTS WITH LATE CHECKS ONLY		
1. Yes	31%	35%
2. No	46%	48%
3. Sometimes	21%	13%
N (foster parents with late checks only) =	(125)	(23)

Table for Chapter 4

TABLE 32: FOSTER PARENT TRAINING AFTER LICENSING

	CSO FOSTER PARENTS	VA FOSTER PARENTS
A. NUMBER OF TRAINING COURSES TAKEN BY FOSTER PARENTS AFTER LICENSING		
1. None	52%	51%
2. One	18%	12%
3. Two	10%	13%
4. Three	6%	5%
5. Four	5%	2%
6. Five to nine	6%	5%
7. 10-19	1%	6%
8. 20-49	1%	4%
9. 50-98	0.3%	1%
N =	(336)	(164)
B. TRAINING AVAILABILITY FOR FOSTER PARENTS WITHOUT COURSES		
1. Available	73%	67%
2. Not available	9%	4%
3. Don't know	17%	30%
N (foster parents without training only) =	(180)	(84)

Table for Chapter 4

TABLE 32, continued: FOSTER PARENT TRAINING AFTER LICENSING*

	CSO FOSTER PARENTS	VA FOSTER PARENTS
C. FOSTER PARENT TRAINING RECEIVED AFTER LICENSING*		
1. Dealing with behavioral and/or emotional problems	73%	72%
2. First Aid	69%	69%
3. Normal family problems (e.g., parent effectiveness training)	65%	69%
4. Sexual problems of adolescents	48%	46%
5. Dealing with the sexually abused child	47%	49%
6. Teenage alcohol and drug use	42%	44%
7. Nutrition	27%	29%
8. Dealing with physical handicaps (e.g., learning how to give physical therapy)	22%	25%
9. Other	41%	56%
N (foster parents with some training only) =	(161)	(80)

*A foster parent may be counted more than once on this list.

Table for Chapter 4

TABLE 33: USE OF PROGRAMS WITH FOSTER PARENTS

	CSO FOSTER PARENTS	VA FOSTER PARENTS
A. FOSTER PARENT USE OF HOME- MAKER SERVICES (FOSTER PARENT REPORT)		
1. Yes	11%	3%
2. No	60%	36%
3. Never heard of the program	28%	61%
N =	(335)	(164)
B. CASEWORKER SAYS DAYCARE HAS BEEN USED WITH FOSTER HOME	4%	3%
N =	(337)	(164)
C. CASEWORKER SAYS CHILD PROTECTIVE SERVICES HAVE BEEN USED WITH FOSTER HOME	16%	4%
N =	(337)	(164)
D. CASEWORKER SAYS CRISIS INTERVENTION SERVICES HAVE BEEN USED WITH FOSTER HOME	9%	1%
N =	(337)	(164)
E. CASEWORKER SAYS DELINQUENCY PREVENTION SERVICES HAVE BEEN USED WITH FOSTER HOME	1%	1%
N =	(337)	(164)

Table for Chapter 4

TABLE 34: FOSTER CHILD'S MATCH WITH FOSTER PARENTS

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. PERCENTAGE OF CHILDREN KNOWN TO BE MATCHED ETHNICALLY TO ONE OR BOTH FOSTER PARENTS:*			
1. Caucasian	98%	99%	98%
N =	(256)	(107)	(363)
2. Black	73%	66%	72%
N =	(33)	(9)	(42)
3. American/Canadian Indian	50%	63%	52%
N =	(11)	(30)	(41)
4. Vietnamese/Cambodian	-0-	-0-	-0-
N =	(3)	(22)	(25)
5. Other Asian	-0-	-0-	-0-
N =	(2)	(4)	(6)
6. Hispanic	12%	57%	21%
N =	(7)	(7)	(14)
B. IS FOSTER CHILD THE FOSTER PARENT'S PREFERRED AGE AND SEX?			
1. Yes	90%	91%	90%
2. No	10%	9%	10%
N =	(357)	(194)	(551)

*It was not possible to determine ethnic match for children of mixed ancestry. When a foster parent was of mixed ancestry, e.g., Caucasian and Indian, again it was not possible to count this as a match with an Indian child because the foster parent was classified only as "mixed."

Table for Chapter 4

CASEWORKER ASSESSMENT OF CHILD'S ADJUSTMENT IN CURRENT FOSTER HOME			
TABLE 35: HOME	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. CASEWORKER ASSESSMENT OF CHILD'S ADJUSTMENT IN FOSTER HOME			
1. Excellent	54%	52%	54%
2. Good	37%	39%	37%
3. Marginal	8%	8%	8%
4. Extremely bad	1%	1%	1%
5. Don't know	1%	-0-	1%
N =	(366)	(198)	(564)
B. IS POOR ADJUSTMENT DUE TO CHILD'S BEHAVIOR PATTERN?			
1. Yes	77%	94%	80%
2. No	16%	6%	15%
3. Don't know	6%	-0-	6%
N (children with marginal or bad adjustment only) =	(31)	(16)	(47)
C. IS BEHAVIOR PATTERN A CONTINUATION OF BEHAVIORS SEEN PRIOR TO CURRENT PLACEMENT?			
1. Yes	88%	93%	89%
2. No	8%	7%	8%
3. Don't know	4%	-0-	3%
N (children whose adjustment due to behavior pattern only) =	(24)	(15)	(39)
D. PERCENTAGE OF CHILDREN IN FAMILY FOSTER CARE WITH CHRONIC ADJUSTMENT PROBLEMS			
N =	(366)	(198)	(564)

Table for Chapter 4

TABLE 36: CASEWORKER ASSESSMENT OF FOSTER HOME

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. IS CASEWORKER SATISFIED WITH THIS HOME FOR THIS CHILD?			
1. Yes	94%	91%	94%
2. No	5%	8%	5%
3. Don't know	1%	1%	1%
N =	(365)	(198)	(563)
B. IF NOT SATISFIED, IS A CHANGE OF PLACEMENT BEING CONSIDERED?			
1. Yes	88%	81%	86%
2. No	12%	19%	14%
N (caseworker not satisfied only) =	(17)	(16)	(33)
C. REASON CHANGE OF PLACEMENT NOT ADVISABLE			
1. Disruption would be detrimental to child	100%	67%	88%
2. Other	-0-	33%	12%
N (children for whom change not being considered) =	(2)	(3)	(5)

Table for Chapter 4

TABLE 37: CHILD'S ACCESS TO FAMILY MEMBERS

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. NUMBER OF SIBLINGS IN SAME FOSTER HOME			
1. None	64%	72%	65%
2. One	25%	16%	24%
3. Two	8%	7%	8%
4. Three	2%	3%	2%
5. Four or five	0.3%	2%	1%
N =	(366)	(197)	(563)
B. LAST FACE-TO-FACE CONTACT WITH MEMBER(S) OF NATURAL FAMILY			
1. Never	4%	10%	5%
2. Past week	38%	32%	37%
3. Within past month	17%	26%	19%
4. Within past two months	5%	7%	6%
5. More than two months ago	33%	24%	32%
6. Unknown	2%	1%	2%
N =	(357)	(194)	(551)

Table for Chapter 4

TABLE 38: BARRIERS TO CONTACT WITH NATURAL FAMILY

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. BARRIERS TO CHILD HAVING FACE- TO-FACE CONTACT WITH HIS/HER FAMILY			
1. Parent living out of state	32%	55%*	36%
2. Parent refuses or breaks appointments	25%	13%	24%
3. Parent incarcerated	7%	-0-	6%
4. Child refuses or breaks appointments	3%	-0-	3%
5. Lack of transportation	2%	-0-	1%
6. Lack of cooperation by foster parent	2%	-0-	1%
7. Other	29%	26%	28%
8. Unknown	-0-	6%	1%
N (children who have seen parents several times a year or less, home to which child may return) =	(59)	(31)	(90)

*This figure includes Indo-Chinese families still living abroad.

Table for Chapter 4

TABLE 39: TEENAGED MOTHERS AND THEIR CHILDREN IN FOSTER CARE

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. TEENAGED MOTHERS AND THEIR CHILDREN IN FOSTER CARE			
1. Percentage of teenaged mothers	2%	1%	2%
2. Percentage of children in foster care whose mothers are in foster care	1%	-0-	1%
N =	(366)	(198)	(564)
B. ARE MOTHER AND CHILD IN SAME PLACEMENT?			
1. Yes	78%	100%	82%
2. No	22%	-0-	18%
N (children and mothers both in foster care) =	(9)	(3)	(12)
C. IS MOTHER EXPECTED TO KEEP HER CHILD?			
1. Yes	44%	100%	53%
2. No	33%	-0-	28%
3. Unknown	22%	-0-	18%
N (children and mothers both in foster care) =	(9)	(3)	(12)

Table for Chapter 4

TABLE 40: CHILDREN'S PARTICIPATION IN SCHOOL AND NONSCHOOL ACTIVITIES

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. SCHOOL ACTIVITY PARTICIPATION, CHILDREN ATTENDING SCHOOL	43%	38%	42%
N (children in school) =	(249)	(141)	(390)
B. OTHER ACTIVITY PARTICIPATION, CHILDREN AGED SIX AND ABOVE	50%	44%	49%
N (children aged six and above) =	(272)	(153)	(425)
C. CHILDREN INTERESTED IN FURTHER ACTIVITIES BUT NOT PARTICIPATING	49%	45%	48%
N (children aged six and above) =	(272)	(154)	(426)

Table for Chapter 4

CHILDREN'S PARTICIPATION IN SCHOOL AND NONSCHOOL TABLE 40, continued: ACTIVITIES			
	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
D. BARRIERS TO PARTICIPATION IN FURTHER ACTIVITIES			
1. Activities cost too much	21%	10%	19%
2. Activities not available	12%	20%	13%
3. Child does not follow through	12%	19%	13%
4. No transportation available	7%	4%	6%
5. Academic problems	5%	1%	5%
6. Foster parent does not give permission	4%	3%	4%
7. Child is physically handicapped	2%	4%	3%
8. Child is working part time	2%	4%	2%
9. Foster parent lacks time	2%	1%	2%
10. Child is mentally handicapped	1%	3%	1%
11. Other	33%	25%	32%
12. Unknown	-0-	1%	0.2%
N (children interested in further activities only) =	(133)	(69)	(202)
E. CASEWORKER CONSIDERS MONEY FOR EXTRACURRICULAR AND OTHER ACTIVITIES AN EXTREME UNMET NEED			
	1%	-0-	1%
N (children aged six and above) =	(272)	(154)	(426)

Table for Chapter 5

TABLE 41: MEDICAL EXAMINATIONS OF FOSTER CHILDREN

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. PHYSICAL EXAMINATION OR EPSDT GIVEN IN PAST YEAR, CASEWORKER RESPONSE			
1. Given	67%	85%	70%
2. Not given	12%	6%	11%
3. Unknown	21%	9%	19%
N =	(366)	(198)	(564)
B. PHYSICAL EXAMINATION OR EPSDT GIVEN IN PAST YEAR, FOSTER PARENT RESPONSE			
1. Given	74%	86%	76%
2. Not given	25%	13%	23%
3. Unknown	1%	1%	1%
N =	(357)	(193)	(550)
C. PREPLACEMENT PHYSICAL EXAMINA- TION, CASEWORKER RESPONSE			
1. Given	38%	54%	41%
2. Not given	38%	30%	37%
3. Unknown	24%	16%	22%
N =	(366)	(198)	(564)

Table for Chapter 5

TABLE 42: CHILD'S REGULAR HEALTH CARE PROVIDER; ROUTINE DENTAL CARE

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. DOES CHILD HAVE REGULAR HEALTH CARE PROVIDER?			
1. Yes	87%	93%	88%
2. No	12%	7%	11%
3. Unknown	1%	-0-	1%
N =	(357)	(193)	(550)
B. TYPE OF REGULAR HEALTH CARE PROVIDER			
1. Private medical doctor	89%	84%	88%
2. Public clinic doctor	8%	13%	9%
3. Pediatric nurse, medex, or public health nurse	1%	-0-	1%
4. Chiropractor or other	2%	2%	2%
5. Unknown	-0-	1%	0.1%
N (minus "no" and "unknown") =	(311)	(179)	(490)
C. HAS CHILD SEEN DENTIST IN PAST YEAR?			
1. Yes	73%	71%	72%
2. No	27%	27%	27%
3. Unknown	1%	1%	1%
N (minus children under 3) =	(317)	(175)	(492)

