

Parental Failure and Consequences for Children

The Drug-Abusing Mother Whose Children Are in Foster Care

DAVID FANSHEL

The developmental progress of children of drug-abusing mothers was assessed in a study of foster children. Cognitive abilities and personal adjustment appeared to be normal but significantly poorer school adjustment patterns were observed. Such children are disproportionately locked into foster care.

Introduction

In 1966, the Child Welfare Research Program at the Columbia University School of Social Work initiated a longitudinal study of children who had entered foster care in New York City.¹⁻³ Criteria for their inclusion in the sample specified that the children range in age from infancy to 12 years, that they should not have experienced prior foster care placement, and that their tenure in care be not less than 90 days. No more than two children were included from any single family; 624 children from 467 families constituted the sample. Three research teams focused upon the children, their families, and the agencies serving them in parallel studies which ran for a 5-year period. Aside from administrative responsibilities, the writer's direct research

The author is a professor and Director of the Child Welfare Research Program at the Columbia University School of Social Work, New York, New York 10025. The study is supported by Program Grant SRS-89-P-80050/2 (formerly PR-600R) from the Child Welfare Research and Demonstration Grants Program, Community Services Administration, Social and Rehabilitation Service, Department of Health, Education, and Welfare. This paper is a revised version of a presentation at the Annual Meeting of the American Public Health Association, November 16, 1972, in Atlantic City, New Jersey.

involvement has centered upon study of the developmental progress of the children. A variety of assessment procedures have been employed including the administration of intelligence and projective tests, the use of mailed schedules to secure from caseworkers assessments of the child's development, behavioral dispositions, and symptomatic behavior, direct interviews with parents, and reports from school teachers about the school performance of the subjects. The study is a massive one in which more data have been gathered on foster children than has previously been attempted in this country.

An important feature of the research is that the appraisal of the children continued for subjects who returned home as well as those who remained in care. This permitted examination of the issue of whether a child's remaining in prolonged care is associated with deterioration in cognitive capacities and/or in personal and social adjustment. A book describing salient findings about the developmental progress of the children over the 5-year period will shortly be published.⁴

This paper focuses upon the fate of a group of children in the study population about whom interest emerged as an afterthought to the major thrust of the developmental investigation. After the study had been in the field for several years, the writer became aware that there was accumulated evidence in the research files that some of the

child subjects were the offspring of mothers who were severe drug abusers. The entrance of these children into care and their subsequent placement histories were replete with reports of circumstances so stark as to cause the cases to stand out in bold relief. They commanded attention even though all of the children in the sample reflected, with minor exceptions, family situations of extreme deprivation when the children entered care.

Identification of Cases

A careful inspection was undertaken of all research protocols to identify cases of mothers in the sample who were severe drug abusers. Any indication that the mother had been on hard drugs for 2 or more years and was described by some informants in the system as having a severe problem around use of narcotics was considered adequate grounds for classifying the individual case as being within the purview of this specialized inquiry.

We identified 44 children of 33 mothers in our sample where the evidence was strong that a severe problem around drug abuse existed. These children represented 7.1 per cent of our sample. Our initial judgment was altered in two cases, excluded from this analysis, after we further abstracted records on all candidate cases at the public welfare agency.* It is our impression that the case identification procedure that we employed provided a conservative estimate of the number of drug-abusing mothers in our sample. Additional case situations in which the mother was able to conceal her addiction might well have escaped the notice of informants and thus these cases were not included in our records.†

A systematic reading of the material describing the efforts of the staff of the Intake Department of the public agency to become engaged with these mothers around planning for their children more than confirmed for us the fact that the drug abuse problem of all of these subjects was severe and with minor exceptions of long-standing. All of the mothers were revealed to be engaged in the use of heroin for a sustained period of time before their children entered care. The surrounding circumstances of their lives were suffused with tales of personal demoralization and deprivation reminiscent of Maxim Gorky's *The Lower Depths*. Arrests for prostitution or drug possession and

* About 80 per cent of the children in the longitudinal study entered care under the jurisdiction of the Bureau of Child Welfare, New York City Department of Social Services; the remainder were under the jurisdiction of the Family Court. The Family Court tends to refer the children to the public agency for location of a long term care agency when indicated.

