

# Child Welfare/ Resource Families

## Background

The number of Latino children in the child welfare system has been increasing at a dramatic rate. Between 1990 and September 2002, the number of Latino children almost doubled from 8% of the general foster care population to 15%. Furthermore, 62% of Latino children served by child welfare services are placed in out-of home care compared to 25% in 1977. In certain states, such as California and Texas, the number of Latino children has grown significantly. In California, out of approximately 83,000 youth in foster care, 40% are Latino (Ortega, 2001).

Most children who enter the child welfare system have experienced significant trauma and have a high prevalence of mental health needs; however only about one-fourth of those with diagnosed mental health needs receive specialty care (McCarthy, Van Buren, & Irvine, 2007).

It is well documented that Latino children involved in foster care experience disproportionately negative outcomes of well-being when compared to their White counterparts (Church, Gross, & Baldwin, 2005). One dimension of this outcome disparity is manifested in the uneven access to services that are delivered with consideration to socio-cultural, ethnic, linguistic and other contextual variables such as levels of acculturation and immigration considerations. One recent study (Vericker, Kuehn, & Capps, 2007) suggests that many children of immigrants coming to the attention of child welfare, are less likely to have a goal of permanency.

*Amor con amor  
se paga.\**

Children involved in the foster care system who are placed in homes of their own culture tend to have more positive self-identity and self-esteem. However, Latino foster children are more likely to be placed in settings that are not culturally or linguistically consistent with their family of origin (Hollingsworth, 1998). This lack of understanding of the cultural and linguistic needs, or more dramatically the presence of racial bias in placement contexts, can have detrimental consequences for the psychosocial adjustment of Latino/Hispanic children and thus place them at higher risk for mental health concerns.

Foster youth often receive individual-based services that may not include caregivers, and/or resource families in the treatment and

intervention plans (Friedman, 2003). However, it is well-known that individual interventions without caregiver involvement is of limited value (Landsverk, Burns, Stambaugh, & Rolls-Reutz, 2006).



Along with the life experiences consistent with abuse/neglect and involvement with child welfare and out-of home care, there are other life experiences of a traumatic nature for Latino/Hispanic children and families. These include cultural traumas such as societal stances that attempt to eradicate or invalidate parts of the culture. Therefore, it is vitally important that Latino/Hispanic children in the child welfare system receive interventions that are trauma-informed. However, there is concern that child welfare systems are lacking the ability to respond to the specific needs of children that present complex trauma issues (Igelman, Conradi, & Ryan, 2007).

There is growing recognition of the importance of creating trauma-informed child welfare systems that would be more responsive to the needs of youth and families and incorporate the use of evidence-based practices into case planning.



While there is an increased focus on the importance of providing high-quality, evidence-based practices in response to trauma, these practices are usually developed and evaluated in highly controlled environments with access to training, supervision and monitoring for program fidelity. These conditions are less likely to be replicated in the contexts and agencies where most Latino/Hispanic families and youth impacted by foster care will receive services.

The primary goal of child welfare is to achieve a permanent, safe and stable family connection that enhances well-being. The mitigation of traumatic stress and other mental health concerns is best addressed and interventions are more likely to be effective in the context of permanency planning and with family members and/or other significant adults whom the youth see as meaningful in their lives. Given the unique experiences of Latino/Hispanic children in the child welfare system, it is important to address the specific needs of this population.



## Statement of the Issue

Latino/Hispanic children, youth and families impacted by the child welfare system lack consistent access to adequate mental health services that are culturally and linguistically relevant and are grounded in the context of important socio-cultural and economic variables. These include foster care and immigration experiences and other traumatic events inherent in the life experiences of these children and families. More efforts need to be directed to ensure that mental health services that address traumatic stress are taking place as part of the concurrent planning towards achievement of permanency, safety and well-being for Latino/Hispanic youth in out-of home care.



