THE CHILD WELFARE CHALLENGE

Policy, Practice, and Research

FOURTH EDITION

PETER J. PECORA, JAMES K. WHITTAKER, RICHARD P. BARTH, SHARON BORJA, AND WILLIAM VESNESKI

eRESOURCES
ROUTLEDGE

Protecting children and strengthening families is complicated. *The Child Welfare Challenge* does not shrink from that complexity. It continues to be an indispensable tool for policy makers and practitioners alike. This edition is further strengthened by its examination of trauma and early adversity on well-being and development, and the use of evidence-based strategies to increase parenting skills. As a child welfare leader, I struggled to manage all of the demands of the job and often looked for literature to supplement my own training and experience. *The Child Welfare Challenge* is an important contribution to our collective efforts to support families and keep children safe.

—Bryan Samuels, *Executive Director, Chapin Hall at the University of Chicago*

Pecora and colleagues have topped previous editions by adding new and cutting-edge information about the status of one of the nation's most complex human service systems. The book is a must read for students, practitioners, policymakers, and researchers interested in improving the lives of children and families who come into contact with the child welfare system. Highly recommended!

—Jeff Jenson, *PhD, Philip D. and Eleanor G. Winn Endowed Professor for Children and Youth, Graduate School of Social Work, University of Denver*

This book offers an evidence-rich examination of both the cutting edge of child welfare practice and the critical policy and program design context and challenges. Their analysis goes beyond traditional frameworks to employ public health, economic and global lenses through which child welfare's present and future are viewed.

—Crystal Collins-Camargo, *MSW, PhD, Associate Dean for Research and Professor, Kent School of Social Work, University of Louisville*

The Child Welfare Challenge

Using both historical and contemporary contexts, *The Child Welfare Challenge* examines major policy practice and research issues as they jointly shape child welfare practice and its future. This text focuses on families and children whose primary recourse to services has been through publicly funded child welfare agencies, and considers historical areas of service—foster care and adoptions, in-home family-centered services, child-protective services, and residential treatment services—where social work has an important role.

This fourth edition features new content on child maltreatment and prevention that is informed by key conceptual frameworks informed by brain science, public health, and other research. This edition uses cross-sector data and more sophisticated predictive and other analytical processes to enhance planning and practice design. The authors have streamlined content on child protective services (CPS) to allow for new chapters on juvenile justice/cross-over youth, and international innovations, as well as more content on biology and brain science. The fourth edition includes a glossary of terms as well as instructor and student resource papers available online.

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The Child Welfare Challenge

Policy, Practice, and Research

Fourth Edition

Peter J. Pecora, James K. Whittaker,
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and William Vesneski

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Our colleague, friend, and mentor Anthony N. ("Tony") Maluccio played a vital and significant role as co-author in all three previous editions of *The Child Welfare Challenge.* His deep knowledge of the terrain of child welfare in all of its complexity helped the author team immeasurably in crafting each successive revision. While matters of health limited his direct participation in this new edition, Tony's vision of a robust and energized child welfare field – guided both by research and profound respect for vulnerable children and families – continues to animate and inform this latest effort.

With profound respect and deep affection, we hereby dedicate this fourth edition of the *Child Welfare Challenge* to Tony.

Peter, Jim, Rick, Sharon, and William
(June 15, 2018)

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Preface

Purpose and Scope of the Book

Across the United States, many government agencies, child welfare leaders, partners, and policy makers are committing themselves to improving policies and practices to have a more positive impact upon families. Meanwhile, the child welfare field is becoming more research-based, with child welfare workers, judges, and mental health providers seeking better assessment and intervention tools to serve vulnerable children and families. In some states, more evidence-informed interventions are being implemented, while in other communities, agencies are in the process of discontinuing the use of evidence-based practices that are too costly or burdensome to implement. As a result, child welfare (CW) service agencies are collaborating with new and traditional partners to improve the range and quality of services that help more children live in safe, nurturing, and permanent family homes.