† The author has recently analyzed data collected by a newly formed computerized information system covering foster children in New York City (Child Welfare Information Services, Inc.). On November 30, 1974, there were 22,230 children in care already included in the master file of the system; these reflected about three-fourths of the children currently in care. Of these, 1,923 (8.3 per cent) were identified as children of drug-abusing parents.

movement in and out of jail was a common occurrence in the lives of these women. We are under the impression that our scrutiny of such cases in connection with the foster care phenomenon has provided us with a view of the consequences of drug addiction in a more extreme form than is normally encountered in treatment clinics where more recent and less deteriorated users of hard drugs are likely to be the major clients for service.

The decision to present information about these cases stemmed from our view that what was accidentally encountered in the course of this developmental study may be indicative of a problem which will loom larger in the years to come. The reader should be mindful of the fact that it has been estimated that as of November, 1970, there were approximately 150,000 to 250,000 active heroin addicts in the United States and that New York City alone accounted for almost half of the cases.^{5,6} There has been insufficient attention paid in the professional literature to the second generational consequences for children whose mothers are heroin users. Society's focus has largely centered upon the criminal activity associated with drug abuse and the concomitant deterioration of urban life. We identify here another group of victims whose lives are clouded by this pernicious national problem. While it is estimated that 85 per cent of addicted persons are male, there is nevertheless a potentially fairly sizable pool of females of childbearing age whose condition upon assumption of the maternal role hardly bodes well for their offspring.

Background Characteristics

Selected background information on the characteristics of children of drug-abusing mothers, some 44 in number, contrasted with the remaining 580 children in our longitudinal study is presented in Table 1. We observe that 73 per cent of these children were born out-of-wedlock while this was true of 47 per cent of the remaining children. The drug-abusing mothers tended to be embedded in the poverty group; 86 per cent of them were on public assistance at the time of the child's entry into care or the maternal household from which they came was recipient of such assistance. This contrasts with 50 per cent of the mothers of the remaining child subjects.

About 23 per cent of the children of drug-abusing mothers entered care through adjudication of the Family Court and this was true of a similar proportion, 20 per cent, of the remaining subjects. Most of the placements thus took place on a voluntary basis. In most instances, the children entered care as a result of a crisis involving the mothers' sudden incapacity to take care of them through imprisonment, hospitalization, or abandonment. Most of the placements were arranged voluntarily through the public social service agency.

Eighty-two per cent of the children of the drug-abusing mothers entered the foster care system via placement in an institutional setting, overwhelmingly in the large congregate

TABLE 1—Selected Background Information on Child Subjects of Drug-Abusing Mothers Compared with All Other Child Subjects in New York City Longitudinal Study of Foster Children

	Children of Drug-Abusing Mothers (N = 44)	All Other Child Subjects (N = 580)
	%	
Born out-of-wedlock	72.7	46.6
Maternal family on public assistance at time of entry into care	86.4	50.1
Enter foster care via Court involvement	22.7	20.0
Black	72.7	41.9
Puerto Rican	20.5	26.6
White	6.8	31.5
Enter care through institutional placement	81.8	65.8

care shelters; this contrasted with 68 per cent of the other children. Most of the children in the study entered foster care on an emergency rather than a planned basis but this was even more pronounced among the children of drug-abusing mothers.

Of the 580 children in the sample whose mothers were not identified as drug abusers, 42 per cent were black, 27 per cent were Puerto Rican, and 32 per cent were white. Of the 44 children of drug-abusing mothers, 73 per cent were black, 21 per cent were Puerto Rican, and 7 per cent were white. Our sample seems to conform with the general finding in the literature on the drug abuse problem which indicates that addicted persons tend to derive from the most impoverished sectors of society and minority persons are disproportionately included among the afflicted.

Children of drug-abusing mothers came into care at a younger age than did the remaining children. Their mean age was 2.98 years compared with 4.73 years for the others. They also tended to come from smaller sized family units. Seventy-two per cent of the cases involving drug-abusing mothers were families of one or two children as contrasted with 47 per cent of the remaining children in the study. We have evidence that the drug-abusing mother tended to become disabled in her child-caring functions earlier in her maternal career than was true of the other mothers.

