Children's Services PRACTICE NOTES

For North Carolina's Child Welfare Workers

From the NC Division of Social Services and the Family and Children's Resource Program

This publication for child welfare professionals is produced by the North Carolina Division of Social Services and the Family and Children's Resource Program, part of the Jordan Institute for Families within the School of Social Work at the University of North Carolina at Chapel Hill.

In summarizing research, we try to give you new ideas for refining your practice. However, this publication is not intended to replace child welfare training, regular supervision, or peer consultation—only to enhance them.

Let us hear from you!
To comment about something that appears in *Practice Notes*, please contact:

John McMahon
Jordan Institute for Families
School of Social Work
UNC–Chapel Hill
Chapel Hill, NC 27599-3550
jdmcmaho@unc.edu

Newsletter Staff
Mellicent Blythe
Lane Cooke
John McMahon
Laura Phipps
Tiffany Price

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CHILD WELFARE PRACTICE WITH ADOLESCENTS

According to Havighurst (1972), adolescence (age 13-18) is a time when major developmental tasks include:

- Achieving new and more mature relations with age-mates of both sexes;
- Achieving a masculine or feminine social role;
- Accepting one's physique and using the body effectively;
- Becoming emotionally independent of parents and other adults;
- Selecting and preparing for an occupation;
- Preparing for marriage and family life;
- Desiring and achieving socially responsible behavior; and
- Acquiring a set of values and an ethical system as a guide for behavior.

Accomplishing these tasks is tough in the best of circumstances. When teens experience maltreatment and encounter the child welfare system, it can be even harder.

Our job as child welfare practitioners is to make it possible for the teens we work with to develop to their full potential. We do this by keeping them safe, helping them achieve permanence, and attending to their physical, educational, and social-emotional well-being.

It's a big job. To support you, this issue of *Practice Notes* explores teen brain development, considers ways to strengthen teens' relationships, offers tips for responding to runaways and human trafficking victims, and suggests strategies for making sure their voices are heard during CFTs.

We hope this information—and the insight and reflection it inspires—will help you ensure the adolescents you work with get what they need to succeed in life. ◆

Teens' Experience of Foster Care in North Carolina

On April 30, 2012 there were 8,552 young people in foster care in North Carolina; 48% were female, 52% were male. Of these children:

- **Teens comprise about a third**. Those aged 13-17 made up 27% of the foster care population. Those 18+ made up about 5%.

- **Initial placements**. Of the 901 teens who entered care in 2010-11, 28% were initially placed in family foster care, 19% in group care, 18% with a relative, and 8% were placed in therapeutic foster care.

- **More are placed in groups**. In 2010-11, 28% of teens were placed in group care, compared to 5% of children aged 6-12 and slightly less than 1% of children aged 0-5.

- **They exit faster than younger kids**. Of the 5,049 children who entered care in 2007-08, the median length of stay in care was 454 days for children aged 0-5, 416 days for children aged 6-12, and 334 days for children aged 13-17.

- **They're more likely to return to care**. Of the young people who entered foster care in 2008-09, 11.4% of those aged 13-17 have re-entered care, compared to 7.9% of those aged 6-12 and 5.6% of those aged 0-5.

- **Some age out**. In 2010-11, 554 teens aged out of care. About them we know that:
  — 40% spent more than 4 years in care
  — More (53%) were female
  — A disproportionate number were African American. 48% of those aging out were black, though blacks made up 37% of the foster care population.

Source: Duncan, et al., 2012

ADOLESCENT BRAIN DEVELOPMENT: IMPLICATIONS FOR PRACTICE

Adolescence is a period of rapid growth and development. The release of hormones triggers the physical growth that we can easily observe. However, what we can't see is that the corresponding growth and development in the adolescent brain is equally accelerated. Recent advances in research using MRI has shed light on many of the typical behaviors associated with adolescence, especially risk-taking (Steinberg, 2007). Understanding adolescent brain development provides important information for supporting teens as they navigate this often challenging period of development.

> **Rather than trying to change how teens view risky activities, focus on limiting opportunities for immature judgment to have harmful consequences.**
> (Steinberg, 2007)

What's happening in the normal brain during adolescence?

During normal development, the brain is streamlining and strengthening the neural pathways to create more efficient systems of communication. MRI imaging has documented that the majority of this streamlining and strengthening occurs in the frontal cortex, the area responsible for decision making and higher level thinking (Casey, 2007). If this is true, then how can we explain teens' impulsive and risk taking behaviors?

The answer lies in the limbic system, a different part of the brain that is also developing during adolescence. The limbic system is responsible for reward seeking and is stimulated by social (peers) and emotional variables (Steinberg, 2007). The limbic system develops earlier and faster than the cortex, meaning that until the cortex can catch up with the limbic system, the desire for rewards and social pressures overrides rational thinking (Steinberg, 2007; Galvan, 2007; Casey, 2007).

The temporary imbalance of development of the two systems challenges many of the traditional strategies used to help teens make good choices. In fact, teens and adults have a similar capacity to distinguish between risky and safe choices. It's just that teens are less able to make the right choice in the moment (Casey, 2007).

What does it mean for my work?

In light of what we now know about the teen brain, child welfare workers should focus on ensuring appropriate limits are in place to assist adolescents in making the right choices. Teens need caregivers and society to provide the brakes, while their brain develops brakes of its own (McAnarney, 2008). As Chamberlain (2009a) explains, quality time with healthy adults can make a huge difference:

"While part of adolescence is about seeking new experiences and independence, teens still need lots of quality time with healthy adults to help shape their brains and learn the skills to transition into adulthood. They need the guidance of adults' mature prefrontal cortexes, even more so when they have histories of trauma."

