Today’s piece was prepared by Georgia Griffin, based on a Washington Post article [Tribal families get priority in Native American adoptions. An appeals court will decide whether that’s fair](https://www.seattletimes.com/nation-world/tribal-families-get-priority-in-native-american-adoptions-an-appeals-court-will-decide-whether-thats-fair/)

This article reports a recent case taken on by the 5th Circuit Court of Appeals that challenged the 1978 Indian Child Welfare Act (ICWA). The ICWA mandates prioritizing placing Native children with members of their family, tribe, or other Native families. Prior to ICWA, 25-35% of all native children were being removed, 85% of which were placed in homes outside their tribes. In 2017, Texas filed a case challenging ICWA. The article briefly describes a Texas couple (the Brackeens) who petitioned to adopt a Cherokee/Navajo toddler who they had fostered for over a year, which lead to *Brackeen v. Bernhardt*.

The article emphasizes the historical context of ICWA and omits details of the case. It effectively describes the political importance of ICWA as reforming Native governance but also conveys the thought process of the ICWA challengers well for a short article on a complex topic. The article does not discuss how ICWA is designed to help Native children from a developmental perspective.

There is abundant evidence for health challenges faced by children in foster care. For example, around 60% of children under 5 have developmental health issues1. There are disproportionately more Native children in child welfare, suggesting disparities in child protection and removal, and the need for family services and prevention2. An AAP policy statement on foster care states that trauma-informed care is paramount1. Historical and intergenerational trauma3 experienced by Native children adds to the importance of ICWA’s goal of preventing family separation. The AAP asserts, “the foster/kinship home environment, stability in placement, kinship placement, an empathic relationship amongst foster caregivers and birth parents, and consistent quality visitation have been shown to improve (or are recommended by experts to improve) child outcomes”1. Lucero & Bussey present a collaborative trauma-informed practice model for urban Indian child welfare that involves intensive case management/treatment services, helping parents/caregivers become more capable of meeting their own and their children’s needs4.

**RESOURCES ON FOSTER CARE:**

[UW Foster Care Clinic](http://www.hmcfostercarewa.org/)

[Washington State Foster & Kinship Care](https://www.dcyf.wa.gov/services/foster-parenting/training-requirements) *Department of Children, Youth & Families*

And that’s today’s Developmental & Behavioral Pediatrics: IN THE NEWS!

Citations

1. American Academy of Pediatrics – Policy Statement. Health Care Issues for Children and Adolescents in Foster Care and Kinship Care. Pediatrics. October 2015;136 (4) e1131-e1140; DOI: <https://doi.org/10.1542/peds.2015-2655>.
2. Lidot T, Orrantia RM, Choca MJ. Continuum of Readiness for Collaboration, ICWA Compliance, and Reducing Disproportionality. Child Welfare. 2012;91(3):65-87.
3. U.S. Children’s Bureau. Supporting Youth in Foster Care in Making Healthy Choices – A Guide for Caregivers and Caseworkers on Trauma, Treatment, and Psychotropic Medications. 2015. <https://www.childwelfare.gov/pubPDFs/mhc_caregivers.pdf#page=11&view=Understanding%20trauma%20and%20behavioral/mental%20health%20of%20youth>. Related guides are available at: <https://www.childwelfare.gov/pubs/mhc-caregivers/>
4. Lucero NM, Bussey M. A collaborative and trauma-informed practice model for urban Indian child welfare. Child Welfare. 2012;91(3):89-112.