Discharge of Children

In Table 2, we present the percentages of children discharged in contrast to those still in care 5 years after their entry into foster placement according to selected

reasons for their placement. The drug-abusing mother is identified as a separate category even though there were other reasons precipitating the need for care which these mothers shared with the remaining mothers in the study, for example, their mental hospitalization. We reasoned that drug abuse should be treated as a primary cause of placement because of the severely disabling quality of the problem. In this analysis of 559 cases, we have excluded children who came into care as a result of their being born out-of-wedlock and where the unmarried mother was unwilling to assume their care. We have thus focused upon the breakdown of already established families.

The table shows that the children of drug-abusing mothers were locked into foster care in much greater proportion than those who entered care for any other reason for placement. Seventy per cent of these children were still in care at the end of 5 years. This contrasted with 35 per cent of the children of mothers who had been hospitalized for mental illness; 21 per cent of children who had come into care because of their own behavior difficulty; 26 per cent of children who entered foster care because their mothers required hospitalization for physical illness, and 44 per cent of children who were neglected or abused by their parents. The group that came closest to the drug-abusing cases with respect to long tenure in care were children who had been abandoned; 56 per cent of these subjects were still in care at the end of 5 years. Of a large group of children who came into care because of a residual category, i.e., various forms of family disorganization, 33 per cent were still in care at the end of 5 years. It is thus clear that children of drug-abusing mothers must arouse particular attention because they are disproportionately unable to leave the foster care system.

The same data on discharge were analyzed separately for black and Puerto Rican subjects since there were so few cases of white drug-abusing mothers. We found that the category of drug abuse as a reason for placement remained the outstanding predictor for extended tenure in foster care. Excluding the white subjects, 67.5 per cent of the black and Puerto Rican children of drug-abusing mothers were still in foster care 5 years after their entry.

What makes the situation of drug-abusing mothers even less auspicious is the fact that a majority of the children of these mothers who were discharged within the 5-year period of the study did not return to their mothers; they were discharged to relatives or other persons. Of the total group of 44 children, only one was placed for adoption. One child was returned to the father after the mother was knifed to death in a hallway.

Turnover in Care

Aside from their greater tendency to be locked into permanent careers in foster care, the 44 children of drug-abusing mothers tended to experience more turnover in care than their counterparts in the study population. The mean number of placements reported for the former was 2.64 while the larger group experienced a mean of 1.95

TABLE 2—Percentages of Children Discharged and Still in Care 5 Years after Entry into Foster Care by Selected Reasons for Placement*

Status 5 Years after Entry into Care	Reason for Placement							Total
	Drug- abusing mother	Mental hospital- ization of mother	Child's own behavior	Physical hospital- ization of mother	Neglect or abuse of child	Child aban- doned	Unable to continue care and family reasons	
Still in care (%)	69.8	35.4	21.1	25.8	43.5	55.9	33.0	38.1
Discharged (%)	30.2	64.6	78.9	74.2	56.5	44.1	67.0	61.9
No. of children	43	130	71	62	85	59	109	559

* Excludes cases of unmarried mothers unwilling to assume care of newborn infants.
Chi square = 41.542, df = 6, $p < 0.001$.

placements. The difference is statistically significant ($t = 4.045$, $df = 622$, $p < 0.001$).

Since the children of drug-abusing mothers were, in the aggregate, in care longer than the other children, a possible explanation of their higher rate of turnover in care lies in their being at risk longer, i.e., children who have been discharged are obviously less subject to the problem of replacement. A stepwise multiple regression analysis of the number of placements experienced by the entire sample was therefore undertaken with the logarithm of days in care through 5 years as the first entering variable followed by a dummy variable contrasting children of drug-abusing mothers with the other children. As expected, log days in care was significantly associated with the number of placements ($r = 0.433$; $p < 0.001$) as was the dummy variable involving children of drug-abusing mothers ($r = 0.160$; $p < 0.001$). After the influence of log days in care had been accounted for, the dummy variable contributed a significant amount of explained variance ($t = 2.53$; $df = 622$; $p = 0.012$). Why children of drug-abusing mothers suffer more turnover in care needs to be investigated further. A tentative hypothesis is that the phenomenon is linked to the uncertainty surrounding the planning for the child because of the difficulty of working with the mothers. The latter tend to be elusive, break appointments frequently, and be very ambivalent about having their children in foster care.