This can be tough, since teens also need opportunities to gain independence and confidence. The following suggestions may be useful to you as you help families find an appropriate balance between safety and autonomy.

- Educate families and teens about what is happening in the brain; emphasize the need for increased structures and limits during this period.
- Remind families that talking about good choices isn't enough to ensure teens make those choices.
- Help families develop clear expectations for behaviors, such as staying in contact

Alcohol and the Teen Brain

Adults drink more frequently than teens, but when teens drink they tend to drink larger quantities than adults. There is evidence to suggest that the adolescent brain responds to alcohol differently than the adult brain, perhaps helping to explain the elevated risk of binge drinking in youth. Drinking in youth, and intense drinking are both risk factors for later alcohol dependence. Findings on the developing brain should help clarify the role of the changing brain in youthful drinking, and the relationship between youth drinking and the risk of addiction later in life.

Brain →

Reprinted from the National Institute of Mental Health, 2011

when away from the home, access to the internet, driving, dating, etc. They should discuss those expectations explicitly, reviewing them often.

- Make sure that families limit access to alcohol, cigarettes, and drugs (including prescriptions).
- Encourage families to know who their child's friends are. Remember, in the presence of peers, teens' desire for potential reward can overpower the concept of right and wrong.
- Provide opportunities for structured risk taking by encouraging teens to try new things (sports, music, art, etc.).
- Help teens learn skills that support independence, such as budgeting and job applications.
- Whenever possible, allow teens to make decision and have control over their lives.
- Support healthy brain development by making sure teens get enough sleep, physical activity and healthy nutrition. ◆

(Adapted from Chamberlin, 2009b)

TO LEARN MORE

Institute for Safe Families. (2005). *Amazing brain series*. www.instituteforsafefamilies.org/the_amazing_brain_materials.php

National Institute of Mental Health. (2011). *The teen brain: Still under construction fact sheet*. www.nimh.nih.gov/health/publications/the-teen-brain-still-under-construction/index.shtml

Walsh, D. (2004). *WHY do they act that way? A survival guide to the adolescent brain for you and your teen*. New York: Free Press.

Consider Trauma's Impact

In the last issue of *Practice Notes*, we focused on trauma and the impact it has on brain development. Traumatic experiences shape brain pathways, disrupting normal development. For adolescents, this can affect the development of the frontal cortex, further slowing the timing of and capacity for higher level thinking. Traumatized teens are even more likely to engage in risk-taking behaviors; their need for structure and support is even greater.

Keep the Research on Teen Brains in Perspective

In 2007 Mike Males, a senior researcher at the Center on Juvenile and Criminal Justice, had a strong reaction to news coverage of scientific findings about how teens' "immature" brains made them especially vulnerable to risky behavior.

Males responded with a *New York Times* op-ed piece in which he suggested the aim of our focus on the shortcomings of teens may be to draw attention away from the fact that it's really **middle-aged adults** who struggle with risky behavior and poor choices. As Males put it, "what experts label 'adolescent risk taking' is really baby boomer risk taking." To back that up, he cited statistics about Americans aged 35 to 54, including those outlined below.

Risky Behaviors (and Consequences) among Americans Aged 35-54

- In 2004 there were 18,249 overdose deaths from illicit drugs among this age group, up 550% since 1975
- In 2005 there were 4 million arrests among this age group; this reflects a 200% per capita increase in felonies among the middle aged since 1975
- Highest risk of violent death is among 40-49 year-olds
- In 2005 there were 630,000 middle-agers in prison, an increase of 600% since 1977

Source: Multiple sources cited in Males, 2007

Males' central point is that we need to keep things in perspective. Based on the data he presents, it might seem reasonable to worry whenever you're around someone who's middle-aged. But it's not.

Our advice? Resist the temptation to oversimplify or stereotype. As Males put it, "both teenagers and adults display a wide variety of attitudes and behaviors derived from individual conditions and choices, not harsh biological determinism. There's no 'typical teenager' any more than there's a 'typical' 45-year-old."

We agree. If you work with adolescents, chances are you can easily think of teens who have demonstrated remarkable insight, self-control, and good judgment, even when faced with peers who disagreed or other challenging circumstances.

We think we've done a good job sharing information on teen brain development, and we hope you consider it. Science is worth paying attention to.

But we also hope that as you reflect on your practice with teens you'll draw on your own experience and wisdom—and theirs—to identify strategies to help them reach their goals.

OVERCOMING SYSTEM FAILURE TO HELP YOUTH FIND AND SUSTAIN POSITIVE RELATIONSHIPS *by Joan McAllister*

Despite improvements in foster care, most of us would not want **our** children placed in the custody of a county department of social services. Although foster care placement can be a lifeline, it can also permanently disrupt children's positive relationships.

Too often, children removed from their homes lose contact with relatives, neighbors, school friends, teachers, pets and others who make up the constellation of their natural support networks. As these relationships are disrupted or broken during the removal process, children are expected to form new relationships in unfamiliar environments—with the foster parent, the new school, the new social worker, the new teacher—sometimes in a new town or at least in a new part of town. These experiences can have a negative impact on children's ability to form and sustain connections to family and other supportive people.