Table for Chapter 5

TABLE 43: IMMUNIZATIONS, MEDICAL HISTORY, AND MEDICAL RECORD

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. IMMUNIZATION STATUS, FROM FOSTER PARENT			
1. Immunizations up to date	91%	92%	91%
2. Immunizations not up to date	9%	8%	9%
N (excluding the 10% of children for whom immunization status was unknown) =	(320)	(171)	(491)
B. DOES FOSTER PARENT HAVE ACCESS TO CHILD'S MEDICAL HISTORY			
1. Yes	36%	35%	36%
2. No	64%	65%	64%
N =	(357)	(193)	(550)
C. IS CHILD'S HEALTH RECORD FORM 13-18 IN CASE RECORD?			
1. Yes	14%	18%	15%
2. No	86%	82%	85%
N =	(367)	(188)	(555)
D. DOES CASE RECORD CON- TAIN SPECIAL MEDICAL EVALUATION OF CHILD?			
1. Yes	23%	43%	26%
2. No	77%	57%	74%
N =	(367)	(188)	(555)

Table for Chapter 5

TABLE 44: CAR SEATS FOR CHILDREN UNDER FOUR YEARS OLD

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. DOES FOSTER PARENT HAVE CHILD'S CAR SEAT WHICH CHILD UNDER FOUR USES WHILE RIDING?			
1. Yes	61%	63%	61%
2. No	39%	38%	39%
N (children under four) =	(56)	(24)	(80)
B. FOSTER PARENT WOULD USE CHILD'S CAR SEAT IF PRO- VIDED BY AGENCY	100%	100%	100%
N (children under four minus two missing values) =	(55)	(24)	(79)

Table for Chapter 5

TABLE 45: USE OF MEDICAL COUPONS FOR CHILDREN

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. DID CASEWORKER EXPLAIN USE OF MEDICAL COUPONS?			
1. Yes	58%	64%	59%
2. No	38%	33%	37%
N =	(351)	(190)	(541)
B. DID FOSTER PARENT HAVE PROBLEMS IN OBTAINING MEDICAL COUPONS?			
1. Yes	4%	19%	6%
2. No	96%	80%	93%
3. Child not eligible	-0-	1%	0.2%
N =	(354)	(193)	(547)
C. TYPE OF PROBLEM EXPERIENCED WITH MEDICAL COUPONS			
1. Delay	87%	92%	89%
2. Not enough coupons	-0-	3%	1%
3. Other	13%	3%	8%
N = (those with problems)	(15)	(37)	(52)
D. OBTAINING SERVICES WITH MEDICAL COUPONS			
1. No problems	74%	78%	75%
2. Some problems	24%	20%	24%
3. Coupons not accepted locally, medical attention very difficult to obtain	1%	1%	1%
N =	(347)	(186)	(533)

Table for Chapter 5

TABLE 46: GENERAL HEALTH STATUS

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. FOSTER PARENT OPINION OF CHILD'S HEALTH STATUS			
1. Poor	4%	6%	4%
2. Average	42%	39%	41%
3. Excellent	54%	55%	54%
N =	(357)	(193)	(550)
B. FOSTER PARENT ASSESSMENT OF WHETHER CHILD'S WEIGHT IS NORMAL			
1. Normal weight	76%	72%	75%
2. Too heavy	15%	16%	15%
3. Too light	10%	13%	10%
N =	(357)	(193)	(550)

Table for Chapter 5

TABLE 47: CHRONIC DISABILITIES OR ILLNESSES

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
CHILDREN WITH THE FOLLOWING DISABILITIES OR CHRONIC ILLNESSES*			
Allergies	8%	9%	8%
Neurological dysfunction or epilepsy	6%	6%	6%
Skeletal deformities	4%	6%	4%
Hearing impairment	3%	4%	3%
Asthma	3%	2%	3%
Gastrointestinal dysfunction	3%	2%	3%
Facial deformities	2%	2%	2%
Muscular dysfunctions	2%	4%	2%
Failure to thrive below the third percentile	2%	1%	2%
Blindness or near blindness	1%	1%	1%
Heart disease or high blood pressure	1%	1%	1%
Diseases of the blood	0.3%	2%	1%
Kidney disease	0.3%	2%	1%
Diabetes	0.3%	1%	0.3%
N =	(366)	(198)	(564)

*A child may be counted more than once in this table.

Table for Chapter 5

TABLE 48: USE OF ALCOHOL AND DRUGS BY CHILDREN

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. FOSTER PARENT REPORTS OF SUBSTANCE USE*			
1. Children using prescrip- tion drugs	15%	29%	17%
2. Occasional use of alcohol and/or drugs by children	10%	10%	10%
3. Frequent use of alcohol and/or drugs by children	3%	3%	3%
N =	(369)	(200)	(569)
B. CASEWORKER REPORTS AND RECOM- MENDATIONS CONCERNNG SUBSTANCE USE*			
1. Children given medication for behavior control	2%	6%	3%
2. Children for whom caseworker recommends inpatient alcohol or drug treatment	0.3%	1%	0.4%
N =	(366)	(198)	(564)

*A child may be counted more than once in these lists.

Table for Chapter 5

TABLE 49: MEDICAL NEEDS OF FOSTER CHILDREN

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. UNMET NEED FOR CORRECTIVE SURGERY	2%	2%	2%
N =	(366)	(198)	(564)
B. UNMET NEED FOR SATISFACTORY HEARING AID	0.3%	-0-	0.2%
N =	(366)	(198)	(564)
C. GLASSES			
1. Does not need glasses	75%	78%	76%
2. Needs glasses, has none	2%	3%	2%
3. Has and uses glasses	16%	13%	15%
4. Has glasses, will not wear any type	3%	3%	3%
5. Has glasses, will not wear standard issue frames	2%	1%	2%
6. Has glasses, other prob- lem prevents wearing	2%	1%	2%
N =	(357)	(193)	(550)
D. UNMET NEED FOR ORTHOTIC SHOES OR BRACES	1%	2%	1%
N =	(357)	(193)	(550)
E. UNMET NEED FOR PLASTIC SURGERY	-0-	1%	0.1%
N =	(366)	(198)	(564)

Table for Chapter 5

TABLE 49, continued: MEDICAL NEEDS OF FOSTER CHILDREN

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
F. EXTREME UNMET NEED FOR FAMILY PLANNING INFORMATION	0.3%	-0-	0.2%
N =	(366)	(198)	(564)
G. REGULAR THERAPY OR MEDICAL TREATMENT REQUIRED OUTSIDE HOME			
1. Yes, required; no transpor- tation problems	5%	7%	5%
2. Yes, required; transporta- tion is a problem	2%	2%	2%
3. Not required	94%	91%	93%
N =	(357)	(193)	(550)

Table for Chapter 5

TABLE 50: FOSTER PARENT TRANSPORTATION PROBLEMS FOR ROUTINE HEALTH CARE

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. FOSTER PARENT TRANSPORTATION PROBLEMS FOR ROUTINE HEALTH CARE			
1. Transportation to a medical facility is a problem	10%	9%	10%
2. Transportation is not a problem	90%	91%	90%
N =	(357)	(192)	(549)

Table for Chapter 5

TABLE 51: DENTAL NEEDS OF FOSTER CHILDREN

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. SHORT-TERM DENTAL WORK			
1. Completed	90%	91%	90%
2. Not completed	8%	8%	8%
3. Unknown	1%	1%	1%
N (includes only those who have seen dentist in past year) =	(230)	(125)	(355)
B. ORTHODONTURE WAS RECOMMENDED BY DENTIST			
1. Yes	15%	19%	16%
2. No	77%	73%	76%
3. Unknown	8%	8%	8%
N (includes only those over age 3) =	(315)	(173)	(488)
C. CASEWORKER CONSIDERS ORTHODONTURE AN EXTREME UNMET NEED			
	2%	3%	2%
N (includes only those over age 3) =	(311)	(169)	(480)

Table for Chapter 6

TABLE 52: MENTAL HEALTH: HISTORY AND CURRENT ASSESSED NEED

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. PERCENTAGE OF CHILDREN WHO HAVE HAD INPATIENT MENTAL HEALTH TREATMENT	2%	2%	2%
N =	(366)	(188)	(554)
B. CHILDREN WITH PSYCHOLOGICAL EVALUATIONS IN CASE RECORD	37%	33%	36%
N =	(366)	(188)	(554)
C. CHILDREN WITH SPECIAL NEEDS PAYMENT FOR PSYCHOLOGICAL EVALUATIONS IN PAST SIX MONTHS	16%	7%	14%
N =	(366)	(198)	(564)
D. CASEWORKER RECOMMENDS CHILD RECEIVE MENTAL HEALTH TREAT- MENT	32%	37%	33%
N =	(366)	(198)	(564)
E. CHILD IS RECEIVING MENTAL HEALTH TREATMENT CURRENTLY	17%	25%	18%
N =	(366)	(198)	(564)

Table for Chapter 6

TABLE 53: CHILD BEHAVIOR CHECKLIST SCORES*

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. CHILD BEHAVIOR CHECKLIST BEHAVIOR PROBLEM SCORES			
1. Score indicates mental health evaluation not necessary	53%	46%	52%
2. Score indicates mental health evaluation advisable	44%	49%	45%
3. Unknown (CBC refused or not fully completed)	3%	5%	3%
N (children aged four and over) =	(311)	(177)	(488)

*This standardized psychological test is described in Chapter 6.

Table for Chapter 6

TABLE 54: CHILD BEHAVIOR CHECKLIST BY AGE AND SEX GROUPINGS

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. CHILD BEHAVIOR CHECKLIST BEHAVIOR PROBLEM SCORE INDICATES MENTAL HEALTH EVALUATION ADVISABLE			
1. Males 4 to 5	33%	20%	31%
N =	(15)	(10)	(25)
2. Males 6 to 11	54%	54%	54%
N =	(37)	(24)	(61)
3. Males 12 to 16	37%	40%	38%
N =	(60)	(37)	(97)
4. Males 17 to 19*	35%	47%	37%
N =	(23)	(19)	(42)
5. Females 4 to 5	38%	17%	35%
N =	(13)	(6)	(19)
6. Females 6 to 11	53%	78%	57%
N =	(49)	(18)	(67)
7. Females 12 to 16	59%	59%	59%
N =	(70)	(27)	(97)
8. Females 17 to 20*	29%	41%	31%
N =	(34)	(27)	(61)

*Norms have not been established for this age range. Scores have been extrapolated from norms for the 12-16 age group.