Cost of Foster Care

The tendency of children of drug-abusing mothers to experience longer tenure in care is, as might be expected, associated with higher costs for the community. In a previous publication, we have analyzed the costs of care for the entire study sample for the first 4 years of the investigation using payments to the agencies providing care to the children from the New York City Charitable Institutions Budget as a measure of cost.³ Utilizing the same data source for further analysis, we can report that

the mean 4-year cost for foster care placement of the 44 children of drug-abusing mothers was \$12,591 compared with \$11,465 for the 580 other children in the sample. The difference in average cost per child of \$1,126 between the two groups is not statistically significant ($t = 0.862$; $df = 622$; $p = 0.389$). This lack of significant difference is accounted for despite the longer tenure of children of drug-abusing mothers by the fact that they were younger when they entered care and more apt to be placed with foster families, a form of care considerably less expensive than institutional care.

For the children still in care at the end of 4 years, estimates were projected with a compounded 5 per cent annual increase in costs to cover the period children would be in care until they reached the age of 18. For 26 drug sample children in care at the end of 4 years, it was estimated that the average cost per child for care while in the system would be \$70,763 while for the 191 other children, the average projected cost per child would be \$69,406. The difference was not significant. Projected costs were also estimated for family units including children not identified as study subjects (no more than two children per family were included in the study sample). The projected costs for 19 families representing 26 children of drug-abusing mothers, with the addition of two families of four children who reentered care during the fifth year, came to somewhat more than \$2-1/2 million. This information may be useful to economists seeking to "cost out" the variety of ways in which financial burdens are incurred by society because of the drug abuse problem. It may also deserve consideration in the planning of investments in addictive services since success in helping a mother overcome her drug abuse problem may have a demonstrable economic payoff as well as being worthwhile as a humane and potentially life-saving service activity.

Assessing the Children

We here summarize the results of the analysis of the developmental status of the children of drug-abusing

mothers compared with the other children in the sample. Because there were so few cases of drug abuse among the mothers of white subjects in our sample, we have chosen to restrict our analysis to the black and Puerto Rican children.

A prior comment about our approach to developing child adjustment measures is in order. Some of our descriptive measures were organized into indexes based upon factor analyses. Other indexes were created on the basis of an item analysis procedure designed to create scales of maximum internal consistency; for this purpose, we employed an estimate of internal reliability described by Bohrnstedt.⁷

Preplacement Developmental Status

After the children had been in care for at least 90 days, a parent—usually the mother—was interviewed. A series of questions was included in the interview about the developmental histories of the children.* Three indexes were created on the basis of item analyses. A four-item Health Status Index contained information about illnesses and physical complications experienced by the child from birth until placement in foster care.† Comparing scores of children of drug-abusing mothers with those of the other children grouped by the six reasons for placement set forth in Table 2, we found a trivial difference between the groups ($F = 1.603$; $df = 6/374$; $p = 0.145$).

A second index called Emotional Problem Indicators was developed from three items containing information about preplacement sleeping, toileting, and disciplinary problems. The children of drug-abusing mothers were significantly lower in their manifestation of such preplacement problems than children who entered care because of behavior problems, mental illness of the mother, or family problems ($F = 14.008$; $df = 6/366$; $p < 0.001$). This finding was largely accounted for by the younger mean age of the children of drug-abusing mothers.

Five items were included in the third index called Developmental Problems. The index is a measure of preplacement problems shown by the child in eating, walking, talking, and coordination. In this instance, too, the children of drug-abusing mothers were apparently less impaired ($F = 2.092$; $df = 6/368$; $p = 0.054$), although not significantly so in any pairwise comparison with each of the six other groups of children.