SEVEN OUTCOMES FOR TEENS

The **NC LINKS** program asks counties to focus on achieving seven outcomes for teens in foster care:

- Safe and stable housing
- Income to meet basic needs
- Educational and vocational training to secure stable employment
- Avoidance of high risk behaviors
- Postponed parenthood until emotionally and financially prepared
- Access to medical care and use of preventive care, and

Lisa's Story • *A Case Example*

Lisa will be 18 on Monday. She has been in foster care for three years. She was sexually abused by her stepfather. Her mother did not believe her and stayed married to the stepfather. The relationship between Lisa and her mother was broken beyond repair. Parental rights were eventually terminated. Lisa's sisters have been adopted, but visitation has been discouraged because of Lisa's "negative influence" on the younger girls.

Lisa is angry at her mom, angrier at the stepfather, and angriest at DSS. She is in the last semester of her senior year. She has been offered the opportunity to remain in care on a CARS agreement until she graduates, but will not consider it. Lisa and her 20-year-old boyfriend have just taken Lisa's belongings from the group home where she has been living. Their whereabouts are unknown.

- A personal support system of at least five caring adults in addition to professional relationships.

To learn more about achieving these outcomes, see North Carolina policy at http://bit.ly/O3WEZz.

FIVE CARING ADULTS

Evidence suggests that despite our efforts, there is room for improvement. For example, of the 611 young adults who aged out of foster care in North Carolina in 2007-08, we can only be sure that 316 (52%) had a support system of at least five caring adults at the time they left care.

We can do better. If an average group of adults are asked how many people are in their personal support system, most can list more than 40.

It's not that people don't care about youth aging out of care: many family members, friends, former foster parents, employers, teachers, coaches, and other caring adults would be willing to be a part of the youths' lives—if they only knew about the need. Youth in foster care need at least the same opportunities as others to gain the supports they need to become successful adults.

SUPPORT NETWORKS AT RISK

For children who, like Lisa in the case example above, are not reunified quickly, the damage caused by removal is often compounded over time. Foster care social workers may not be aware of the relationships that were lost and may not think to ask children about people who are or were important to them. They may rely on information in the child's record, using other social workers' judgments about the suitability of friends and relatives. In Lisa's case, potentially untapped resources from her past include her sisters, their adoptive parents, her paternal relatives, and neighbors.

As youth remain in care, many miss out on opportunities to develop new supportive relationships. For example, some agencies have

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Barriers to Building Support Networks for Adolescents

- As a child becomes an adolescent, the biological and sociological need to become a separate, independent adult becomes stronger. Adolescents who have fragile support systems are often not interested in developing relationships with more adults, and lose some of the supports they have during this maturation process.

- Foster care sometimes discourages potential relationships, as in Lisa's situation.

- Some agency policies discourage youth from becoming involved in the very activities that can expose them to potential supports such as sports, clubs, faith communities, school activities, and employment. These activities may be seen as "frills" rather than as opportunities for growth and the development of resources.

- Social workers are busy. Youth who are resistant to new relationships with adults can be difficult to engage. Social workers underestimate the impact they can have on youth when they make time to build trust.

- The names of people who might become support people may be buried in the records, in the information held by the family, or in the memory of the youth. Extracting and acting on this information takes time, effort, and prioritization. Potential resources may have moved away.

policies that require criminal records checks before youth in custody can visit overnight with families of friends. Some agencies refuse to allow youth to participate in sports or extracurricular activities because there is no approved means of transportation for the youth to return home, or because they are afraid that something bad might happen. Some youth are unable to attend their home faith community. Some are not allowed to work or volunteer without overcoming many behavioral and attitudinal hurdles. Additional barriers are listed in the box on page 4.

Children entering foster care often lack basic personal supports; were that not true, many could avoid foster care placement or quickly move from foster care into the home of a relative or another caring, responsible adult. Those children who remain in foster care through adolescence face a combination of factors that, if not addressed proactively, are likely to lead to a lack of supports upon discharge.

WHAT YOU CAN DO

The most important thing we can do for children and youth in foster care is assure they have a consistent personal support network of at least five caring adults, in addition to those persons whose support is based on a professional relationship. If each of us makes the commitment to help youth identify and strengthen these relationships, we will literally help them survive the normal crises that everyone experiences on the path to adulthood.

The following strategies are recommended to help youth build their personal support networks:

- Ask the youth the names and contact information of people with whom they would like to re-establish or strengthen contact.
- Be particularly mindful of relatives and siblings as possible resources.
- Give youths opportunities to invite their personal supporters to their Permanency Planning Action Team or child and family team meetings.

Don't screen anyone out unless there is a clear safety issue.

- Ensure that youth attend their court reviews and that they communicate their plans and interests to the judge.
- Conduct "record mining" for the ten youth in your agency with the most fragile or non-existent support networks. Talk with the youth about names that are found that might be possible support persons.
- Use free and for-charge search engines to locate missing relatives and friends. Child Support Enforcement may already have access to information that could be used to find people. LINKS Transitional Funds* can be used to pay for searches for potential support persons.
- Keep your expectations, and those of the youth, reasonable. Your intent is to strengthen their support network, not to secure instant placement. If that happens, great—but people can be supportive in many different ways.
- Enable youth to participate in activities that will, among other things, expose them to caring adults. Avoid denying participation in these positive activities as a punishment for unrelated offenses.

TRAINING RESOURCE
Real World Instructional Event
Real World Youth Events focus on career and lifestyle decisions, exposing youth in foster care to skills needed for job interviews and employment, continuing education, and budgeting. These powerful events give youth a chance for direct learning and practice.