Table for Chapter 6

TABLE 55: MENTAL HEALTH TREATMENT BEING GIVEN

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. REFERRALS TO PUBLIC MENTAL HEALTH CLINICS MADE	60%	46%	58%
N (children caseworker believes need mental health treatment only) =	(117)	(75)	(192)
B. CHILDREN RECEIVING TREATMENT			
1. Yes	53%	67%	55%
2. No	45%	33%	43%
3. Unknown	2%	-0-	1%
N (children needing treatment only) =	(117)	(75)	(192)
C. SOURCE OF TREATMENT			
1. Public provider	56%	37%	52%
2. Private provider	37%	22%	34%
3. Voluntary Agency staff	-0-	39%	9%
4. Other	6%	2%	5%
N (children receiving treatment only) =	(62)	(51)	(113)

Table for Chapter 6

TABLE 56: BARRIERS TO MENTAL HEALTH TREATMENT

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. BARRIERS TO MENTAL HEALTH TREATMENT:			
1. Child refused treatment	51%	35%	48%
2. Not yet possible to make referral	9%	12%	10%
3. Referral made, is still pending	6%	15%	8%
4. Treatment available, case-worker considers it inadequate	6%	-0-	5%
5. Child too young for available treatment	6%	-0-	5%
6. Foster parent did not cooperate	4%	-0-	3%
7. Needs inpatient treatment	4%	-0-	3%
8. Child emotionally not ready	4%	-0-	3%
9. Not available	-0-	15%	2%
10. Child between therapists	-0-	8%	1%
11. Referral made and rejected, agency lacked staff	-0-	4%	1%
12. Referral made and accepted, but no funds available	-0-	4%	1%
13. Other	11%	8%	11%
N = (children for whom treatment is recommended who are not receiving treatment)	(53)	(26)	(79)

Table for Chapter 6

TABLE 57: CASEWORKER ESTIMATES OF UNMET NEED FOR MENTAL HEALTH SERVICES

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. CASEWORKER ESTIMATES OF UNMET NEED FOR MENTAL HEALTH SERVICES:			
1. Unmet need for inpatient mental health treatment	2%	2%	2%
2. Unmet need for day treatment	1%	1%	1%
3. Unmet need for inpatient drug and/or alcohol treatment	0.3%	1%	0.4%
4. Unmet need for specialized counseling*	0.3%	1%	0.4%
N =	(366)	(198)	(564)

*Items mentioned here included play therapy, preparenting counseling, and training in interaction skills.

Table for Chapter 6

COMPARISON BETWEEN CASEWORKER RECOMMENDATION OF MENTAL HEALTH
 TABLE 58: EVALUATION AND CHILD BEHAVIOR CHECKLIST SCORE*

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. COMPARISON BETWEEN CASEWORKER RECOMMENDATION OF MENTAL HEALTH EVALUATION AND CHILD BEHAVIOR CHECKLIST SCORE*			
1. Caseworker recommended mental health evaluation and CBCL score indicates mental health evaluation advisable	27%	30%	28%
2. Caseworker did not recommend mental health evaluation and CBCL score indicates evaluation not necessary	39%	40%	39%
3. Disagreement: caseworker did not recommend evaluation, CBCL indicates mental health evaluation advisable	19%	18%	19%
4. Disagreement: caseworker recommended evaluation, CBCL indicates mental health evaluation not necessary	16%	11%	15%
N (children aged 4 and over) =	(302)	(168)	(470)

*If any of the following were true, the caseworker was counted as having assessed a need for mental health evaluation: special needs payment requested in past six months for mental health evaluation or treatment; special needs payment made in past six months for mental health evaluation or treatment; caseworker states that child currently needs mental health treatment.

Table for Chapter 6

COMPARISON BETWEEN CASEWORKER RECOMMENDATION FOR INTENSIVE MENTAL
 TABLE 59: HEALTH TREATMENT AND CHILD BEHAVIOR CHECKLIST SCORE

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. ARE MENTAL HEALTH SERVICES BEING RECEIVED BY CHILDREN FOR WHOM CASEWORKER RECOM- MENDS TREATMENT AND CBCL SCORE INDICATES REFERRAL ADVISABLE			
1. Yes	56%	72%	59%
2. No	44%	28%	41%
N (children in indicated group) =	(80)	(50)	(130)
B. UNMET NEED FOR MENTAL HEALTH SERVICES, CHILDREN AGED FOUR AND OVER, PRO- JECTED FROM "A" ABOVE	12%	8%	11%
N (children aged four and over) =	(302)	(168)	(470)
C. CASEWORKER RECOMMENDS CHILD RECEIVE DAY TREATMENT AND CBC SCORE INDICATES EVALUA- TION ADVISABLE	100%	100%	100%
N (children aged 4 and over) =	(2)	(2)	(4)
D. CASEWORKER RECOMMENDS CHILD RECEIVE INPATIENT ALCOHOL AND/OR DRUG TREATMENT AND CBC SCORE INDICATES EVAL- UATION ADVISABLE	100%	100%	100%
N (children aged 4 and over) =	(1)	(2)	(3)
E. CASEWORKER RECOMMENDS CHILD RECEIVE INPATIENT MENTAL HEALTH TREATMENT AND CBC SCORE INDICATES EVALUATION ADVISABLE	60%	100%	66%
N (children aged 4 and over) =	(5)	(3)	(8)

Table for Chapter 7

TABLE 60: EDUCATIONAL PROGRAMS, PRESCHOOL CHILDREN

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. PRESCHOOL CHILDREN ENROLLED IN DAYCARE, PRESCHOOL, OR KINDERGARTEN	37%	43%	38%
N (preschool children only) =	(86)	(40)	(126)
B. PRESCHOOL CHILDREN ENROLLED IN PROGRAM FOR SPECIAL NEEDS			
1. No	82%	82%	82%
2. Yes, program for handi- capped children	15%	12%	15%
3. Yes, program for gifted children	-0-	6%	1%
4. Refused to answer	3%	-0-	3%
N (preschool children enrolled in programs) =	(33)	(17)	(50)
C. CASEWORKER CONSIDERS PRESCHOOL PROGRAM FOR HANDICAPPED CHIL- DREN AN EXTREME UNMET NEED	1%	-0-	1%
N (preschool children only) =	(86)	(40)	(126)

Table for Chapter 7

TABLE 61: SCHOOL ATTENDANCE AND SCHOOL CHANGES IN PAST YEAR

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. ATTENDING SCHOOL ON A REGULAR BASIS, CURRENT SCHOOL YEAR:			
1. Yes	96%	94%	96%
2. No	4%	6%	4%
N (school age children only) =	(271)	(154)	(425)
B. SCHOOL CHANGES IN PAST YEAR			
1. None	80%	73%	78%
2. One	16%	19%	16%
3. Two	3%	6%	4%
4. Three	2%	1%	2%
5. Four	0.4%	1%	0.4%
N (children attending school) =	(268)	(154)	(422)
C. NUMBER OF SCHOOL CHANGES DUE TO CHANGE IN FOSTER CARE PLACEMENT			
1. None	29%	42%	32%
2. One	62%	46%	59%
3. Two	6%	7%	6%
4. Three	2%	2%	2%
5. Four	2%	2%	2%
N (children who have changed school only) =	(55)	(41)	(96)

Table for Chapter 7

TABLE 62: TRUANCY AND SUSPENSIONS OR CHILDREN IN FOSTER CARE

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. TRUANCY DURING CURRENT SCHOOL YEAR			
1. Never	84%	88%	84%
2. One to three times	12%	7%	11%
3. Four or more times	5%	6%	5%
N (children attending school) =	(261)	(145)	(406)
B. SUSPENSIONS OR EXPULSIONS DURING CURRENT SCHOOL YEAR			
	9%	11%	9%
N (children attending school) =	(268)	(154)	(422)

Table for Chapter 7

TABLE 63: ACADEMIC PERFORMANCE OF CHILDREN IN FOSTER CARE

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. COMPARISON OF CHILDREN WITH GENERAL UNITED STATES SCHOOL AGE POPULATION*			
1. Academic performance is similar to the top half of the USA school age population (e.g., better performance)	20%	14%	19%
2. Academic performance is similar to the bottom half of the USA school population (e.g., poorer performance)	80%	86%	81%
N (school aged children only)=	(235)	(141)	(394)
B. CHILDREN IN NEED OF SPECIAL EDUCATION WHO SCORE SIMILARLY TO CHILDREN IN THE BOTTOM HALF OF THE USA SCHOOL POPU- LATION*	96%	100%	97%
N (children in need of special education only) =	(54)	(31)	(85)
C. CHILDREN NOT IN NEED OF SPECIAL EDUCATION WHO SCORE SIMILARLY TO CHILDREN IN THE BOTTOM HALF OF THE USA SCHOOL POPULATION*	75%	80%	78%
N (children not in need of special education only) =	(199)	(110)	(309)

*This information is taken from the Child Behavior Checklist, a standardized test described in Chapter 6.

Table for Chapter 7

TABLE 64: SPECIAL EDUCATION SERVICES

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. SPECIAL EDUCATION SERVICES RECOMMENDED FOR CHILDREN ATTENDING SCHOOL			
1. No	76%	77%	76%
2. Yes, type unknown	4%	1%	4%
3. Yes, learning/language disability	8%	8%	8%
4. Yes, behavioral disability	4%	5%	5%
5. Yes, mental retardation	3%	5%	4%
6. Yes, multiple handicapped	1%	2%	1%
7. Yes, communication disorder	0.4%	1%	0.4%
8. Yes, neurological impair- ment	-0-	2%	0.3%
9. Yes, sensory handicap	0.4%	-0-	0.3%
10. Unknown whether services have been recommended	2%	-0-	2%
N (children attending school) =	(268)	(152)	(420)
B. SPECIAL EDUCATION SERVICES PROVIDED			
1. Yes	80%	76%	79%
2. No	17%	24%	18%
3. Unknown	3%	-0-	3%
N (only children for whom special education recom- mended) =	(59)	(33)	(92)
C. CASEWORKER CONSIDERS SPECIAL EDUCATION SERVICES AN EXTREME UNMET NEED			
	5%	-0-	4%
N (only children for whom special education recom- mended) =	(59)	(33)	(92)

Table for Chapter 7

TABLE 65: SPECIAL EDUCATION CHILDREN AND CHANGES DURING SCHOOL YEAR

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. NUMBER OF TIMES SPECIAL EDUCATION CHILDREN HAVE CHANGED SCHOOL IN THE PAST YEAR			
1. Never	75%	73%	75%
2. Once	16%	19%	16%
3. Twice	5%	8%	5%
4. Three times	3%	-0-	3%
5. Four times	2%	-0-	1%
N (special education children only) =	(64)	(37)	(101)
B. NUMBER OF CHANGES DUE TO CHANGE IN FOSTER PLACEMENT			
1. None	25%	60%	31%
2. One	62%	20%	55%
3. Two	6%	20%	9%
4. Four	6%	-0-	5%
N (special education chil- dren who have changed schools only) =	(16)	(10)	(26)

Table for Chapter 7

TABLE 66: SPECIAL SERVICES AND CLASSES RECEIVED AND NEEDED

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. CHILDREN ENROLLED IN REMEDIAL CLASSES	28%	30%	29%
N (children attending school) =	(261)	(145)	(404)
B. SPECIAL SERVICES PROVIDED BY THE SCHOOL			
1. Counseling	2%	6%	3%
2. English as a second language	-0-	9%	2%
3. Speech therapy	2%	1%	2%
4. Vocational training	2%	2%	2%
5. Free lunch	2%	1%	2%
6. Tutoring	1%	3%	1%
7. Gifted child class	1%	-0-	1%
8. Alternative school	0.4%	1%	1%
9. Other	2%	3%	2%
N (children attending school) =	(261)	(145)	(404)
C. CASEWORKER ASSESSMENT OF UNMET EDUCATIONAL NEEDS			
1. Unmet need for in-home tutoring	5%	8%	6%
2. Unmet need for vocational guidance	11%	18%	12%
3. Unmet need for adequate academic schooling	-0-	1%	0.2%
N =	(366)	(198)	(564)

Table for Chapter 7

TABLE 67: CHILDREN NOT ATTENDING SCHOOL: BACKGROUND INFORMATION

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. REASON CHILD NOT IN SCHOOL			
1. Dropout	20%	56%	28%
2. Expelled	10%	11%	18%
3. Handicap or chronic illness	-0-	11%	3%
4. Suspended	-0-	11%	3%
5. Has GED	10%	-0-	8%
6. Runaway	20%	-0-	17%
7. Other	30%	11%	24%
N (children not attending school) =	(10)	(9)	(19)
B. GRADE AT TIME STOPPED ATTENDING SCHOOL			
1. Correct level for age	56%	67%	60%
2. Low level for age	33%	11%	28%
3. Special education	11%	11%	11%
4. Unknown	-0-	11%	3%
N (children not attending school) =	(9)	(8)	(17)
C. READING LEVEL OF CHILDREN NOT ATTENDING SCHOOL			
1. Average	30%	33%	31%
2. Below average	40%	33%	38%
3. Failing	30%	22%	28%
4. Unknown	-0-	11%	3%
N (children not attending school) =	(10)	(8)	(18)