We thus have found that, contrary to what might be expected, the condition of children of drug-abusing mothers appeared to be comparable to or better than that of the other children at entry. While the credibility of the mothers' descriptions might be brought into question, given their sociopathic life-styles, data about the adjustment of the children from other sources tend to confirm the

* This information was collected and made available by the Family Welfare Research Program, Columbia University School of Social Work under the direction of Dr. Shirley Jenkins. See Reference 8.

† A more complete description of the indexes described here can be obtained from the author.

TABLE 3—Deviation IQs of Nonwhite Children on Three Testing Occasions by Maternal Drug Abuse and Nondrug Abuse Cases

Mean Deviation IQs at Testing Time	Maternal Drug Abuse Evidenced*		Maternal Drug Abuse Not Evidenced†	
	Male	Female	Male	Female
Time I				
Mean IQ	96.68	96.00	98.06	97.60
S.D.	10.82	10.61	13.69	14.88
Time II				
Mean IQ	101.23	96.17	98.02	97.59
S.D.	13.44	11.37	13.15	14.05
Time III				
Mean IQ	101.73	100.67	100.61	96.93
S.D.	21.66	8.00	14.62	14.49

* There were 41 children tested at Time I, 34 at Time II, and 31 at Time III.

† There were 392 children tested at Time I, 340 at Time II, and 290 at Time III.

impression that the offspring of drug-abusing mothers are not more damaged than other children entering foster care.

Assessment of Intelligence

Three intelligence tests were utilized in the research testing program on an age-appropriate basis.‡ Since the children of drug-abusing mothers constituted a relatively small sample not readily subdivided in our analysis, we created "deviation IQs" to enable us to analyze the scores of all subjects without differentiating them by the tests administered. This required transforming the raw scores into a standardized form to conform with the norms of the WISC, i.e., having a mean of 100 and a standard deviation of 15.⁹ The deviation IQs tend to be higher than the raw scores.

In Table 3, the mean deviation IQs are presented for nonwhite children of drug-abusing and nondrug-abusing mothers for the three testing occasions (at least 90 days after entry, after 2-1/2 years, and after 5 years). The means are presented separately for males and females.§ For Time I and Time II scores, the difference in mean IQs between children of drug-abusing mothers and the other children was trivial, about one point. At Time III, the mean IQ of the children of drug-abusing mothers was a few points

‡ For children under age 2 years, the Psyche Cattell was administered, for those aged 3 to 5 years the Minnesota Preschool Scale was given, and for those aged 6 years and over, the Wechsler Intelligence Scale (WISC) was given.

§ The reduction in sample sizes indicated in the table reflects attrition in the sample due to a variety of causes including: movement of subjects out of the area, inability to locate families of children who returned home, family refusal to cooperate, and hospitalization of children.

higher than their counterparts. An analysis of variance of IQ scores for each testing occasion using the sex of the children and the variable contrasting children of drug-abusing mothers versus others as classifying factors failed to produce significant main effects or significant first order interactions. Thus, we can say that the children of drug-abusing mothers were essentially undifferentiated from the other children in their IQs on each testing occasion.

We further analyzed the deviation IQ scores of the children seeking to determine whether change in test scores over time was significantly different for the children of drug-abusing mothers in contrast with the other children. Did they tend to deteriorate in their assessed intelligence because of the deprived familial circumstances from which they originated? We analyzed change by stepwise multiple regression analyses of Time I to Time II, Time II to Time III, and Time I to Time III differences. In each analysis, we selected the earlier deviation IQ as the first entering covariate, thus making it possible to determine whether the independent variables, subsequently entered, significantly contributed to our understanding of the criterion, i.e., the later IQ, beyond that which was accounted for by the child's earlier score.

Following the earlier IQ, we entered into the regression equation the following sequence of independent variables: the child's age at entry into foster care, sex, wedlock status, socioeconomic status of the family, logarithm of days in care through 5 years, and the dummy variable dichotomizing children of drug-abusing mothers versus the other children. In none of the three analyses did the dummy variable contribute anything but a trivial magnitude of variance. We can say with some confidence that children of drug-abusing mothers do not fare poorly in foster care over time—i.e., show loss in cognitive capacity—relative to the other foster children.