## Recommendations from the Field



- **Expand the definition of trauma for Latino/Hispanic families and children involved in child welfare.** It is important to consider specific life experiences for Latino/Hispanic children and families involved in child welfare and consider those when assessing for traumatic stress with this population and account for the cultural implications of these experiences (Cohen, 2007). These experiences include the trauma associated with out-of home placement, and the experiences of multiple placement changes that many Latino/Hispanic children experience while in foster care.
- **Focus on early intervention and prevention of entry into foster care.** Given that entry into foster care can be a traumatizing experience for children and families, prevention of entry into care through effective, culturally competent differential response assessment is critical. When children need to be placed in foster care, every effort needs to be made to secure stable placements and timely permanency planning and avoid the multiple placement changes that often times can be re-traumatizing.
- **Increase training of child welfare staff.** Train child welfare staff on trauma-informed child welfare interventions as well as on the specific issues and needs of Latino/Hispanic children and families involved in child welfare with consideration of socio-cultural, ethnic, linguistic and other contextual variables (e.g., immigration) that may compound the presence of trauma (Igelman et al., 2007).
- **Build capacity within Latino/Hispanic mental health providers.** Develop training opportunities for Latino/Hispanic clinicians to become trained in evidence-based interventions and the contextual dynamics of child welfare and foster care.
- **Expand the range of interventions that mitigate traumatic stress through achievement of Permanency, Safety, and Well-being.** Consider the value of typical child welfare intervention models such as the Annie E. Casey's *Family to Family* initiative (The Annie E. Casey Foundation, 1999), *Family Group Conferencing* (Merkel-Holguin, Tinworth, Horner & Wilmot, 2008) and other innovative cross-system approaches such as those advanced by the *Systems of Care* model (Pumariega, & Noboa-Ríos, 2005), and evaluate their value in mitigating trauma and its many manifestations through the promotion of stable, safe and permanent family connections with Latino/Hispanic populations.
- **Support community and ethnic-based organizations.** Given that most Latino/Hispanic youth and families impacted by the child welfare system will likely receive services by community and ethnic-based organizations, consider expanding the role of these groups to build capacity and have the adequate infrastructure and resources to deliver and adapt evidence-based practices in their contexts. This may include providing trainings to these agencies on Latino/Hispanic children in child welfare and the impact of trauma.
- **Increase social marketing efforts to recruit bilingual and bicultural families.** A critical component of effective child welfare practice is the need to ensure that there is enough capacity of resource families that can provide cultural and linguistic continuity and support Latino/Hispanic foster youth's ethnic identity.
- **Provide educational and skill building opportunities for Resource families.** These would include kinship caregivers to better address and manage the mental health needs of youth in their care, including the impact of trauma. An example is the *Parent Engagement and Self-Advocacy* curricula available at [www.TheReachInstitute.org](http://www.TheReachInstitute.org).

### Resilience

- Recognize the value of identifying the youth and families experiences with overcoming problems, finding their own solutions. These are often grounded in their cultural, ethnic and other contextual backgrounds (e.g., immigration stories) that point to meaningful themes and core cultural beliefs that assist in better informing interventions and coping with trauma.
- Incorporate protective factors, (e.g., cultural values, extended family and community relationships, family/youth experiences in overcoming hardships, etc.) into risk assessment instruments that account for a balanced picture of Latino/Hispanic children and families. This will help inform decision-making and intervention plans that include familial strengths and resources that can be mobilized for maximum goal attainment.

### Family/Youth Engagement

- Involve family and youth as full partners in the development and implementation of case/treatment planning while intentionally including information and themes consistent with the families' cultural and socio-economic contexts in order to seek ownership of the plan and maximize the likelihood of success.
- Promote enhanced educational and skill building opportunities for Latino/Hispanic caregivers (foster parents, birth parents, kin caregivers) to better understand the mental health issues, including the impact of trauma on their children, as well as their role as advocates in seeking the best possible care for their youth and families (e.g., *Parent Engagement and Self-Advocacy curricula*, Casey Family Programs-REACH Institute collaboration available at [www.TheReachInstitute.org](http://www.TheReachInstitute.org)).
- Promote enhanced educational and skill building opportunities for Latino/Hispanic youth in care to better understand the mental health issues they are facing and their role as advocates in seeking care on their own behalf (e.g., *Taking Control* curriculum, Casey Family Programs-REACH Institute collaboration available at [www.TheReachInstitute.org](http://www.TheReachInstitute.org)).