Table for Chapter 7

TABLE 68: CHILDREN NOT ATTENDING SCHOOL: CURRENT ACTIVITIES

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. FULL OR PART-TIME WORK, CHILDREN NOT ATTENDING SCHOOL	44%	56%	44%
N (children not attending school) =	(9)	(9)	(18)
B. IS CHILD PLANNING TO GET A GED DEGREE?			
1. Yes	67%	67%	67%
2. No	22%	11%	19%
3. Don't know	11%	22%	14%
N (children not attending school) =	(9)	(9)	(18)
C. CHILDREN RECEIVING VOCA- TIONAL TRAINING	11%	12%	11%
N (children not attending school) =	(9)	(8)	(17)
D. BARRIERS TO VOCATIONAL TRAINING			
1. Training was not consid- ered	38%	71%	46%
2. Training offered, child rejected	25%	14%	22%
3. Child mentally incapable	12%	14%	13%
4. Child physically incapable	12%	-0-	10%
5. Other	12%	-0-	10%
N (children not attending school and not receiving vocational training) =	(8)	(7)	(15)

Table for Chapter 7

TABLE 69: EMANCIPATION SKILLS, CHILDREN 15 AND OVER

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. CHILDREN AGED 15 AND OVER: NEED AREAS, EMANCIPATION SKILLS*			
1. Does not understand how to use a bank (making deposits, writing checks)	32%	44%	34%
2. Cannot plan a menu and shop for the food	26%	30%	27%
3. Cannot buy own clothing, choosing carefully and appropriately	22%	27%	23%
4. Has never held a job	16%	29%	19%
5. Cannot cook a simple meal	7%	8%	8%
N (children 15 and over) =	(122)	(90)	(212)
B. CASEWORKER CONSIDERS EMANCIPATION CLASS FOR TEENAGERS AN EXTREME UNMET NEED			
	1%	2%	1%
N (children 15 and over) =	(122)	(90)	(212)

*Children may be counted more than once in this list.

Table for Chapter 7

TABLE 70: DRIVER'S LICENSE, CHILDREN 16 AND OVER

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. CHILDREN AGED 16 AND OVER: DRIVER'S LICENSE			
1. Has driver's license	34%	28%	33%
2. Plans to get driver's license	34%	19%	32%
3. Does not have license, barriers prevent getting	33%	52%	36%
N (children 16 and over) =	(92)	(67)	(159)
B. BARRIERS TO GETTING A DRIVER'S LICENSE			
1. High cost of insurance	20%	6%	18%
2. Handicapped child, cannot drive	20%	6%	18%
3. Natural parent does not give permission	13%	9%	12%
4. Foster parent does not give permission	13%	6%	12%
5. Child failed tests	13%	3%	11%
6. Child not interested	10%	11%	10%
7. No car available	7%	3%	6%
8. Refugee with language problem	-0-	34%	5%
9. Driver's education not available	3%	3%	3%
10. Other	-0-	20%	3%
N (children experiencing barriers to getting a driver's license) =	(30)	(35)	(65)

Table for Chapter 7

TABLE 71: ADDITIONAL UNMET EDUCATIONAL NEEDS OF FOSTER CHILDREN

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. HAS TEENAGED MOTHER WHOSE CHILD IS ALSO IN FOSTER CARE RECEIVED PARENTING TRAINING?			
1. Yes	67%	100%	72%
2. No, mother not willing to attend training	22%	-0-	18%
3. No, mother is willing and training available but there are problems (no fee, lack of transportation, etc.)	11%	-0-	9%
N (children and mothers both in foster care) =	(9)	(3)	(12)
B. CASEWORKER ASSESSMENT OF UNMET EDUCATIONAL NEEDS			
1. Unmet need for in-home tutoring	5%	8%	6%
2. Unmet need for vocational guidance	11%	18%	12%
3. Unmet need for adequate academic schooling	-0-	1%	0.2%
N =	(366)	(198)	(564)

Table for Chapter 8

CHILDREN BIRTH TO FIVE YEARS, ALPERN AND BOLL DEVELOPMENTAL
 TABLE 72: PROFILE

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. ALPERN AND BOLL SCORES INDICATE FOR CHILDREN AGED FIVE AND UNDER:			
1. Strong possibility of developmental delay	29%	20%	28%
2. Developmental delay evidence inconclusive, need for further eval- uation	4%	15%	6%
3. Child's development appears normal	65%	63%	65%
4. Unknown (information is missing)	2%	2%	2%
N (children five and under only) =	(86)	(41)	(127)
B. CASEWORKERS IDENTIFY CHILDREN AGED FIVE AND BELOW AS BEING MENTALLY RETARDED			
1. Yes	5%	2%	5%
2. No	95%	98%	95%
N (children five and under only) =	(86)	(41)	(127)

Table for Chapter 8

CHILDREN FIVE AND UNDER: DEVELOPMENTAL DISABILITIES SPECIAL
 TABLE 73: RATES, EVALUATION, INSTITUTIONALIZATION, AND SCHOOLING

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. CHILDREN FIVE AND UNDER WITH SPECIAL RATE PAID FOR DEVELOPMENTAL DISABILITIES	5%	3%	5%
N (children five and under) =	(86)	(39)	(125)
B. CHILDREN FIVE AND UNDER WITH EVALUATION FOR DEVELOPMENTAL DISABILITIES IN CASE RECORD	15%	9%	14%
N (children five and under) =	(86)	(35)	(120)
C. CHILDREN FIVE AND UNDER IN SPECIAL NEEDS PRESCHOOL PROGRAMS OR DAYCARE	6%	3%	6%
N (children five and under) =	(85)	(35)	(120)
D. UNMET NEED FOR EVALUATION FOR DEVELOPMENTAL DISABIL- ITY PROJECTED FROM TABLE 72 "A" AND FROM "B" ABOVE	18%	26%	20%
N (children five and under) =	(85)	(35)	(120)

Table for Chapter 8

CHILDREN SIX AND OVER: DEVELOPMENTAL DISABILITIES SPECIAL RATES,
TABLE 74: EVALUATION AND INSTITUTIONALIZATION

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. CHILDREN SIX AND OVER WITH SPECIAL RATE PAID FOR DEVELOPMENTAL DISABILITIES	0.4%	2%	1%
N (children six and over) =	(280)	(159)	(439)
B. CHILDREN SIX AND OVER WITH EVALUATION FOR DEVELOPMENTAL DISABILITIES IN CASE RECORD	7%	12%	8%
N (children six and over) =	(281)	(153)	(434)
C. CHILDREN SIX AND OVER IDEN- TIFIED BY CASEWORKER AS BEING MENTALLY RETARDED			
1. Yes	8%	8%	8%
2. No	92%	92%	92%
N (children six and over) =	(281)	(153)	(434)

Table for Chapter 9

TABLE 75: DELIVERY OF LEGAL SERVICES TO CHILD

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. DOES CHILD HAVE A GUARDIAN AD LITEM?			
1. Yes	48%	16%	42%
2. No	51%	78%	55%
3. Unknown	2%	6%	2%
N =	(366)	(198)	(564)
B. NUMBER OF COURT HEARINGS FOR CHILD ATTENDED BY CURRENT CASEWORKER			
1. None	43%	66%	47%
2. One	18%	11%	17%
3. Two	13%	3%	12%
4. Three to four	14%	14%	14%
5. Five to seven	8%	4%	8%
6. Eight to twelve	3%	1%	2%
N =	(362)	(198)	(560)
C. MEAN NUMBER OF COURT HEARINGS CASEWORKER HAS ATTENDED PER CHILD	1.8 hearings	1.0 hearings	-
N =	(362)	(198)	(560)

Table for Chapter 9

TABLE 75, continued: DELIVERY OF LEGAL SERVICES TO CHILD

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
D. CHILDREN WITH LEGAL GUARDIAN OR RELATIVE AT COURT HEARINGS AS ADVOCATE FOR CHILD			
1. Yes	70%	39%	67%
2. No	29%	55%	32%
3. Unknown	1%	6%	2%
N (children for whom caseworker attended court hearings only) =	(205)	(67)	(272)
E. CHILDREN WITH SEPARATE LEGAL COUNSEL AT COURT HEARINGS ATTENDED BY CASEWORKER	39%	37%	39%
N (children for whom caseworker attended court hearings only) =	(205)	(67)	(272)

Table for Chapter 9

TABLE 76: AGENCY'S LEGAL RESOURCES

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES
A. AGENCY RESOURCES FOR DEALING WITH DEPENDENCIES		
Attorney General	57%	3%
Prosecuting Attorney	40%	14%
Contracted Provider	1%	37%
None	1%	32%
Prosecuting Attorney-Attorney General	1%	-0-
Other	1%	11%
Don't know	-0-	4%
N =	(199)	(73)
B. AGENCY RESOURCES FOR DEALING WITH DEPRIVATIONS		
Attorney General	58%	6%
Prosecuting Attorney	36%	13%
Contracted Provider	1%	41%
None	1%	24%
Prosecuting Attorney-Attorney General	2%	-0-
Don't know	2%	7%
Other	1%	10%
N =	(199)	(71)

Table for Chapter 9

TABLE 76, continued: AGENCY'S LEGAL RESOURCES

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES
C. AGENCY RESOURCES FOR DEALING WITH ADOPTIONS		
Attorney General	49%	2%
Prosecuting Attorney	29%	4%
Contracted Provider	5%	46%
None	8%	21%
Prosecuting Attorney-Attorney General	1%	-0-
Other	0%	16%
Don't know	9%	10%
N =	(181)	(67)
D. CASEWORKERS NOT SATISFIED WITH ADEQUACY OF AGENCY TRAINING TO DEAL WITH THE FOLLOWING*		
1. Dependencies	52%	79%
2. Deprivations	75%	83%
3. Adoptions	83%	72%
N =	(199)	(76)

*Caseworkers are counted once for each item in the list.

Table for Chapter 9

TABLE 77: TRANSPORTATION NEEDS OF FOSTER CHILDREN

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. SPECIAL NEEDS PAYMENT MADE IN PAST SIX MONTHS FOR TRANSPORTATION	6%	3%	5%
N =	(366)	(198)	(564)
B. TRANSPORTATION CITED AS BARRIER TO THE FOLLOWING*			
1. Visiting a health care facility*	10%	9%	10%
2. Child's participation in desired activities	3%	1%	3%
3. Child's receiving physical therapy or regular medical treatment**	2%	1%	2%
N (foster parent answers) =	(357)	(194)	(551)
C. FOR CHILDREN WHO MAY RETURN HOME, TRANSPORTATION CITED AS A BARRIER*			
1. Prevents seeing family frequently	1%	-0-	1%
2. Barrier to delivering services to family	8%	5%	8%
N (children who may return home only) =	(157)	(86)	(243)

* A child may be counted more than once on these lists.