Real World *Instructional* Events prepare foster parents, residential providers, social workers, and others to offer Real World Youth Events in their region. The next *Instructional Event* will be offered August 28-29, 2012 in Gastonia, NC. To register, log in to www.ncswlearn.org.

- Remember that people can and do change. Immature parents often grow up and may become quite capable of being an adult friend to their young adult children. Stay open to the possibilities.
- Accept the young person's plans for their life and help them develop those plans while they have the resources of the agency to help process what they are learning.

If youth are to have the best chance of transitioning successfully from foster care to adulthood, DSS must make a concerted effort to assure that existing relationships are maintained and strengthened throughout the youth's time in care. We would want nothing less for our children—and these *are* our children. ◆

From Fostering Perspectives, v. 13, n.1 (www.fosteringperspectives.org).

Robert's Story • *A Case Example*
This fictional case example illustrates what can happen when we succeed in helping youth find and sustain positive relationships.

Robert was almost 17 when the LINKS worker asked him who had been meaningful in his life. He mentioned foster parents that had taken care of him when he was eight years old, people who told him that they would have adopted him if they could. The couple moved out of state after Robert was reunified with his family. When he re-entered foster care, he lost touch with them. With the help of the Internet, his social worker located the family and let them know about Robert's situation. They had no idea he was still in foster care, and no idea that he had become available for adoption when he was ten. They asked for a visit. LINKS funds* were used to fly him to New York. Correspondence and visits continued, and the family and Robert decided adoption was still a great option. The adoption was finalized the day before his 18th birthday. Robert is enjoying getting to know his new extended family, as well as renewing his friendship with his older adopted brother.

To learn more about LINKS transitional funds, contact Danielle McConaga (Danielle.McConaga@dhhs.nc.gov; 919/334-1110).

CHILD AND FAMILY TEAM MEETINGS FOR TEENS IN FOSTER CARE

Adapted from the Division's MRS newsletter (vol. 3, no. 3, July 2008)

As you know, county DSS agencies in North Carolina hold child and family team meetings (CFTs) with families involved with child welfare services. The primary functions of these meetings are to engage the family and other interested parties in joint decision-making and to provide the family with support. CFTs address the family's strengths and needs and how these affect the child's safety, permanence, and well-being. Each meeting also results in a plan that specifies what must occur to help the family safely parent the children.

Child and family team meetings occur soon after child protective services decides to substantiate or reach a finding of "in need of services." CFTs are used with the family throughout the life of the family's case, even if it is unnecessary to remove the child from the home. Family-centered meetings of this type offer a host of potential benefits to families, children, and the professionals who serve them.

But what about meetings with older youth in foster care who, for whatever reason, don't have parents or birth family members who can attend CFTs with them? How should agencies approach CFTs when the "family" in question is a single teenager, a "family of one"?

CFTS AND "SOLO" TEENS

Even if their birth family is not in the picture, most teens in care have some kind of support system they can call on during a CFT, so the "family of one" situation doesn't come up all that often. Yet it does occur. Child welfare agencies need to have a formalized approach that ensures these youths' voices are reflected in their plans and that supports are set in place with their involvement. Unfortunately, there are still agencies in North Carolina that hold case planning meetings that are agency-focused, implemented without the involvement of youth, and do not

insist on the involvement of the youth and his or her supporters.

Youth who are a "family of one" should have CFTs that involve an objective facilitator, the youth's chosen support persons, community providers, and agency personnel.

Agencies seeking to improve their practice in this area, especially if the adolescents in question resist or are indifferent to being involved in their own CFT, should consider taking the following steps:

- Tell the young person to invite whomever they wish. Don't screen out anyone. They will be the persons to whom the youth goes for support, regardless of our opinion. They should be at the table.

- If the youth refuses to attend, or says he or she can't miss school, etc., postpone the meeting until the youth can come. This will send the message that the meeting is useless without their involvement
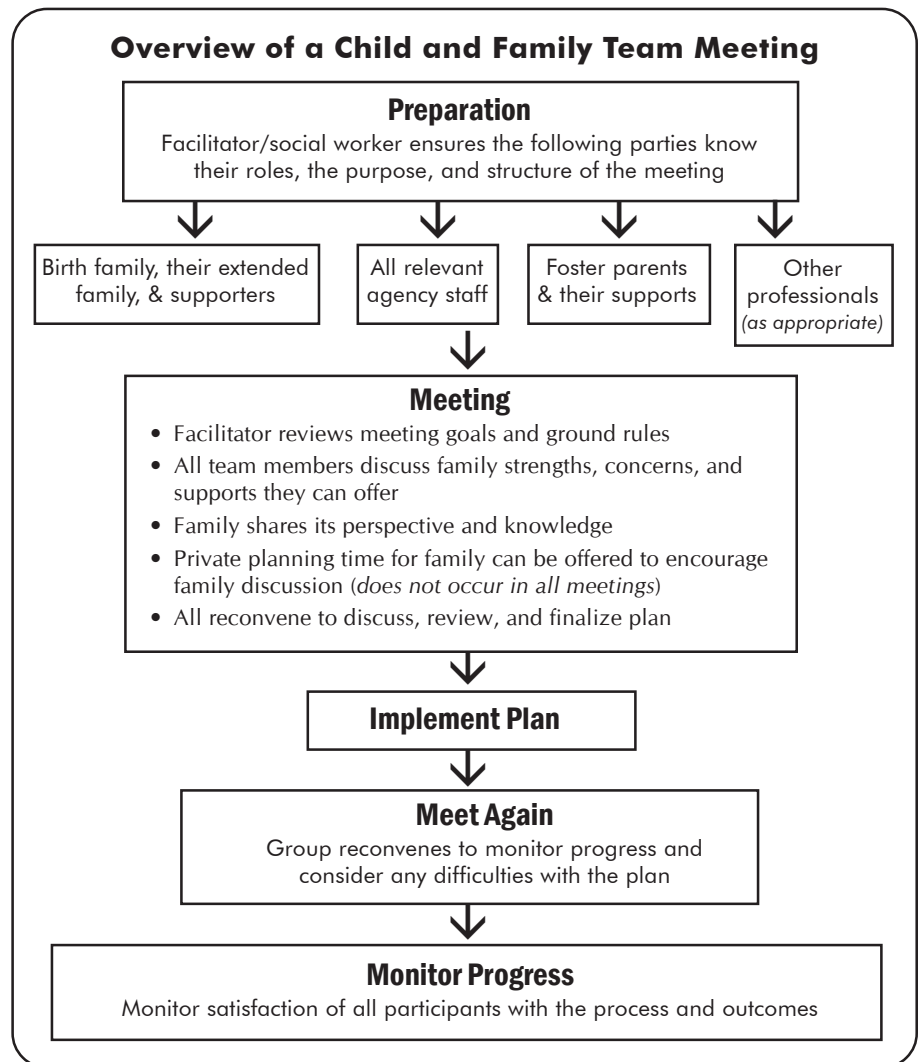
Overview of a Child and Family Team Meeting