Clinical Assessments

After each testing occasion, lasting approximately 2 hr, the examining psychologist was required to record a clinical assessment of the emotional condition of the child on an itemized rating scale with three categories (normal, suspect, or abnormal). The one-way analysis of variance of the assessments of the means of the seven groups of children, organized by reason for placement, was not statistically significant with respect to all three testing occasions. From the perspective of the examining psychologists, the children of drug-abusing mothers were not differentiated from the other foster children on the basis of the behavior they displayed while being tested.

Child Behavior Characteristics (CBC)

Caseworkers were asked at three points in time (90 days, 2-1/2 years, and 5 years) to rate the behaviors of the children on a form developed on the basis of prior studies of child behavior.¹⁰ The informational foundation for their ratings included their own direct observations as well as

those of foster parents or institutional child care personnel with whom they consulted. The CBC form is appropriate for a longitudinal study which involves measurement from infancy to later childhood; a core group of infant measures are retainable over time while behaviors appropriate for assessing older children are added.

One-way analyses of variance were carried out on scores measuring Agreeableness, Likability, Emotionality-Tension, and Withdrawal. On each rating occasion, the children of drug-abusing mothers were rated more positively than most other groups although the differences in means were invariably modest. The group that stood out with having the most negative ratings were the children who came into care because of their own behavioral difficulties. On several of the behavioral scores, the children of drug-abusing mothers received ratings that were significantly more positive than this group. They were considered more agreeable, less withdrawn, and less tense on each rating occasion. They were not strongly differentiated from the other groups. We can say minimally, however, that the children of drug-abusing mothers did not display more behavioral difficulty than the other children in the sample.

Symptomatic Behavior

At the end of the 5-year period covered by the study, the caseworker responsible for work with a child still in care was sent a schedule designed to capture professional impressions of how the subject was faring from the perspective of development and adjustment. Included in this schedule was a list of over 50 symptoms of middle range types of problems which even allegedly normal children may occasionally display. These range from developmental problems such as sleep and toileting difficulties to problems of personality such as moodiness, sensitivity, or shyness, to problems of getting along with other children. The symptom list had previously been employed in a study of adopted children and showed usefulness in portraying the adjustment of youngsters based upon the reports of adults. The concrete quality of the behavior made it quite easy for respondents to indicate the presence or absence of the items listed.¹¹ The data on children in care were subjected to a factor analysis carried out through the computer routine developed at Harvard University known as the Data-Text System.¹² With the factor analysis as a guide, an item analysis was performed on the caseworkers' responses on the symptom list and five indexes were created. We have referred to these as: Emotional Maturity (12 items); Body and Bowel Control (5 items); Fears (8 items); Psychosomatic Reactions (5 items); and Aggressiveness (4 items). Of the 27 nonwhite children of drug-abusing mothers still in care at the end of 5 years, we secured data from caseworkers on all but one child. When a one-way analysis of variance with pairwise comparisons was carried out on the seven groups of children characterized by reason for placement, we found no significant difference in mean scores for any of the five indexes. The children of drug-abusing mothers tended to fall in the middle range with respect to emotional maturity

TABLE 4—Summary of Assessments of Subjects (Nonwhite)

Measure	Source	Time Secured after Entry	Findings re: Children of Drug Abusing Mothers vs. Children Placed for Other Reasons
Preplacement developmental status A. Health status B. Emotional problem indicator C. Developmental problems	Parent interview	At least 90 days after entry	A. No significant pairwise differences B. Children significantly lower in problems than children entering care; because of behavior problems C. No significant pairwise differences
Intelligence test (deviation IQ)	Child examination	Time I after 90 days; Time II after 2-1/2 years; Time III after 5 years	No significant pairwise differences on all three occasions; no significant differences in change measures
Clinical assessment of emotional condition	Examining psychologist	Time I after 90 days; Time II after 2-1/2 years; Time III after 5 years	No significant pairwise differences
Child behavior characteristics (CBC)	Social worker mailed form (for children still in care)	Time I after 90 days; Time II after 2-1/2 years; Time III after 5 years	Children rated higher than children entering care because of behavior problems on selected measures; other pairwise comparisons not significant
Symptomatic behavior A. Emotional maturity B. Body and bowel control C. Fears D. Psychosomatic reactions E. Aggressiveness	Social worker mailed form (for children still in care)	Five years after entry	No significant pairwise differences
Scale for pupil adjustment	Teachers	Five years after entry	Children significantly more problematic than other groups combined; no significant pairwise differences

and fears. They showed the most symptomatic behavior, not statistically significant, with respect to body and bowel control and psychosomatic reactions. They showed the least symptomatic behavior with respect to aggressiveness. By way of summary, we can state that we do not have evidence that the children of drug-abusing mothers are significantly more symptom-prone than the other children in the sample, although on two indexes they show somewhat more signs of inner stress.