**Foster parents nonetheless did find ways to provide transportation to these services.

Table for Chapter 9

TABLE 78: CLOTHING NEEDS OF FOSTER CHILDREN

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. SPECIAL NEEDS PAYMENT MADE IN PAST SIX MONTHS FOR CLOTHING	16%	16%	16%
N =	(366)	(198)	(564)
B. CURRENT UNMET NEED FOR CLOTHING	15%	11%	14%
N =	(366)	(198)	(564)

Table for Chapter 10

TABLE 79: LONG-TERM PLANNING FOR CHILDREN

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. CASEWORKER'S LONG-TERM GOAL FOR CHILD			
1. Return home	20%	22%	20%
2. Placement with relative	2%	2%	2%
3. Adoption	31%	17%	29%
4. Emancipation	23%	30%	23%
5. Long term foster care	18%	27%	19%
6. Foster parent guardianship	4%	1%	4%
7. Institutional care	1%	1%	1%
8. Don't know	1%	-0-	1%
N =	(366)	(198)	(564)
B. CASEWORKER FEELS ADOPTION IS AN EXTREME UNMET NEED FOR CHILD	1%	-0-	1%
N =	(366)	(198)	(564)

Table for Chapter 10

TABLE 80: LONG-TERM GOALS FOR CHILD COMPARED WITH CHILD'S AVERAGE AGE

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES
A. CHILD'S MEAN AGE FOR THE FOLLOWING GOALS		
1. Return child home to parents	8.2 years	9.6 years
N =	(74)	(44)
2. Place child with other relatives	11.3 years	10.0 years
N =	(7)	(5)
3. Adoption	6.1 years	5.9 years
N =	(113)	(33)
4. Long term foster care	13.8 years	12.0 years
N =	(66)	(53)
5. Emancipation	16.4 years	16.3 years
N =	(81)	(56)
6. Other	12.1 years	13.9 years
N =	(21)	(7)

Table for Chapter 10

TABLE 81: AGE OF CHILD COMPARED WITH CASEWORKER'S GOALS FOR CHILD*

	AGE OF CHILD		
	Birth to 5 years	6 years to 12 years	13 years and over
A. CASEWORKER'S LONG-TERM GOAL FOR CHILD, CSO AND VA COMBINED			
1. Return home	28%	32%	11%
2. Place with relatives	1%	3%	2%
3. Adoption	65%	39%	6%
4. Long-term foster care	4%	16%	29%
5. Emancipation	-	1%	46%
6. Institutionalization	-	-	1%
7. Other	2%	6%	6%
8. Unknown	-	2%	1%
N (CSO and VA combined) =	(129)	(160)	(275)

*To read this chart, note that the columns refer to the child's age. The total number at the bottom of the column shows the total number of children of this age. CSO and VA children have been combined, using a weighting factor. The percentages within each column refer to the column only, not to the whole table.

Table for Chapter 10

TABLE 82: GOAL FOR CHILD COMPARED WITH CHILD'S CURRENT LEGAL STATUS

	GOAL FOR CHILD				
	Return Home	Place With Relatives	Adopt	Long Term Foster Care	Emancipation
A. CHILD'S CURRENT LEGAL STATUS					
1. Parental custody (placed voluntarily)	37%	-0-	7%	20%	31%
2. ARP (alternative residential petition) filed; parental custody	2%	11%	-0-	4%	7%
3. Shelter care order; parental custody	-0-	-0-	2%	2%	-0-
4. Dependent ward of court; parental rights not terminated	58%	89%	44%	55%	46%
5. Dependent ward of court; parental rights terminated	2%	-0-	34%	12%	5%
6. Permanent custody; parental rights terminated	-0-	-0-	12%	2%	4%
7. Foster parent guardian; parental rights terminated	-0-	-0-	-0-	4%	-0-
8. Dependent ward of court; unknown whether parental rights have been terminated	-0-	-0-	1%	-0-	-0-
9. Emancipated; child has turned 18	-0-	-0-	1%	1%	5%
10. Unknown	-0-	-0-	-0-	-0-	1%
N (CSO and VA combined) =	(116)	(11)	(161)	(110)	(130)

*To read this chart, note that the columns refer to the goal for the child. The total number at the bottom of the column shows the total number of children who have this goal. CSO and VA children have been combined, using a weighting factor. The percentages within each column refer to the column only, not to the whole table.

Table for Chapter 10

TABLE 83: GOAL FOR CHILD COMPARED WITH CASEWORKER CONTACTS WITH THE CHILD

	GOAL FOR CHILD				
	Return Home	Place With Relatives	Adopt	Long Term Foster Care	Emancipation
A. CSO CASEWORKERS' CONTACTS WITH CHILD					
1. One month ago or less	74%	57%	51%	50%	41%
2. One month to three months ago	18%	29%	27%	26%	32%
3. More than three months ago	3%	14%	15%	15%	18%
4. Never	4%	-0-	6%	9%	9%
5. Unknown	1%	-0-	-0-	-0-	-0-
N (children for whom "other" or "institutionalization" cited as a goal are omitted) =	(74)	(7)	(113)	(66)	(81)
B. VA CASEWORKERS' CONTACTS WITH CHILD					
1. One month ago or less	77%	60%	88%	60%	68%
2. One month to three months ago	14%	40%	6%	30%	21%
3. More than three months ago	7%	-0-	6%	9%	7%
4. Never	2%	-0-	-0-	-0-	4%
N (children for whom "other" cited as a goal omitted) =	(44)	(5)	(33)	(53)	(56)

Table for Chapter 10

GOAL FOR CHILD COMPARED WITH CASEWORKER'S LAST FACE TO FACE CONTACT WITH
 TABLE 84: CHILD, CSO AND VA COMBINED*

	GOAL FOR CHILD				
	Return Home	Place With Relatives	Adopt	Long Term Foster Care	Emancipation
A. TIME OF CASEWORKER'S LAST FACE TO FACE CONTACT WITH CHILD, CSO AND VA COMBINED					
1. One month ago or less	75%	58%	55%	52%	46%
2. One month to three months ago	17%	31%	25%	27%	30%
3. More than three months ago	3%	11%	14%	14%	16%
4. Never	4%	-	6%	7%	8%
N (CSO and VA combined) =	(116)	(11)	(161)	(110)	(130)

*To read this chart, note that the columns refer to the goal for the child. The total number at the bottom of the column shows the total number of children who have this goal. CSO and VA children have been combined, using a weighting factor. The percentages within each column refer to the column only, not to the whole table.

Table for Chapter 10

GOAL FOR CHILD COMPARED WITH CHILD'S LAST FACE TO FACE CONTACT WITH OWN FAMILY*

	GOAL FOR CHILD				
	Return Home	Place With Relatives	Adopt	Long Term Foster Care	Emancipation
A. TIME CHILD LAST SAW A MEMBER OF OWN FAMILY, CSO AND VA COMBINED**					
1. Within past week	73%	34%	18%	33%	37%
2. Two to four weeks ago	16%	28%	17%	20%	23%
3. One month to two months ago	5%	11%	3%	10%	4%
4. Three months or more ago	4%	27%	51%	34%	32%
5. Never	2%	-0-	10%	3%	4%
N (CSO and VA combined) =	(109)	(11)	(154)	(104)	(123)

* To read this chart, note that the columns refer to the goal for the child. The total number at the bottom of the column shows the total number of children who have this goal. CSO and VA children have been combined, using a weighting factor. The percentages within each column refer to the column only, not to the whole table.

**This does not include contact with siblings living in the same foster home.

Table for Chapter 10

TABLE 86: BARRIERS TO ADOPTION

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. BARRIERS TO ADOPTION IF PLAN IS NOT FOR ADOPTION, RETURN HOME, OR PLACEMENT WITH RELATIVE			
1. Child is too old	51%	45%	50%
2. Severing family ties would be emotionally damaging	20%	21%	20%
3. Parents resist adoption	6%	5%	6%
4. Court will not approve deprivation	5%	4%	5%
5. Child resists adoption	5%	3%	5%
6. Child is emotionally disturbed	4%	3%	4%
7. Child is member of large sibling group	2%	4%	3%
8. Physical or mental handicap	1%	2%	1%
9. Combination of handicap and emotional disturbance	1%	1%	1%
10. Foster parent desires adoption, cannot afford it	1%	3%	1%
11. Child's ties to foster parent too strong	1%	-0-	1%
12. Refugee child with parents abroad	-0-	5%	1%
13. Indian Advisory Board has not agreed to adoption	1%	1%	1%
14. DSHS wants continuing involvement with child	1%	1%	1%
15. Out of county placement	1%	-0-	1%
16. Ethnic background	-0-	2%	0.3%
N (only children whose plan is not for adoption, etc.) =	(169)	(116)	(285)

Table for Chapter 10

TABLE 87: AGE OF CHILD COMPARED WITH BARRIERS TO ADOPTION*

	AGE OF CHILD		
	Birth to 5 years	6 years to 12 years	13 years and over
A. CHILDREN FOR WHOM ADOPTION, RETURN HOME, OR PLACE WITH RELATIVES IS NOT THE GOAL: BARRIERS TO ADOPTION, CSO AND VA CHILDREN TOGETHER			
1. Child's handicap or emotional disturbance	-0-	8%	4%
2. Child is too old	-0-	8%	59%
3. Family ties (part of large sibling group, ties to parents too strong)	38%	41%	20%
4. Court will not approve adoption	25%	3%	3%
5. Other	38%	44%	14%
N (CSO and VA combined, children for whom the goal is not adoption, return home, or place with relatives) =	(8)	(39)	(225)

*To read this chart, note that the columns refer to the child's age. The total number at the bottom of the column shows the total number of children of this age. CSO and VA children have been combined, using a weighting factor. The percentages within each column refer to the column only, not to the whole table.

Table for Chapter 10

TABLE 88: PARENTS' AND CHILD'S AGREEMENT WITH CASEWORKER'S LONG TERM GOAL

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. DO PARENTS AGREE TO CASE- WORKER'S LONG TERM GOAL FOR CHILD?			
1. Yes	63%	71%	64%
2. No	19%	14%	18%
3. Not discussed yet	12%	9%	12%
4. Under consideration	2%	3%	2%
5. Only one parent agrees	3%	4%	3%
6. Don't know, no plan made yet	1%	1%	1%
N (excluding children without available parents or those who have returned home) =	(328)	(156)	(484)
B. DOES CHILD ACCEPT CASEWORKER'S LONG TERM GOAL?			
1. Yes	88%	87%	88%
2. No	4%	3%	4%
3. Not discussed	7%	9%	7%
4. Don't know, no plan yet	2%	1%	2%
N (excluding children too young to discuss plan or those who have returned home) =	(303)	(172)	(475)

Table for Chapter 10

TABLE 89: CHILD'S PREFERRED LIVING SITUATION

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. CASEWORKER DISCUSSION OF CHILD'S PREFERRED LIVING SITUATION WITH CHILD:			
1. Has not been discussed	26%	22%	26%
2. Present foster home preferred	43%	47%	44%
3. Return to parents preferred	16%	15%	16%
4. Living with relative preferred	2%	5%	3%
5. Living with friends preferred	2%	2%	2%
6. Living alone preferred	1%	5%	2%
7. Other option preferred	7%	3%	6%
N =	(365)	(193)	(558)
B. PREFERENCES FOR THOSE CHILDREN WHO DISCUSSED LIVING SITUATIONS			
1. Present foster home	58%	60%	60%
2. Return to parents	22%	19%	22%
3. Living with relatives, friends, or alone	20%	21%	18%
N =	(270)	(151)	(413)

Table for Chapter 10

TABLE 90: ADDITIONAL TIME CHILD EXPECTED TO BE IN CARE

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. CASEWORKER'S PREDICTION OF HOW LONG CHILD WILL REMAIN IN CARE			
1. Child is home	3%	1%	3%
2. One to three months	26%	22%	25%
3. Four to eleven months	26%	18%	25%
4. One year	20%	20%	20%
5. Two to five years	19%	26%	20%
6. Six to ten years	5%	9%	6%
7. 11 to 16 years	2%	4%	2%
N =	(329)	(187)	(516)
B. MEAN AMOUNT OF TIME CHILD EXPECTED TO BE IN CARE	1.5 years	2.4 years	-
N =	(329)	(187)	-
C. MEDIAN AMOUNT OF TIME CHILD EXPECTED TO BE IN CARE	6 months	1 year	-
N =	(329)	(187)	-

Table for Chapter 10

AGE OF CHILD COMPARED WITH TIME CASEWORKER EXPECTS CHILD TO BE
TABLE 91: IN CARE*

	AGE OF CHILD		
	Birth to 5 years	6 years to 12 years	13 years and over
A. TIME CASEWORKER EXPECTS CHILD TO BE IN CARE, CSO AND VA COMBINED			
1. Five months or less	46%	32%	24%
2. Six to 11 months	3%	4%	5%
3. One year	16%	12%	22%
4. Two to three years	1%	3%	22%
5. Four years or more	33%	50%	26%
N (CSO and VA combined) =	(130)	(162)	(277)

*To read this chart, note that the columns refer to the child's age. The total number at the bottom of the column shows the total number of children of this age. CSO and VA children have been combined, using a weighting factor. The percentages within each column refer to the column only, not to the whole table.