Preparation
Facilitator/social worker ensures the following parties know their roles, the purpose, and structure of the meeting

Birth family, their extended family, & supporters | All relevant agency staff | Foster parents & their supports | Other professionals *(as appropriate)*

Meeting
- Facilitator reviews meeting goals and ground rules
- All team members discuss family strengths, concerns, and supports they can offer
- Family shares its perspective and knowledge
- Private planning time for family can be offered to encourage family discussion (*does not occur in all meetings*)
- All reconvene to discuss, review, and finalize plan

Implement Plan

Meet Again
Group reconvenes to monitor progress and consider any difficulties with the plan

Monitor Progress
Monitor satisfaction of all participants with the process and outcomes

and input. Can you imagine a more powerful (or empowering) message to send to a youth in foster care?

ADAPTING THE CFT PROCESS

The figure on page 6 illustrates the general structure of Child and Family Team meetings in child welfare in North Carolina. Many practitioners have successfully adapted this process to hold CFTs with "solo" teens.

For instance, Jackie Brown, who in 2008 was LINKS coordinator for Catawba County DSS, described her approach this way:

> An agenda is formulated at the beginning of the meeting with the youth, capturing issues they wish to address. Each participant in the room signs the confidentiality form and we then proceed.
>
> The youth takes the lead. Everyone has a chance to be heard.
>
> Feedback and outcomes are written under each heading for the note takers. Copies of the notes are given to the youth for reference.
>
> Meetings are held around the youth's schedule to ensure that she is present.

Brown believes this approach helps meetings with "solo" teens go smoothly, leading to greater buy-in from the youth and other parties and, ultimately, more positive outcomes.

Holly Yaeger, who in 2008 was LINKS Coordinator for New Hanover County DSS, says that in her experience, follow-up CFT meetings are especially valuable because they reinforce supports and empower teens. In follow-up meetings, Yaeger says, "The social worker can get [teens] to work toward a goal and give the power to the teen to make a plan that works for them."

To learn more about involving teens in CFTs, attend the *ABC's of Including Children in Child and Family Teams*, which is described below. ◆

TRAINING RESOURCE
The ABC's of Including Children in Child and Family Teams

This one-day skill-building course teaches North Carolina child welfare professionals how to prepare children for family meetings, make sure children's voices are heard, and ensure their safe participation. To learn more or for class times and registration information, log in to www.ncswlearn.org.

HOW YOUTH IN FOSTER CARE FEEL BEFORE A CFT

CFTs can stir up a lot of emotions. Below are some of the concerns NC youth in care have before these meetings.

Afraid, homesick, and hopeful are the emotions I feel at my team meeting.
—*Dalton, age 11*

My first [meeting] was very scary because I did not know what was going to happen in the end. I felt very anxious, worried, and sad. Personally, I feel like there is mostly bad news at my [meeting], but sometimes there is good news. That good news is giving me the drive to go on until my dad is ready for us to move in with him. —*Blake, age 13*

I <u>hate</u> CFT meetings. I hate the "all eyes on me" feeling. I also hate the embarrassed feeling you have when you have to explain why you're in trouble. Most of all I hate knowing it's some people's <u>job</u> to be there, knowing they get paid to listen to things about me and make decisions with me.
—*Nikki, age 16*

I sometimes get scared when I am about to go into my meetings, because I do not know what the team is going to say or if they are going to move me. Sometimes I am happy to meet because I have important things to talk about. Sometimes I am so excited to see the people who are in my meeting that I just can't sit still. —*Tiffany, age 14*

Why do I get nervous when I hear that I have a [meeting]? I cannot express how I am really feeling, but I do have many emotions. My hands are shaky and I feel sick to my stomach. I don't know what's going to happen next. I feel like my future is being tossed around like a ball. I have questions that need to be expressed out loud. I have to face my fears.
—*Melanie, age 14*

Meetings bring back a small portion of being able to take charge of at least a few things in my own life.
—*Jessie, age 16*

I've had multiple CFTs with, in my opinion, all the wrong people. People like my aunt, my cousins, and family friends. I would sit and ask myself: why are all these irrelevant people here? —*Amber, age 16*

No one likes to come to team meetings!
—*Alexandria, age 12*

PREVENTING AND RESPONDING TO RUNAWAYS FROM FOSTER CARE

Anyone who has ever searched for a young person who has run away from foster care knows the anxiety, the countless phone calls, the driving from place to place. It's harrowing. When the youth is safely back in care, we fervently hope we'll never have to face this situation again. Chances are, though, we will.