Pupil Adjustment

At the end of 5 years, information was solicited by mailed schedules from schools attended by the children. Included in the schedule were nine items from the Rating Scale for Pupil Adjustment.^{1,3*} When the drug sample children were compared with the other youngsters in the sample, this proved to be the only measure in which they were significantly shown to be prone to poorer adjustment.

* This scale proved to have quite high internal consistency (Cronbach Alpha = 0.91).

Comparing these children with all of the other children combined, the difference was statistically significant ($t = 2.879$; $df = 167$; $p = 0.005$). When the one-way analysis of variance was undertaken with the children grouped by reason for placement, this, too, proved to be significant ($F = 2.378$; $df = 6/161$; $p = 0.032$). The children of drug-abusing mothers were not significantly different from any single other group of children in the pairwise comparisons but they came closest in their mean scores on this scale to the children who entered care because of their own behavioral difficulty.

Table 4 summarizes the information that we have reported on the adjustment of the children. We do not claim these data to be "hard" measures but our approach to assessment has some strengths because of the fact that judgments were secured from a variety of sources: parents, social workers, examining psychologists, and school teachers. The overall impression is that the children of drug-abusing mothers, although disproportionately locked into foster care, do not appear to be faring more poorly than the other children in our study population. This is a

relativistic statement but is of some importance since the particularly difficult family circumstances from which these children entered foster care would lead to the natural expectation that they would be more problem-prone. Their developmental histories and the report of clinical impressions of social workers and psychologists do not show them to be more impaired than the other children. The only area of concern is the finding that these children tend to show poorer school adjustments than the other children as revealed by teacher ratings.

Drug-Abusing Mothers as Clients

Systematic review of the records of the Bureau of Child Welfare of the Department of Social Services clearly demonstrated that those responsible for planning for the future of the children in foster care found the drug-abusing mother extremely difficult to engage in meaningful planning activity. In only three cases was it established that the mother was involved in such planning as an ongoing activity that had any sense of regularity. What came through most graphically was the fact that these mothers, with very rare exceptions, were on a downhill path when their children entered foster care. They continued downhill over the period in which the study was in the field. The psychopathology in their situations combined with the stark social deprivation under which they lived served to create a backdrop of utter despair. This not only affected these mothers most profoundly, but also apparently had ramifications for the agencies serving them. There was an air of unrelenting hopelessness pervading their situations.

Record after record displayed repeated attempts of the mothers to become engaged with detoxification programs to no avail. The treatment resources to which they turned were most unsuccessful in being able to sustain their involvement in treatment regimens. The records further revealed repeated efforts of child welfare workers representing the public and voluntary agencies attempting to reach the mothers on some meaningful level, also without success. The predominant pattern seemed to involve a series of broken appointments, loss of contact with the mother, and frequent in-and-out behavior where no kind of working relationship could be sustained.

An aggravating feature that emerged was that while these mothers, with few exceptions, behaved in an almost totally disabled manner as maternal figures, there was nevertheless evidence in at least three-fourths of the cases of a strong ambivalence which made it very difficult for them to engage in long range planning for their children. These were not mothers who were ready to relinquish their parental rights on a voluntary basis even though they were not capable of currently caring for their children nor was the prospect for their assuming such care in any way hopeful. They showed strong negative feelings about releasing their children for adoption and some showed marked antipathy toward foster family care as a resource for their children.