## Community Examples/Best Practices



- **Centro de Bienestar Mental** – Provides counseling services to adolescents, adults and elders. Group and family therapy services provided to children and individuals, including foster children. Medi-Cal accepted.  
⇒ Website: [www.sanjose.com/centro-de-bienestar-mental-health-b2599251](http://www.sanjose.com/centro-de-bienestar-mental-health-b2599251)  
⇒ Address: 160 E. Virginia St., Ste. 280, San Jose, CA 95112
- **Roberto Clemente Center - An Outpatient Mental Health Clinic, The Roberto Clemente Family Guidance Program** - Provides counseling and psychotherapy services with an emphasis in family counseling and family therapy. Other services provided are: individual therapy, group therapy, marital therapy, play therapy, and pharmacotherapy. Mental health professionals (Psychiatrists, Psychologists, Social Workers, and Counselors), all bilingual and bicultural, provide services for an active caseload of over 300 clients, many of whom are involved in the child welfare system.  
⇒ Website: [www.clementecenter.org](http://www.clementecenter.org)  
⇒ Address: 540 E. 13th St., New York, NY 10009
- **Yakima Valley Farm Workers Clinic's Behavioral Health Services, Children's Village** – A licensed mental health agency serving children, adolescents and adults living throughout Yakima County. They provide individual, group, and family counseling and work closely with children in the child welfare system.  
⇒ Website: [www.yfwc.com/yakima\\_bhs.html](http://www.yfwc.com/yakima_bhs.html)  
⇒ Address: 3801 Kern Rd., Yakima, WA 98902
- **Cognitive Behavioral Intervention for Trauma in Schools (CBITS)** – Developed by Dr. Lisa Jaycox and colleagues, this program is an intervention for children in schools with violence-related mental health symptoms such as depression, anxiety, and posttraumatic stress disorder. CBITS was developed from empirical data on the effects of trauma on Latino/Hispanic and immigrant youth. The RAND Institute in Los Angeles is currently implementing a group version of CBITS in LA Unified School District with foster youth.  
⇒ Website: [www.hsrcenter.ucla.edu/people/jaycox.shtml](http://www.hsrcenter.ucla.edu/people/jaycox.shtml)  
⇒ Book: <http://store.cambiumlearning.com/ProductPage.aspx?parentId=019004232&functionID=009000008&site=sw>

## Resources



Casey Family Programs. (2005). *Knowing who you are: A journey to help youth in care develop their racial and ethnic identity*. Retrieved from November 8, 2008, from [www.casey.org/Resources/Projects/REI/](http://www.casey.org/Resources/Projects/REI/). This curriculum helps child welfare professionals explore racial and ethnic identity, preparing them to support the healthy development of their constituent's racial and ethnic identity.

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Huey, S. J., Jr., & Polo, A. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child and Adolescent Psychology*, 37(1), 262-301.

Kinship Center, [www.kinshipcenter.org](http://www.kinshipcenter.org). Mission: Kinship Center is dedicated to the creation, preservation and support of foster, adoptive and relative families for children who need them.

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Safe Start Center, [www.safestartcenter.org](http://www.safestartcenter.org). The Safe Start Center is a national resource center designed to support the Safe Start Initiative. The Center works with national partners and a multidisciplinary group of experts to provide training and technical assistance to the 15 Promising Approaches Pilot Sites.

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McCarthy, J., Van Buren, E., & Irvine, M. (2007, August). *Child and family services reviews: 2001-2004: A mental health analysis*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health and the Technical Assistance Partnership for Child and Family Mental Health, American Institutes for Research.

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Pumariega, A., & Nobao-Ríos, A. (2005). Systems of care for Latino families: A new beginning. *Psychline Journal of Hispanic American Psychiatry*, 4(6) 2-3.

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*\*Dichos translation: Love with love is repaid.*

### *Child Welfare/Resource Families Subcommittee*

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