NOT UNCOMMON

Runaways from foster are not rare. Preliminary estimates are that of the 423,773 U.S. children in foster care on September 30, 2009, 8,047 (2%) had a "runaway" status (CWIG, 2011).

Most children who run away from foster care return or are found. Typical runaway episodes are short—one study found nearly half lasted less than one week and two-thirds lasted two weeks or less. The same study found that the older the runaway, the longer the runaway episode tends to last (Courtney, et al. 2005).

Youth rarely leave the foster care system permanently by running away. For example, of the 4,707 NC children who entered care in 2008-09, just 13 (or about a quarter of 1%) left the system by running away (Duncan, et al., 2012). Those who do exit care this way are likely to have spent a long time in care (Courtney & Barth, 1996).

WHAT WE KNOW

We can never know for sure which youth will attempt to run from foster care, but we know something about the traits of those who run. The following findings from the research literature are described by Pergamit and Erst (2011):

- Females are more likely to run away than are males.
- Runaway behavior is not linked to a particular race/ethnicity.
- Runaways tend to have more school problems, higher rates of suicidal ideation, more reported behavioral problems; and more alcohol, substance abuse, and mental health disorders.

- Foster youth are more likely to run away the first time if they entered care due to lack of supervision and less likely if they entered due to sexual abuse or physical abuse.
- The more placements they have, the more likely youth are to run.
- Youth in group homes or residential facilities more likely to run away than youth in foster homes; youth placed with relatives are least likely to run away.
- Length of time in care does not necessarily predict runaway; in fact, the older the youth is when entering care, the more likely they are to run away.

A RECENT STUDY

Recently researchers from the National Runaway Switchboard (Pergamit & Ernst, 2011) interviewed 50 foster youth between 14 and 17 years old. All had run away at least once in the past year. As the box below illustrates, these interviews tell us much about why youth run, how often they run, and

"**Many youth recognized what they were missing by being away from placement, most notably that they wanted to resume going to school.**"
(Pergamit & Ernst, 2011)

where they stay when they're on the run.

Youth participating in the study suggested a number of ways to improve their experiences in care. In general, they want more opportunities to see their families and stay connected to their neighborhoods and friends. They want to talk to someone who will listen to them, get to know them, and help them work through difficulties. Although this need could be met by a foster parent, many of these teens felt they couldn't talk to their foster parents.

Findings from Interviews with 50 Runaways from Foster Care

How often did they run?
25% of youth interviewed ran multiple times.

Placement type
Most ran from a group home; few ran from foster homes; those in kinship placements were least likely to run.

When did they run?
When placements were new. 33% ran within the first 3 months; more than half ran within the first 6 months.

Did they plan?
Not usually. Only a third planned; 66% left on the spur of the moment.

Why they ran
Most common: (1) to be with family and friends and (2) because they disliked their placement.

Conflict and safety
Conflict with caregivers was reported by nearly 25%, and was more likely among youth in foster homes than in group homes.

1 in 6 reported feeling unsafe in their placement; those in group homes were twice as likely to feel unsafe.

Where did they go?
Most (56%) went to their old neighborhood. Very few ran to live on the streets, staying outside (e.g., in a park, an abandoned building, etc.).

Whom did they contact while on the run?
Friends. Many wanted to see family, but sought out friends because they did not want to get parents in trouble or jeopardize reunification. Fewer than 25% called their caseworker; most who did make contact with the caseworker did so when they were ready to return to care.

Why did they return?
Most returned voluntarily because they wanted to be back at their home, go to school, or avoid getting themselves or others in trouble.

Adapted from Pergamit & Ernst, 2011

Teens who ran also wanted more support from caseworkers, including more frequent visits where caseworkers spend time listening to youth to hear how they are really faring in their placements. Many of those who were unhappy with their placements felt a placement move would have kept them from running (Pergamit & Ernst, 2011).

AFTER A RUN

What can social workers do to support runaway youth after they're back in foster care? Recognize that youth who have run away experience a disruption in services (medical, counseling, etc.) and may have unmet needs. Youth may not have sought out services while they were on the run, fearing that they would be turned in by service providers, or may have thought they needed an adult with them in order to get services (Pergamit & Ernst, 2011). After a runaway episode, work with foster parents and youth to reconnect youth to services to meet their needs. Connecting youth with school is also key (see sidebar).

PREVENTION

Runaway prevention suggestions from the NC Division of Social Services child welfare policy manual (2012) include:

- Design the work schedules of staff to be flexible enough to meet the child's needs.
- Strictly enforce requirements regarding the frequency of direct contact with children in foster care.
- Recruit and support foster homes in communities from which foster children come into care.

These suggestions mirror much of what youth who have run say they want. Youth also desire more contact with their families. Strengthening visitation can be an effective way to help prevent runaways from foster care.

Working with foster parents and youth on conflict management and

SCHOOL MATTERS

One of the reasons runaway youth return to care is so they can attend school. In one study (Skyles, Smithgall, & Howard, 2007), runaway youth described being torn between wanting to be in school and not wanting to get caught and returned to their foster care placement. Some were drawn to school because they understood the value of an education for their future; others wanted to spend time with school friends. The experience of running away showed others they needed an education to support themselves in life.

