

TDMHSAS BEST PRACTICE GUIDELINES

Children and Adolescents in Child Welfare

The unique behavioral and emotional needs of children in foster care long been recognized by the child welfare community in the United States (Leathers, McMeel, Prabhugate, & Atkins, 2009). Many of the children who come to the attention of the child welfare system have encountered abuse and/or neglect as well as separation from a parent. They come from high-risk home environments characterized by instability, poverty, and/or parents/caregivers with poor psychological well-being, which results in poor wellbeing for the child (Kortenkamp & Ehrle, 2002; Mental health issues in the child welfare system, 2003.). Moreover, many of these young people have experienced significant trauma. If the children are placed in custody, there is trauma associated with separation from their families and movement within the foster care system itself which typically compounds the original trauma. Thus, these children are extremely vulnerable and at very high risk for mental health and/or substance abuse problems (Child and Family Services Division, n.d.).

Behavioral and/or emotional problems of children in child welfare are generally significant. A survey of mental health needs using the National Survey of Child and Adolescent Well-Being (NSCAW) indicated that almost 50 percent of children in the two to 14-year-old age range have *clinically significant* behavioral and/or emotional problems (Child and Family Services Division, n.d.; Leathers et al., 2009). For the schoolage group, many are not involved with extracurricular activities and have low school engagement. A significant number also deal with problems concerning health insurance coverage, receipt of health care, or health status. Many of these children live with parents or caregivers that have poor mental health. More than one in four lives with parents or caregivers that might be described as highly aggravated. For children younger than six years of age, fewer than one fourth live with parents/caregivers who will take them on outings such as to the park, grocery store, etc. and only a little more than 25 percent have parents/caregivers who read to them more than twice a week (Kortenkamp & Ehrle, 2002). Nevertheless, some researchers contend that the mental health issues of many children and adolescents in the child welfare system often go unmet and/or inappropriately met with the wrong treatments (The Reach Institute, n.d.)

In Tennessee, there were 7,643 in custodial placement by the end of fiscal year (FY) 2011. An overwhelming majority of these children (90 percent) were newly admitted during the fiscal year. More than three fourths were classified as dependent/neglect rather than as delinquent or unruly. Per the Tennessee Code Annotated (TCA 37-1-102), a “dependent/neglected” child is a child:

- a) Who is without a parent, legal custodian or guardian;
- b) Whose guardian, parent or person with whom the child lives, by reason of mental incapacity, immorality, cruelty or depravity is unfit to properly care for such child;
- c) Who is under unlawful or improper supervision, custody, care, or restraint by any person, agency, association, institution, corporation, society or other organization or who is unlawfully kept out of school;
- d) Whose guardian, parent or custodian refuses or neglects to provide necessary medical, institutional, surgical or hospital care for such child;

- e) Who, because of lack of proper supervision, is found in any place the existence of which is in violation of law;
- f) Who is in such condition of suffering or want or is under such improper control or guardianship as to endanger or injure the health or morals of such child or others;
- g) Who is suffering from neglect or abuse;
- h) Who has been in the care and control of one or more agency or person not related to such child by marriage or blood for a continuous period of six months or longer in the absence of a court order or power of attorney, and such person or agency has not initiated judicial proceedings seeking either adoption of the child or legal custody;
- i) Who is or has been allowed, encouraged or permitted to engage in obscene or prostitution or pornographic posing, filming, photographing, or similar activity and whose guardian, parent or other custodian refuses or neglects to protect such child from further such activity; or
- j) Who has willfully been left in the sole physical care and sole financial care of a related caregiver for not less than 18 consecutive months by the child's parent, parents or legal custodian to the related caregiver, and the child will suffer substantial harm if removed from the continuous care of such relative (TCCY, 2011).

The average length of stay for children exiting DCS custody during FY 2011 is provided in the table below:

TFACTS is a "live" system that receives continuous updates; therefore results may vary based on when data are collected. Responsible Region	Adjudication	Median Length of Stay in Months for Children Exiting Care in FY 2010-2011	Median Length of Stay in Months for Children Remaining in Care on June 30, 2011
Statewide	Delinquent	8.9	6.7
	Dependent/Neglect	9.7	8.9
	Unruly	9.0	5.4
	All Adjudications	9.3	8.3

Source: DCS Annual Report: July 1, 2010-June 30, 2011

The average length of stay in custody is about nine months.

Provisions of mental health treatment primarily in residential settings for children in child welfare are on the decline. The new trend shows effective treatment models for children in foster care settings. Research supporting effective clinic-based models and service-intervention models continues to proliferate. Thus increased communication between child welfare and mental health service systems about mental health services is much needed and warranted (Leathers, 2009).

References

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