Table for Chapter 10

GOAL FOR CHILD COMPARED WITH TIME CASEWORKER EXPECTS CHILD TO BE IN
TABLE 92: CARE*

	GOAL FOR CHILD				
	Return Home	Place With Relatives	Adopt	Long Term Foster Care	Emancipation
A. TIME CASEWORKER EXPECTS CHILD TO BE IN CARE, CSO AND VA COMBINED					
1. Five months or less	43%	34%	48%	5%	30%
2. Six to 11 months	3%	-0-	6%	3%	5%
3. One year	16%	11%	13%	16%	28%
4. Two to three years	3%	-0-	3%	28%	19%
5. Four years or more	36%	54%	30%	48%	18%
N (CSO and VA combined; "other" and "institutionalization" omitted) =	(116)	(11)	(161)	(110)	(130)

*To read this chart, note that the columns refer to the goal for the child. The total number at the bottom of the column shows the total number of children who have this goal. CSO and VA children have been combined, using a weighting factor. The percentages within each column refer to the column only, not to the whole table.

Table for Chapter 10

TABLE 93: UNMET PLACEMENT NEEDS

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. CASEWORKER ASSESSMENT OF IMMEDIATE NEED FOR			
1. Inpatient mental health treatment	2%	2%	2%
2. Inpatient alcohol/drug abuse treatment	0.3%	1%	0.4%
3. Group home	0.3%	-0-	0.2%
4. Adoption	1%	-0-	1%
N =	(366)	(198)	(564)

Table for Chapter 10

TABLE 94: DESCRIPTION OF FAMILY GROUP TO WHICH CHILD MAY RETURN

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. MAJOR FEMALE FIGURE IN HOUSE- HOLD TO WHICH CHILD MAY RETURN			
1. Natural mother	78%	70%	76%
2. Stepmother	2%	7%	3%
3. Adoptive mother	1%	-0-	1%
4. Female relative	10%	16%	11%
5. Unrelated female	1%	-0-	1%
6. No female figure	8%	7%	8%
N (children who may return home only) =	(157)	(86)	(243)
B. MAJOR MALE FIGURE IN HOUSE- HOLD TO WHICH CHILD MAY RETURN			
1. Natural father	19%	30%	21%
2. Stepfather	12%	11%	12%
3. Adoptive father	1%	1%	1%
4. Male relative	10%	7%	10%
5. Male nonrelative	7%	7%	7%
6. No male figure	51%	44%	49%
N (children who may return home only) =	(157)	(86)	(243)

Table for Chapter 10

INCOME LEVEL, HOME TO WHICH CHILD MAY RETURN; PROBABILITY OF
 TABLE 95: RETURN HOME

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. INCOME LEVEL OF HOME TO WHICH CHILD MAY RETURN			
1. Less than \$12,500 per year	83%	87%	84%
2. Between \$12,500 and \$18,700 a year	8%	8%	8%
3. Over \$18,700 a year	9%	5%	8%
N (children who may return home only for whom case-worker could estimate family income; 14% in CSO and 26% in VA are unknown) =	(135)	(64)	(199)
B. CASEWORKER'S ASSESSMENT OF PROBABILITY OF RETURN HOME			
1. Return highly probable	23%	36%	26%
2. Return probable	34%	29%	33%
3. Return unlikely	22%	22%	22%
4. Return highly unlikely	20%	11%	19%
5. Unknown	1%	1%	1%
N (children who may return home only) =	(146)	(85)	(231)

Table for Chapter 10

FREQUENCY OF CHILD'S VISITS HOME COMPARED WITH CASEWORKER
 TABLE 96: ASSESSMENT OF LIKELIHOOD OF RETURN

	CSO FOSTER CHILDREN	VA FOSTER CHILDREN	WEIGHTED STATE TOTAL
A. RETURN HOME IS RATED PROBABLE OR HIGHLY PROBABLE BY CASEWORKER, AND VISITS HOME ARE THE FOLLOWING FREQUENCY			
1. One or more per week	43%	32%	41%
2. Monthly	30%	41%	32%
3. Several times a year	7%	2%	6%
4. Once a year or less	15%	7%	14%
5. Never*	4%	16%	6%
6. Unknown	1%	2%	1%
N (children for whom return home is highly probable or probable, including those who have returned home) =	(83)	(56)	(139)
B. RETURN HOME IS RATED UNLIKELY OR HIGHLY UNLIKELY BY CASEWORKER, AND VISITS HOME ARE THE FOLLOWING FREQUENCY			
1. Once or more per week	13%	7%	12%
2. Monthly	26%	32%	27%
3. Several times a year	23%	7%	20%
4. Once a year or less	21%	4%	18%
5. Never*	14%	50%	20%
6. Unknown	3%	-0-	2%
N (children for whom return home is unlikely or highly unlikely) =	(62)	(28)	(90)

*This category would include parents who live out of state or are incarcerated, and parents who reject contact with their children.

Table for Chapter 10

TABLE 97: PROBLEMS IN FAMILY TO WHICH CHILD MAY RETURN

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. PROBLEMS IN FAMILIES TO WHICH CHILD MAY RETURN*			
1. Financial or housing needs	54%	56%	54%
2. Lack of vocational skills	53%	34%	50%
3. Child abuse or neglect	59%	38%	55%
4. Family conflict	48%	55%	49%
5. Alcohol abuse	34%	23%	32%
6. Mental health problem	27%	19%	25%
7. Physical illness	22%	19%	21%
8. Drug abuse	19%	13%	18%
9. Developmental disabilities	8%	6%	7%
N (children who may return home only) =	(157)	(86)	(243)

*A child's family may be counted more than once on this list.

Table for Chapter 10

CASEWORKER RATING OF SERVICES GIVEN TO FAMILIES TO WHICH CHILD
TABLE 98: MAY RETURN*

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. SERVICES FOR FINANCIAL OR HOUSING NEEDS			
1. Yes, adequate	28%	23%	27%
2. Yes, but not adequate	14%	17%	14%
3. No	55%	46%	54%
4. Unknown	2%	15%	4%
N (families with this problem only) =	(85)	(48)	(133)
B. SERVICES FOR LACK OF VOCATIONAL SKILLS			
1. Yes, adequate	28%	24%	27%
2. Yes, but not adequate	7%	10%	8%
3. No	60%	55%	60%
4. Unknown	5%	10%	5%
N (families with this problem only) =	(83)	(29)	(112)
C. SERVICES FOR CHILD ABUSE OR NEGLECT			
1. Yes, adequate	47%	52%	47%
2. Yes, but not adequate	12%	12%	12%
3. No	38%	27%	37%
4. Unknown	3%	9%	4%
N (families with this problem only) =	(92)	(33)	(125)

*A family may be counted more than once in this table.

Table for Chapter 10

TABLE 98, continued: CASEWORKER RATING OF SERVICES GIVEN TO FAMILIES*

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
D. SERVICES FOR FAMILY CONFLICT			
1. Yes, adequate	41%	36%	40%
2. Yes, but not adequate	7%	11%	7%
3. No	51%	43%	50%
4. Unknown	1%	11%	3%
N (families with this problem only) =	(76)	(47)	(123)
E. SERVICES FOR ALCOHOL ABUSE			
1. Yes, adequate	40%	40%	40%
2. Yes, but not adequate	4%	15%	5%
3. No	55%	35%	52%
4. Unknown	2%	10%	3%
N (families with this problem only) =	(53)	(20)	(73)
F. SERVICES FOR MENTAL HEALTH			
1. Yes, adequate	52%	38%	51%
2. Yes, but not adequate	14%	31%	16%
3. No	31%	19%	30%
4. Unknown	2%	12%	4%
N (families with this problem only)	(42)	(16)	(58)

*A family may be counted more than once on this table.

Table for Chapter 10

TABLE 98, continued: CASEWORKER RATING OF SERVICES GIVEN TO FAMILIES*

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
G. SERVICES FOR PHYSICAL ILLNESS			
1. Yes, adequate	71%	63%	69%
2. Yes, but not adequate	6%	6%	6%
3. No	21%	13%	19%
4. Unknown	3%	19%	5%
N (families with this problem only) =	(34)	(16)	(50)
H. SERVICES FOR DRUG ABUSE			
1. Yes, adequate	40%	18%	38%
2. Yes, but not adequate	3%	18%	5%
3. No	50%	46%	50%
4. Unknown	7%	18%	8%
N (families with this problem only) =	(30)	(11)	(41)
I. SERVICES FOR DEVELOPMENTAL DISABILITIES			
1. Yes, adequate	33%	40%	34%
2. Yes, but not adequate	17%	40%	20%
3. No	50%	-0-	44%
4. Unknown	-0-	20%	3%
N (families with this problem only) =	(12)	(5)	(17)

*A family may be counted more than once on this table.

Table for Chapter 10

PROBLEMS IN DELIVERING SERVICES TO FAMILIES TO WHICH CHILD MAY
TABLE 99: RETURN*

	COMMUNITY SERVICES OFFICES	VOLUNTARY AGENCIES	WEIGHTED STATE TOTAL
A. PROBLEMS ENCOUNTERED IN DELIVERING SERVICES TO FAMILIES (THREE PROBLEMS MAXIMUM CITED PER FAMILY)*			
1. Household member(s) refused services	53%	32%	50%
2. Household member(s) unavailable	32%	39%	33%
3. Household member(s) did not keep appointments	24%	17%	23%
4. Lack of needed service in this area	16%	7%	15%
5. Denial/Lack of motivation	15%	-0-	13%
6. Lack of transportation	12%	10%	12%
7. Household member(s) too hostile	11%	12%	11%
8. Lack of financial resources	5%	17%	7%
9. Parental handicap or severe problem	5%	2%	4%
10. Lack of caseworker time	4%	2%	4%
11. Household member(s) ineligible for needed services	2%	10%	3%
12. Cultural/Language barriers	2%	2%	2%
13. Other	12%	10%	12%
N (families to whom child may return for whom service barriers exist) =	(97)	(41)	(138)

*A family may be counted up to three times on this table.

Table for Chapter 10

FAMILIES TO WHICH CHILDREN ARE LIKELY AND UNLIKELY TO RETURN, COM-
TABLE 100: PARED TO ACCEPTANCE OF SERVICES AND ADEQUACY OF SERVICES DELIVERED

	CSO CHILDREN FOR WHOM RETURN HOME POSSIBLE AND LIKELY	CSO CHILDREN FOR WHOM RETURN HOME POSSIBLE BUT NOT LIKELY
A. CHILD'S FAMILY REJECTS SERVICES OFFERED	45%	62%
N (only those children for whom return home a pos- sibility) =	(83)	(62)
B. ADEQUATE SERVICES ARE BEING DELIVERED TO THE FAMILY FOR THE FOLLOWING PROBLEMS*		
1. Child abuse	64%	30%
2. Family conflict	45%	36%
3. Drug abuse	46%	43%
4. Physical illness	88%	43%
5. Inadequate vocational skills	30%	24%
6. Money or housing problems	34%	14%
7. Alcohol abuse	40%	29%
8. Mental health problems	73%	32%
9. Developmental disabilities	25%	43%
N (only those children for whom return home a pos- sibiity) =	(83)	(62)

*A family may be counted more than once on this list.