Getting youth enrolled and engaged in school following a runaway episode is essential, as is having child welfare and school staff work collaboratively to foster educational continuity, stability, and success for foster youth. Skyles and colleagues suggest various to help youth stay connected with school, including the following:

- Place information about positive academic achievements in youths' case files; they need to experience educational success and be acknowledged for it.
- Provide intensive individual, home-based tutoring to help youth eliminate subject-matter and skill deficiencies and attain grade-level abilities.
- Provide resources to allow youth to participate in after-school activities (e.g., museums, lessons, classes, cultural events) that can foster positive peer relationships and motivate them to be engaged in school and in their academic success.
- Train foster parents about the importance of attending school activities of the children in their care; establish clear expectations for their participation at school events
- Allow youth to be active participants in reviewing their educational options and making decisions about their future; this will engender commitment and responsibility for their actions.
- Recruit mentors for youth, including family members, who will encourage and help them define and reach their educational goals.

communication is another key prevention strategy. By teaching skills and being available to families to help them work through difficulties, child welfare professionals make an important investment in strengthening relationships that may make the difference in a youth's decision to run or stay when times are tough.

RESOURCE

The National Runaway Switchboard is a communication system for runaway and homeless youth. Its mission is to help keep America's runaway, homeless, and at-risk youth safe and off the streets. Online: www.1800runaway.org

Runaway Prevention Curriculum

The National Runaway Switchboard offers the *Let's Talk: Runaway Prevention Curriculum,* a free online curriculum that builds life skills, increases knowledge about runaway resources and prevention, educates youth about alternatives to running away, and encourages youth to access and seek help from trusted community members. The program can be delivered by a range of youth-serving professionals; each module can be completed in 45-60 minutes. Modules cover such topics as communication and listening, adolescent development, and Internet safety.

Evaluation data suggest *Let's Talk* improves knowledge and life skills of youth who participate in the program. Online: http://www.1800runaway.org/educators/curriculum/.

HUMAN TRAFFICKING: WHAT CHILD WELFARE WORKERS SHOULD KNOW

A mother "rents" her son to a man to support a drug addiction.

A 17-year-old in foster care runs away to be with her boyfriend, who then makes her work as a prostitute.

Two children are made to work long hours in a restaurant when they should be in school.

* * * * * * * *

Most people know that because of risks to the safety and well-being of children, these scenarios would be of concern to a child welfare agency. What many do not know is that these scenarios also describe possible instances of human trafficking, a serious crime punishable under federal law by up to 20 years in prison (Federal Criminal Code, *18 USC* § 1584).

Child welfare professionals are often among the first to learn about **child trafficking**, which involves minors. By knowing how to identify and respond to victims, social workers can help bring safety and healing to children traumatized by human trafficking.

HUMAN TRAFFICKING

Human trafficking is a form of modern day slavery. According to the Polaris Project (2010) there are two types:

- **Sex trafficking** is recruiting, harboring, transporting, providing, or obtaining a person for a commercial sex act that is induced by force, fraud, or coercion. When the victim is under 18, no force, fraud, or coercion is necessary.
- **Labor trafficking** is recruiting, harboring, transporting, providing, or obtaining a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Human "trafficking" does not necessarily involve moving people from one country or place to another.

Of the victims of human trafficking, some are U.S. residents and some are non-residents. Almost all have some vulnerability that can be exploited or manipulated by the trafficker (Snyder, 2012).

Sex trafficking victims are often runaways, troubled, or homeless youth (U.S. Dept. of State, 2011). An estimated 293,000 young people in the U.S. may be at risk for being trafficked for the sex trade (Estes & Weiner, 2001).

IMPACT

There is overlap between child trafficking and child maltreatment. Children involved in sex trafficking are repeatedly abused by pimps, madams, and sex buyers; 95% of teens who are prostituted were victims of prior sexual abuse either by family or close acquaintances (Estes & Weiner, 2001; IOM, 2007). According to the National Human Trafficking Resource Center, the impact on victims' well-being can be long-term and severe. Physical effects can include:

- Sleeping and eating disorders
- Sexually transmitted diseases, HIV/AIDS, pelvic pain, rectal trauma, and urinary difficulties from working in the sex industry
- Back, hearing, cardiovascular, or respiratory problems from toiling in dangerous agriculture, sweatshop, or construction conditions

Psychological effects on victims can include fear and anxiety; depression and mood changes; guilt and shame; Posttraumatic Stress Disorder (PTSD), and Traumatic Bonding with the trafficker ("Stockholm Syndrome").

IDENTIFYING VICTIMS

Child welfare staff have a vital role in helping identify potential child trafficking victims.

CPS Intake. Effective interviewing skills at this point in the child welfare process are key. Reporters rarely use the term "trafficking," but by listening carefully to what a caller says, intake staff may pick up on language that could indicate possible trafficking. Be alert to references to children who are "treated like a slave," sleep in a basement or garage, are not allowed to use the phone or leave the house, or

Victims, Not Criminals

Children and youth are often misidentified as juvenile prostitutes or criminals and placed in the juvenile justice system.

This is a mistake. Minors are not culpable for crimes committed due to human trafficking. Under the law, children and teens involved in these crimes are victims, not perpetrators.