The visiting behavior of the drug-abusing mothers was

erratic and it was rare that the child in foster care could count upon sustained parental contact. An index measuring the frequency of the mother's visiting behavior during the first year revealed that children of drug-abusing mothers were the least visited of the seven groups of minority children identified by reason for placement ($F = 4.796$; $df = 6/416$; $p < 0.001$). In pairwise comparisons, the children of drug-abusing mothers were significantly less visited than children whose mothers had suffered mental illness or children who had entered foster care because of their own behavioral difficulty.

In annual telephone interviews with the social workers responsible for work with the families, their perceptions were solicited regarding a number of areas dealing with the adequacy of the mother or mother-substitute, the degree of disturbance shown, and the outlook for working with her. These were combined into a summary evaluative index.* Comparing the seven groups of children organized by reason for placement, we found significant difference in the evaluation of the mothers again restricted to the black and Puerto Rican cases ($F = 7.871$; $df = 6/371$; $p < 0.001$), and during the second year as well ($F = 6.017$; $df = 6/347$; $p < 0.001$). On both assessment occasions, the drug-abusing mothers were rated significantly more negatively than mothers who had suffered mental illness, those whose children had entered foster care because of child behavioral problems, and those who had suffered physical illness and hospitalization. In the pairwise comparisons, the drug-abusing mothers were not significantly differentiated from cases where the children were placed because of neglect or abuse, abandonment, or where there were severe family problems. Thus, on two criteria, the cases of the children involving drug-abusing mothers seem quite inauspicious: the mothers are assessed as among the most damaged in the study population and their visiting behavior is about the worst of all parents in the study.

Summary Comment

Data have been presented which demonstrate that children of drug-abusing mothers tend to be locked into foster care at a disproportionately high rate. They also suffer greater replacement from one setting to another while in care. Yet their adjustment as measured over time appears no less problematic than that of children who were separated from their families because of other factors in their life situations. Gnawing questions nevertheless arise about the fate of these children:

1. Given the high investment of funds required to sustain these children in foster care, could resources be made available for more intensive treatment of the addiction problem of their mothers? Is the widespread development of methadone maintenance programs in recent years a phenomenon that offers hope for these women?
2. Alternatively, if restoration of the mothers to a more adequate level of functioning is not deemed feasible, given the limitations of treatment programs, can early

* The agency interviews were carried out under the direction of Dr. Deborah Shapiro.

termination of parental rights be considered an appropriate approach to the problems presented by these women? It is obvious that as the child welfare system currently functions, it is extraordinarily rare for agencies to initiate such legal actions. In this study, only one of 44 children of drug-abusing mothers was freed for adoption. Question arises as to whether the apparent reluctance to terminate parental rights (a) stems from compassion for these most beleaguered human beings, (b) is seen as not being in the interests of the child, or (c) is rooted in problems of service delivery, i.e., difficulty in finding adoptive homes for minority children or the cumbersomeness of preparing legal briefs for proper adjudication in the courts. Because of the strong suspicion among minority groups that court processes tend to be arbitrary and prejudiced against their interests, particularly in cases involving the removal of children from their own homes, procedures for community involvement in these issues in an advisory capacity might be considered as one approach to dealing with the sensitive issue of parental rights.

3. Is there a need for a closer working relationship between agencies offering foster care services and those with expertise in addiction services? Would earlier and more reliable estimates of the treatability of a mother's drug abuse problem, as provided by those who have expertise in this area, offer child welfare agencies a firmer base for early dispositional planning when such children enter foster care?

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MEDICAL CARE IN SWEDEN COURSE OFFERED

The University of Linköping Medical School and the Department of Health, Linköping, Sweden, announce a course entitled, "Delivery of Medical Care in Sweden," to be held from October 1 to 11, 1975. The course will begin in Stockholm with an overview of the Swedish health care system given by members of the National Board of Health. The course will then continue in Linköping, Sweden, with lectures, demonstrations, and site visits accenting the delivery of medical care at the local level. The language will be English throughout.

The course is designed mainly for persons involved in health planning, health administration, and health economics. Participation will be limited to 50. There will be a fee for admission, most likely in the neighborhood of \$100, but the exact sum will be announced later. The deadline for applications is July 1, 1975. Application forms and further information can be obtained from the undersigned. Please write airmail.

*David H. Lewis, MD
Clinical Research Center
University Hospital
S-581 85 Linköping
Sweden*