Table for Chapter 11

IMPROVEMENTS IN FOSTER CARE SYSTEM REQUESTED BY BOTH FOSTER PARENTS
TABLE 101: AND CASEWORKERS*

	CSO FOSTER PARENTS	VA FOSTER PARENTS	CSO CASEWORKERS	VA CASEWORKERS
A. IMPROVEMENTS REQUESTED BY BOTH FOSTER PARENTS AND CASEWORKERS*				
1. More and better training for foster parents	11%	12%	43%	22%
2. Caseworker needs to have more contact and communication with foster parents and foster children	18%	20%	7%	9%
3. More caseworkers with smaller caseloads needed	11%	10%	32%	14%
4. Increase foster care payment	19%	9%	26%	25%
5. Screen foster parents better and increase quality of licen- sing standards	11%	10%	6%	4%
6. Give foster parents more accur- ate information on a child's background	11%	10%	1%	5%
7. More and better counseling services	8%	4%	21%	16%
8. Increase clothing allowance	13%	4%	13%	12%
9. Better training for caseworkers	8%	7%	19%	13%
10. Provide orthodonture	3%	8%	5%	17%
11. Permanent planning for a child should be done early in the case	5%	4%	3%	11%
12. Pay foster parents on time and provide medical coupons on time	9%	2%	3%	9%
N =	(337)	(167)	(204)	(76)

*Each foster parent and caseworker interviewed made multiple suggestions, and may be counted more than once on this table.

Table for Chapter 11

ADDITIONAL IMPROVEMENTS IN FOSTER CARE SYSTEM REQUESTED BY
TABLE 102: CASEWORKERS*

	CSO CASEWORKERS	VA CASEWORKERS
A. IMPROVEMENTS WITHIN THE AGENCY*		
1. More preventive services to keep children out of foster care	9%	22%
2. More coordination between state and private agencies	1%	21%
3. Give routine paperwork and transportation work to caseworker aides	15%	4%
4. Additional experienced office staff (homefinders, community resource research workers, group home coordinators)	13%	1%
5. Streamline and decentralize administration of foster care	3%	11%
B. IMPROVEMENTS IN DEALING WITH FOSTER PARENTS AND FOSTER CHILDREN*		
1. More and better recruitment of new foster homes	32%	14%
2. More foster parents with special training to deal with severe emotional problems	18%	1%
3. Treat foster parents as professionals	4%	18%
4. Provide extra incentives to foster parents for taking difficult children	12%	7%
5. Foster parent support groups needed	10%	4%
N =	(204)	(76)

*Caseworkers may be counted more than once on this table.

Table for Chapter 11

TABLE 103: TRAINING REQUESTED BY FOSTER PARENTS*

	CSO FOSTER PARENTS	VA FOSTER PARENTS
A. TRAINING REQUESTED BY FOSTER PARENTS*		
1. Understanding the agency and what resources may be available	53%	55%
2. Dealing with difficult behaviors and/or emotional problems	53%	55%
3. Dealing with the sexually abused child	46%	43%
4. Dealing with teenage alcohol and drug use	39%	41%
5. Dealing with the natural parents	37%	43%
6. Dealing with normal family problems, e.g., parent effectiveness training	37%	41%
7. First aid	35%	40%
8. Dealing with sexual problems of adolescents	35%	34%
9. Dealing with physical handicaps, e.g., learning how to give physical therapy	30%	35%
10. Nutrition	27%	32%
11. Other	9%	18%
N =	(337)	(167)

*Foster parents may be counted more than once on this table.

Table for Chapter 11

ADDITIONAL IMPROVEMENTS IN FOSTER CARE SYSTEM REQUESTED BY
 TABLE 104: FOSTER PARENTS*

	CSO FOSTER PARENTS	VA FOSTER PARENTS
A. ADDITIONAL IMPROVEMENTS IN FOSTER CARE SYSTEM REQUESTED BY FOSTER PARENTS*		
1. Training in what services and resources are available to foster parents and foster children	7%	8%
2. Increased caseworker respect for foster parents	7%	1%
3. Increased caseworker attention to nondisruptive foster children	7%	4%
4. Lower rate of caseworker turnover	7%	1%
5. Greater flexibility in rules and regulations	6%	1%
6. Do not undermine foster parent discipline by moving a child to a new foster home	5%	2%
7. Maintain and expand the CHAP program	-0-	7%
8. Happy with the system	3%	4%
N =	(337)	(167)

*Foster parents may be counted more than once on this table.

Appendix A
Information About the Foster Care Samples

A. Use of Payment Documents for Foster Care Samples

1. Population Size and Sample Size

Interviews about a foster child were conducted only if the child was still in foster care or had left care within two weeks of the interview. This was done to ensure that foster parents and caseworkers had current information about the child. It was expected that a number of children sampled would be gone by the time an interviewer contacted the child's caseworker. Therefore, the CSOs and the VAs were sampled at different points in time. The estimated number of children in CSO foster care on January 28, 1980 was 2,511, from which a sample of 372 children was drawn. The estimated number of children in voluntary agency foster care on March 21, 1980 was 477, from which 226 children were sampled. The source of population data was a computer printout provided by the Office of Information Services which showed payments made for children in foster care on the day specified. Because the list was based upon a payment document for the child in question, it was subject to two sources of error. A document for a child actually in care may not have been submitted yet. Conversely, information that a child had left care may not have reached the central offices.

2. Sampling Method

The serial sampling method was used to select the sample. The computer printout displayed children alphabetically by region. Starting at a random point in the list, every nth child was checked off and included in the sample, making several complete passes through the list. An example would be a list of 100 children from which 20 are to be chosen. Taking an arbitrary starting point and choosing every 10th child, after going through the list twice, the sample of 20 would be obtained.

There were 46 CSOs in the printout with children in foster care. Forty-four of these CSOs had children who were sampled. Among the 47 voluntary agencies with children in foster care, 36 had children who were included in the sample.

The printout obtained from the Office of Information Systems listed children in foster care on the date requested. The source of this information was the C-form (DSHS 6-10x) completed for each child in the field and forwarded to state headquarters. For the CSO population, whereabouts code 3 and payment code 1 were requested; for the VA population, whereabouts code 4 and payment code 1. The accuracy of the computerized listing depended on whether all C-forms had been forwarded to the state headquarters in a timely manner.

Some children's names were eliminated from the printout before drawing the samples, and after sampling some names proved inappropriate for inclusion in the study. Children eliminated included those whose family foster care placement was supervised by Division of Developmental Disabilities staff, children who were in receiving homes, and children in group homes. The original CSO population list had 3,083 names, of which 2,511 are estimated to be children in CSO supervised family foster care. The original VA population list was reduced from 583 to 477 through a similar process of elimination.

3. Replacement Strategy

Some of the children sampled could not be studied because they were foster children on the DDD caseload, because they were in receiving home or group home care, because they had left foster care, or because both the agency involved and the child's foster parents refused to cooperate with the interviewer. A refusal was recorded as such, and no attempt was made to replace the sampled child. Cases which could not be contacted for the other reasons mentioned were replaced. The high cost of traveling to agencies and to foster parents' homes for face to face interviews made it impossible to replace children on a random basis. An interviewer stationed in Pasco for a week might obtain replacements in Seattle, Walla Walla, and Vancouver. Therefore, replacements were made by starting with the child needing replacement and going down the list until finding a child in the same agency. If no more children were left in that agency, the next unsampled child on the list was used.

B. Completion Rates

Three survey instruments were used for each foster child sampled. Interviews took place with the child's caseworker and one of the child's foster parents. The child's case record was also read.

Out of the original CSO sample of 372, 369 children were studied. Among the voluntary agencies, rate of capture was lower, with an original sample of 226 and a final sample of 200.

All three instruments were completed for 96 percent of the CSO children and 92 percent of the VA children. The following two charts show the rate of completion, instrument by instrument.

CSO Sample Only:

	Completed	Not Completed
Foster parent instrument	357	12
Caseworker instrument	366	3
Case record instrument	367	2

Appendix B Representativeness of the Foster Care Samples

Evaluation of the representativeness of the foster care samples presents problems because it was not possible to eliminate all non-appropriate children from the two computer printouts sampled. (See Appendix A above for a detailed discussion of the documents sampled and the sampling method, and Appendix C for a chart showing the disposition of the original sample.) The project had no resources to track down all 2,696 children in the list originally sampled for the CSOs and all 544 children in the VA list in order to determine whether or not they were receiving CSO or VA supervised family foster care. Therefore, the original samples drawn from the two lists were used as indicators of the contents of the lists. The samples had been calculated at the .05 absolute precision of the estimate and the 95 percent confidence level.

It was decided to create a weighting factor based upon the proportion of the original sample which was used in the survey and the proportion of the original sample which was not used in the survey. A record was kept of the age and sex of each child discarded from consideration in the course of sampling the lists and drawing replacements for inappropriate children. Children could be inappropriate because they had left care more than two weeks before the contact was made with the foster parent, because they were in some other form of care rather than family foster care, or even because no one had ever heard of them.

The information on age and on sex was tabulated for the final samples obtained, and for all the discards. This information is shown in the following table. No significant differences were found.

TABLE B.1: COMPARISON OF POPULATION SAMPLED WITH THE SAMPLE AND DISCARDS

	Population Sampled	Sample	Discards
A. SEX OF CHILDREN, CSO			
1. Male	48%	47%	46%
2. Female	52%	53%	54%
N =	(2,690)	(369)	(156)
B. SEX OF CHILDREN, VA			
1. Male	54%	52%	47%
2. Female	46%	48%	53%
N =	(542)	(200)	(116)
C. AGE OF CHILDREN, CSO			
1. Birth to five years	25%	23%	29%
2. Six to twelve years	30%	29%	28%
3. Thirteen years and up	47%	48%	43%
N =	(2,690)	(369)	(156)
D. AGE OF CHILDREN, VA			
1. Birth to five years	22%	21%	22%
2. Six to twelve years	22%	24%	17%
3. Thirteen years	56%	56%	61%
N =	(542)	(200)	(116)

Appendix C
Items Eliminated as a Result of the
Interjudge Reliability Study

Foster Parent Instrument: all three items eliminated appeared on the page completed after the interview, when the interviewer gave information about the interview. The items were:

- FP 1017* Number of interruptions during the interview.
- FP 1021 Rate the reliability of the information given.
- FP 1023 Number of times the foster parent had to be prompted.

Caseworker Instrument: two interrelated items were eliminated from a question about the medical history of the child's parents and siblings:

- CW 1367 Number of diseases which caseworker said appear in the family medical history.
- CW 1369 Number of diseases for which a "don't know" response was given.

A third item came from the page filled out after the interview:

- CW 1915 Rate the reliability of the information given.

Case Record Instrument: the lack of agreement on case record items reflects the lack of standardization within case records obtained by the project staff, as well as problems in the wording of items on the instrument. Substantial disagreements in interpretation led to rejection of the following items:

- CR 2019 Child's female caretaker at time of placement.
- CR 2021 Child's male caretaker at time of placement.
- CR 2035 Legal status of child at time of placement.
- CR 2039 Did family receive AFDC on behalf of child at time of placement.
- CR 2043 Was there a requirement for specialized foster care of child.
- CR 2423 Source of referral for current opening.
- CR 2427 Residence of child before current opening.
- CR 2439 Was rejection of child by parents a cause of placement.
- CR 2511 Is there a written case plan for the child in the case record.
- CR 2513 What is the case plan goal for the child.
- CR 2529 Are there other written evaluations, apart from the types listed above, in the case record.

*The numbering of items reflects the sequence of computer cards used for the data. FP 1017 means that this information appears on the tenth card starting in column 17.

Appendix D
Recording of Placements from Child's Case Record

The following instructions were written into the case record instrument:

INSTRUCTIONS FOR RECORDING PLACEMENTS:

What we want here is the total number of days the child has spent in state supported out of home placements. We also want the number of moves a child makes between these state supported placements. We will not distinguish between formal openings and closings. Go to the earliest "C" Form," if the whereabouts code is 1, 2, or 7, continue to next C Form. If the whereabouts code is 3, 4, 5, or 6, check the date of actions, section F. This is our "opening date." Continue through C Forms, constantly check section E, Action and Section G. Whereabouts and Section A, Payee. Count changes in placement. When "whereabouts" changes to 1, 2, or 7, check Action Date Section F. This is our "closing date." We will not count 1, going home, 2 going to relative or 7 as one of the placements. However you will record those codes beside the "closing date."

Originally it was hoped to distinguish between formal openings and closings of the case. This information was not part of the C-forms (DSHS 6-10x), however, and proved very difficult to record in a reliable manner.