Red Flags: Possible Signs of Child Trafficking

Labor Trafficking
- Family relationships not clear (may or may not present as formal guardian)
- Child may not be biological child of "parent" in the home
  — No evidence of legal guardian
  — Works for "aunt" or "uncle"
- Excluded from family events (e.g., church, vacations, parties)
- Physically exhausted; works long hours
- Child is fearful of family he lives with
- Child is responsible for child care, elder care, or cleaning—often hidden as "chores"

Sex Trafficking
- Excess amount of cash
- Hotel keys
- Chronic runaway/homeless youth
- Lying about age/false ID
- Inconsistencies in story
- Has engaged in prostitution or commercial sex acts
- Any mention of a pimp/boyfriend
- Refers to employer/boyfriend using slang such as "Daddy"

Source: Kaufka Walts, French, Moore, & Ashai, 2011

who work too much. Any reference to prostitution, pornography, or commercial sex acts is a red flag (Loyola, 2011).

CPS Assessments. Interviewing skills are also important here. Taking time to build trust and create a safe-feeling space for victims is a priority. Use open-ended questions and mirror an interviewee's language. Pay attention to the child's feelings about safety. Ask, "Is it safe for you to talk with me right now? How safe do you feel right now? Are there times when you don't feel safe? Is there anything that would help you to feel safer while we talk?" (Polaris Project, 2011)

Screening tools, such as those at right, can help you identify victims. Other, more extensive screening tools are the *Rapid Screening Tool for Child Trafficking* and the *Comprehensive Screening and Safety Tool*. These are found in the Loyola University handbook profiled below.

## PROTECTING AND SUPPORTING VICTIMS

If you identify a potential child victim of human trafficking, respond appropriately. If it is an emergency situation, call 911. If for some reason your agency can't respond (e.g., the report does not meet the legal mandates for CPS involvement), call the National Human Trafficking Hotline (888/373-7888).

Legal protections and services are vital to trafficking victims. Child welfare staff should work closely with law enforcement and other service providers to meet victims' immediate needs, which may include medical attention, clothing, counseling, and safe shelter. A summary of services available to victims of trafficking can be found in the Loyola University handbook profiled below.

In North Carolina, the Salvation Army of Wake County is part of a statewide strategy group on this issue. For more information and guidance about child welfare and human trafficking, contact their Injury Prevention Coordinator, Erica Snyder (919/886-7510; erica@uss.salvationarmy.org). ◆

A Key Resource

To learn more about this topic, read *Building Child Welfare Response to Child Trafficking* (2011) by Loyola University and the International Organization for Adolescents. This 119-page document explores in detail identification and investigations, screening tools, case management tools and resources, and much more. Available online at www.luc.edu/chrc/pdfs/BCWRHandbook2011.pdf.
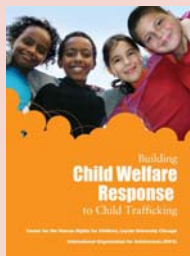
Identification Tools

Adapted from Loyola, 2011

Use the charts and checklists below to identify possible human trafficking victims.

Child Sex Trafficking

Action ➔ **By** ➔ **For**

❑ Recruiting
❑ Harboring
❑ Transporting
❑ Obtaining
❑ Maintaining
❑ Benefiting financially from above act(s)

A MINOR (under age 18)

ANY means

Commercial sexual activity (defined as any sex act on account of which anything of value is given to or received by any person)

A potential case exists under federal statute if you can check at least one element in each column.

Labor Trafficking

Action ➔ **By** ➔ **For**

❑ Recruiting
❑ Harboring
❑ Transporting
❑ Obtaining
❑ Providing

A MINOR (under age 18)

❑ Threats of serious harm of physical restraint
❑ Any scheme, pattern, or plan intended to cause belief that someone would suffer harm of physical restraint
❑ Abuse or threatened abuse of law or legal process, or threats

COERCION can be physical or psychological

❑ Forced labor
❑ Forced services

A potential case exists under federal statute if you can check at least one element in each column.

Other Learning Resources

NC Human Trafficking Task Force Training Manual. (2008). http://www.unc.edu/cwc/files/nchumantrafficking.pdf

Polaris Project, National Human Trafficking Resource Center, http://www.PolarisProject.org

FOSTER PARENT TRAINING: "HELPING YOUTH REACH SELF-SUFFICIENCY"

Here's an opportunity for foster parents to learn how to teach a course for foster parents AND help foster teens prepare to live on their own.

Independent Living Resources, based in Durham, is recruiting foster parents interested in spending the weekend of October 12–14, 2012 in Burlington to learn what it takes to be a foster parent trainer on topics related to foster teens.

The course, "Helping Youths Reach Self-Sufficiency," covers the basics of independent living, including assessing youths, making decisions, and building assets, as well as how to use education, employment, and the community in the process.

Foster parent participants will also learn to organize a two-hour training for other foster parents in their area. Participants will have an opportunity to practice training skills at the seminar. Upon returning home, the foster par-

ent trainers will conduct trainings locally.

The course is sponsored by the NC LINKS program and is offered FREE to foster parents. The LINKS program will pay lodging and meals for foster parents to attend. Prior to registering for the course, attendees must ask their licensing worker to support them in this effort to train foster parents.

The seminar begins at 3 P.M. on Fri., October 12 and ends at 1 P.M. on Sun., October 14, 2012. To register, complete this registration form and return it to ILR, Inc., 411 Andrews Road, Suite 140, Durham, NC 27705 or fax to (919) 384-0338. **Registration Deadline: September 4, 2012**. For more information, contact Nancy Carter (800/ 820-0001; nancy.carter@ilrinc.com). ◆

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