Appendix E
CHILD BEHAVIOR CHECKLIST - - For ages 4 - 16

Department of
Health, Education, and Welfare

CHILD'S AGE	CHILD'S SEX <input type="checkbox"/> Boy <input type="checkbox"/> Girl	RACE	PARENT'S TYPE OF WORK (Please be specific—for example: auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant, even if parent does not live with child.)
FORM FILLED OUT BY: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Specify):		DATE	FATHER'S TYPE OF WORK: _____ MOTHER'S TYPE OF WORK: _____

Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

Compared to other children of the same age, about how much time does he/she spend in each?

Compared to other children of the same age, how well does he/she do each one?

	Don't Know	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average
<input type="checkbox"/> None								
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, singing, etc. (Do not include T.V.)

Compared to other children of the same age, about how much time does he/she spend in each?

Compared to other children of the same age, how well does he/she do each one?

	Don't Know	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average
<input type="checkbox"/> None								
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Please list any organizations, clubs, teams, or groups your child belongs to.

Compared to other children of the same age, how active is he/she in each?

	Don't Know	Less Active	Average	More Active
<input type="checkbox"/> None				
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Please list any jobs or chores your child has. For example: Paper route, babysitting, making bed, etc.

Compared to other children of the same age, how well does he/she carry them out?

	Don't Know	Below Average	Average	Above Average
<input type="checkbox"/> None				
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. About how many close friends does your child have? None 1 2 or 3 4 or more

2. About how many times a week does your child do things with them? less than 1 1 or 2 3 or more

Compared to other children of his/her age, how well does your child:

	Worse	About the same	Better
a. Get along with his/her brothers & sisters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Get along with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Behave with his/her parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Play and work by himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Current school performance—for children aged 6 and older: :

<input type="checkbox"/> Does not go to school	Failing	Below average	Average	Above average
a. Reading or English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other academic subjects: e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
example: history, science, foreign language, f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
geography). g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Is your child in a special class?

No Yes—what kind?

3. Has your child ever repeated a grade?

No Yes—grade and reason

4. Please describe any academic or other problems your child has had in school.

None

III. Below is a list of items that describe children. For each item that describes your child *now* or *within the past 12 months*, please circle the 2 if the item is *very true* or *often true* of your child. Circle the 1 if the item is *somewhat* or *sometimes true* of your child. If the item is *not true* of your child, circle the 0.

1	2	1.	Acts too young for his/her age	0	1	2	31.	Fears he/she might think or do something bad	
1	2	2.	Allergy (describe): _____	0	1	2	32.	Feels he/she has to be perfect	
				0	1	2	33.	Feels or complains that no one loves him/her	
0	1	2	3.	Argues a lot	0	1	2	34.	Feels others are out to get him/her
0	1	2	4.	Asthma	0	1	2	35.	Feels worthless or inferior
0	1	2	5.	Behaves like opposite sex	0	1	2	36.	Gets hurt a lot, accident-prone
0	1	2	6.	Bowel movements outside toilet	0	1	2	37.	Gets in many fights
0	1	2	7.	Bragging, boasting	0	1	2	38.	Gets teased a lot
0	1	2	8.	Can't concentrate, can't pay attention for long	0	1	2	39.	Hangs around with children who get in trouble
0	1	2	9.	Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1	2	40.	Hears things that aren't there (describe): _____
0	1	2	10.	Can't sit still, restless, or hyperactive	0	1	2	41.	Impulsive or acts without thinking
0	1	2	11.	Clings to adults or too dependent	0	1	2	42.	Likes to be alone
0	1	2	12.	Complains of loneliness	0	1	2	43.	Lying or cheating
0	1	2	13.	Confused or seems to be in a fog	0	1	2	44.	Bites fingernails
0	1	2	14.	Cries a lot	0	1	2	45.	Nervous, highstrung, or tense
1	2	15.	Cruel to animals	0	1	2	46.	Nervous movements or twitching (describe): _____	
1	2	16.	Cruelty, bullying, or meanness to others						
0	1	2	17.	Day-dreams or gets lost in his/her thoughts	0	1	2	47.	Nightmares
0	1	2	18.	Deliberately harms self or attempts suicide	0	1	2	48.	Not liked by other children
0	1	2	19.	Demands a lot of attention	0	1	2	49.	Constipated, doesn't move bowels
0	1	2	20.	Destroys his/her own things	0	1	2	50.	Too fearful or anxious
0	1	2	21.	Destroys things belonging to his/her family or other children	0	1	2	51.	Feels dizzy
0	1	2	22.	Disobedient at home	0	1	2	52.	Feels too guilty
0	1	2	23.	Disobedient at school	0	1	2	53.	Overeating
0	1	2	24.	Doesn't eat well	0	1	2	54.	Overtired
0	1	2	25.	Doesn't get along with other children	0	1	2	55.	Overweight
0	1	2	26.	Doesn't seem to feel guilty after misbehaving				56.	Physical problems without known medical cause:
0	1	2	27.	Easily jealous	0	1	2	a.	Aches or pains
0	1	2	28.	Eats or drinks things that are not food (describe): _____	0	1	2	b.	Headaches
					0	1	2	c.	Nausea, feels sick
					0	1	2	d.	Problems with eyes (describe): _____
0	1	2	29.	Fears certain animals, situations, or places, other than school (describe): _____	0	1	2	e.	Rashes or other skin problems
					0	1	2	f.	Stomachaches or cramps
					0	1	2	g.	Vomiting, throwing up
0	1	2	30.	Fears going to school	0	1	2	h.	Other (describe): _____

2	57.	Physically attacks people	0	1	2	84.	Strange behavior (describe): _____
2	58.	Picks nose, skin, or other parts of body (describe): _____	0	1	2	85.	Strange ideas (describe): _____
2	59.	Plays with own sex parts in public	0	1	2	86.	Stubborn, sullen, or irritable
2	60.	Plays with own sex parts too much	0	1	2	87.	Sudden changes in mood or feelings
2	61.	Poor school work	0	1	2	88.	Sulks a lot
2	62.	Poorly coordinated or clumsy	0	1	2	89.	Suspicious
2	63.	Prefers playing with older children	0	1	2	90.	Swearing or obscene language
2	64.	Prefers playing with younger children	0	1	2	91.	Talks about killing self
2	65.	Refuses to talk	0	1	2	92.	Talks or walks in sleep (describe): _____
2	66.	Repeats certain acts over and over; compulsions (describe): _____	0	1	2	93.	Talks too much
2	67.	Runs away from home	0	1	2	94.	Teases a lot
2	68.	Screams a lot	0	1	2	95.	Temper tantrums or hot temper
2	69.	Secretive, keeps things to self	0	1	2	96.	Thinks about sex too much
2	70.	Sees things that aren't there (describe): _____	0	1	2	97.	Threatens people
2	71.	Self-conscious or easily embarrassed	0	1	2	98.	Thumb-sucking
2	72.	Sets fires	0	1	2	99.	Too concerned with neatness or cleanliness
2	73.	Sexual problems (describe): _____	0	1	2	100.	Trouble sleeping (describe): _____
2	74.	Showing off or clowning	0	1	2	101.	Truancy, skips school
2	75.	Shy or timid	0	1	2	102.	Underactive, slow moving, or lacks energy
2	76.	Sleeps less than most children	0	1	2	103.	Unhappy, sad, or depressed
2	77.	Sleeps more than most children during day and/or night (describe): _____	0	1	2	104.	Unusually loud
2	78.	Smears or plays with bowel movements	0	1	2	105.	Uses alcohol or drugs (describe): _____
2	79.	Speech problem (describe): _____	0	1	2	106.	Vandalism
2	80.	Stares blankly	0	1	2	107.	Wets self during the day
2	81.	Steals at home	0	1	2	108.	Wets the bed
2	82.	Steals outside the home	0	1	2	109.	Whining
2	83.	Stores up things he/she doesn't need (describe): _____	0	1	2	110.	Wishes to be of opposite sex
			0	1	2	111.	Withdrawn, doesn't get involved with others
			0	1	2	112.	Worrying
			0	1	2	113.	Please write in any problems your child has that were not listed above: _____

Appendix F
Scoring of the Alpern and Boll Developmental Profile

The Alpern and Boll Developmental Profile was created by Gerald D. Alpern, Ph.D., of the Indiana University School of Medicine and Thomas J. Boll, Ph.D., of the University of Virginia Medical School. It was copyrighted in 1972 and is available from Psychological Development Publications of Aspen, Colorado.

The Profile consists of five scales, the physical, self-help, social, academic, and communication scales. Personnel familiar with the Profile from the Division of Developmental Disabilities aided in scoring these scales by preparing five graphs. The vertical axis of each graph gave the child's age in months and years, and the horizontal axis gave the child's developmental profile score in months and years. The graph was divided into three areas labeled "1 Significant Retardation," "2 Inconclusive," and "3 Normal Development." The point where each child's age intersected with his developmental profile score was plotted on the graph and a score of one, two, or three was assigned according to the area in which that point fell. The process of scoring was very easy and inter-rater reliability was high. The child was thus given five summary scores, one for each scale.

To obtain one rating for each child, the following decision rules were used:

- Strong possibility of developmental delay (1)
 - One or more score of 1 received
 - Three or more scores of 2 received

- Inconclusive, children should be evaluated (2)
 - Two scores of 2 received, three of 3

- Child appears normal (3)
 - One score of 2 received four of 3
 - Five scores of 3 received

APPENDIX G
INSTRUCTIONS FOR CALCULATING THE NUMBER OF CHILDREN
REPRESENTED BY PERCENTAGES IN THE REPORT

The first step in calculating the number of children in the total foster care population, the CSO portion of the population, or the VA portion of the population, is to check at the bottom of the item to see if the total number of cases represents all the children or a subgroup of the children. When the bottom line reads "N =", the total number of cases is represented in the table. The percentages in each column can be applied directly to the CSO, VA, and total state populations of children in care. If an actual number is desired, the percentage can be multiplied by the number in the population. In early 1980 the estimated total foster care population was 2,988 children, with 2,511 in the CSO population and 477 in the VA population.

Six percent of the total population of children is said by caseworkers to have an unmet need for in-home tutoring. Multiplying the total population of 2,988 by .06, a result of 179 children is obtained. If the current total of children in CSO and VA care is known, this current figure can be multiplied by the percentage.

When the "N" on the bottom line is followed by a parenthesis, percentages have been obtained on a subgroup only. Examples of such subgroups are "N (special education children only)," "N (children five and under only)," and so on. Percentages apply only to this special subgroup. If a percentage or a number for the total CSO, VA, or state population is desired, a computation will have to be made.

A. Computing a Percentage: If a percentage is desired, this can be obtained by using the following steps:

1. Choose the percentage which is to be transformed. For example, among the children aged four and over, 49 percent of the VA children aged four years and over had Child Behavior Checklist scores which showed that they could benefit from a mental health referral. We want to know what percentage of the total VA children this would represent.
2. Multiply the chosen percentage by the total number of cases shown at the bottom of the column of information. In the example, the total number of cases is 177. Following this procedure $177 \times .49$ equals 87.
3. Take the figure obtained in step #2 and divide it by the total number of cases in the population. There were 200 cases sampled in the VA population. Therefore, divide 87 by 200 to obtain a percentage of 44 percent.*

*This method is not precise because it does not take into account missing values. It will give a rough approximation. If more precision is desired, a staff member of the Office of Research can be contacted. It should be kept in mind that estimates based on the sample data can vary by plus or minus five percent, so the gain in precision by taking account of missing values will in most cases be small.

APPENDIX G (Cont.)

- B. Computing a Number: If the number of children within the total CSO, VA, or state population is desired, do the following:
1. Compute the percentage within the sample as a whole, using the three steps outlined above. In the example above, the percentage of children with a certain Child Behavior Checklist score was computed to be 44 percent.
 2. Multiply the total population in question by the percent obtained. With a VA total population of 477, $477 \times .44$ equals 210 children.