Public and private CW agencies have as their primary goal ensuring that all children have safe, stable, and loving families that they can forever call their own. Enabling children to live safely in their family home and community eliminates the additional challenges and risks children face when they are removed from their home of origin. CW system reform strategies can accelerate permanency planning, thereby safely reducing the number of children in foster care. Ideally, savings from reductions in foster care services at the state and county level can be reinvested in high-quality interventions to reduce the need for foster care *and* provide better services for the children who require out-of-home care. The value of developing policy and practice tailored to a local community but drawing ideas and innovations from a wide range of other states and countries is being

recognized. CW agency leaders and staff see the value of different *perspectives* (e.g., emotional permanence, trauma-informed care, strong social welfare safety nets), as well as *specific interventions* from the U.S. and other countries. (See discussion of some international innovations in Chapter 10.)

In this book we present the major policies and program design parameters that shape the delivery of CW services, along with the research studies that support this work. Because of their central importance to serving families in child welfare we include content related to child behavioral and emotional health services, juvenile justice, and partner violence – along with a special chapter devoted to international innovations.

Acknowledgments

As with the previous three editions, a large number of academic and professional colleagues, students, and other collaborators have contributed to the development of this fourth edition. The world of child welfare services is growing around the globe and we are fortunate to be in regular contact with leading scholars, program managers, and policy makers in the U.S. and other countries. We have benefited greatly from their example, their advice, their critiques of our work, and their encouragement. In many cases, we have known these colleagues for a substantial part of our careers; with others, they have added new voices to the work.

This book draws from material in the third edition of *The Child Welfare Challenge*. We appreciate the advice from that textbook's co-authors who are not authors in this edition, notably Anthony Maluccio, Diane DePanfilis, and Robert Plotnick. Special thanks go to the policy staff of the American Public Human Services Association, Casey Family Programs, and Child Welfare League of America for the policy briefs and position statements that informed the legislative policy section. Christine Calpin, Tyler Corwin, Erin Maher, Kristen Rudlang-Perman, Barbara Pryor, and Susan Smith of Casey Family Programs provided key ideas and statistical charts. We, of course, take full responsibility for any errors or omissions contained within this volume. We want to acknowledge the passing of three child welfare pioneers: William Meezan, Leroy Pelton, and Barbara Pine, from whom we have learned much over many years. Our colleagues in child welfare service agencies and across academia have also imparted more wisdom than we can remember or include in this volume.

Our students have also taught us much of what should be addressed in a CW course through their reactions to earlier material and to draft versions of this edition. It is they who are the future of child welfare, and we hope this book will contribute to their preparation for excellence in the field. Alumni of foster care, practitioners, and foster parents have taught us much about the real impacts of policy; we appreciate the time they have devoted to improving child welfare services.

1 Purpose, Goals, Objectives, and Key Policies of Child and Family Social Services, With a Special Focus on Child Welfare

Learning Objectives

1. Understand the purpose, goals, and policy objectives of child and family services.
2. Explore child welfare policy and related legislation through the years.
3. Learn about child welfare policy change strategies.
4. Review policy and program design challenges.

Purpose, Goals, and Policy Objectives of Child and Family Services

Purpose of Child Welfare Services

Child welfare services (CW) provides a variety of child and family social services, including child protective services, in-home services, relative and non-relative family foster care, and various forms of group care – as well as family reunification, adoption, and guardianship as forms of permanency planning. CW services include an array of decision-making and family service programs of last response when more preventive and universal services fail. When educational programs are unable to engage children and families and high truancy rates persist, when public housing and job creation are not sufficient to make safe housing affordable, when children with challenging behavior can no longer live safely with their families, and when maternal and child health does not ensure that mothers are

ready and able to parent when they are called on to do so, CW services become engaged. At the time of writing, more and more families are struggling just to get by. We have growing evidence that financial stressors, among many, are a significant determinant of child maltreatment and CW services involvement (Slack, Berger, & Noyes, 2017). The brief list of issues below identifies critical problems facing low- and moderate-income families that must be addressed if CW is to achieve its goals:

- *Child poverty remains unacceptably high and stagnant.* The child poverty rate has been stagnant since it began to rise in the early 2000s. Despite some indications of economic growth, child poverty has not returned to the levels seen in the late 1990s. As of 2015, 21 percent – over one in five children – live in a family that is officially considered poor (U.S. Census Bureau, 2015).
- *Full-time work is not always enough to provide for a family.* Research consistently shows that a full-time job at low wages is not enough to exceed the poverty-level level.
- *Many families do not have access to critical supports and services, such as childcare, paid sick leave, and mental health services.* Many families lack access to affordable, high-quality childcare, and do not have any paid sick leave to care for themselves or for a sick family member, or personal leave to attend events related to special needs of their children. Using 2012 data, a special U.S. Department of Labor (2014, p. 143) study found that fewer than 10 percent of individuals in the lowest 25 percent of earners have access to paid family leave. (See the ALICE [Asset Limited, Income Constrained and Employed] reports done by United Way in 2017, available at www.unitedwayalice.org/reports.php.).
- *A sizable number of children still lack health insurance.* The Affordable Care Act (ACA) has increased substantially the number of children and families covered by health insurance, in part, by extending Medicaid coverage to many low-income individuals in states that have expanded, and providing marketplace subsidies for individuals below 400 percent of poverty. The ACA's major coverage provisions went into effect in January 2014 and have led to significant coverage gains, but this law is being undermined by recent federal legislation. Yet, as of 2015, 3,886,000 children (5.2%) remain uninsured,. Comprehensive health and behavioral health insurance coverage is critical to improving children's access to care as well as to ensuring good health (U.S. Census Bureau, 2016).
- *Too few young children have access to quality early experiences.* Low-income 3- and 4-year-olds are less likely to have access to preschool programs than their more well-off peers, even though there is growing recognition that the impact of the first five

years lasts a lifetime. Programs like Early Head Start and Head Start can prepare young children for a productive life, but they are not able to serve every eligible infant and toddler (adapted and updated from the National Center for Children in Poverty, available at http://nccp.org/rel_18.html).

During FFY 2016, CW agencies received an estimated 4.1 million referrals involving approximately 7.4 million children, with 676,000 confirmed victims (U.S. Department of Health and Human Services [U.S. DHHS], 2018). More than one-third of all children will be investigated as victims of child maltreatment during their lifetime (Kim et al., 2016). Notwithstanding these large numbers, there is some evidence that both reporting and incidence rates of child maltreatment have decreased significantly over the past 15 years – but with significant variation among states and counties (Finkelhor & Jones, 2006; Sedlak et al., 2010; U.S. DHHS, 2018).

Overall, the number of children in foster care placement rose steadily between 1980 and 2000. However, as a result of changes in CW policies and programs, the number of children in out-of-home care has slowly decreased since 2000 with a slight increase from 2014 to 2016 (U.S. DHHS, 2016a, 2016b; 2017b, 2017c) which appeared to continue through 2017. In the United States as of September 30, 2016, 437,465 children were in out-of-home protective placements in foster care and non-family settings, and 687,000 children were served by CW agencies (U.S. DHHS, 2017b, 2017c).

Child maltreatment is clearly a major social and health challenge, and a variety of programs have been developed for prevention as well as child treatment and placement. In this field, public policy makers, practitioners, and scholars are working to devise new ways to address child maltreatment and its root causes. Indeed, new resources and ideas are reshaping CW practices across the country. Notably, agencies in Florida, Illinois, New York City, and in other communities are making successful efforts to reduce child length of stay in out-of-home care, reduce the level of restrictiveness of child placements, and increase the proportion of children placed with kin who are not blood relatives. In addition, the number of children being adopted or securing a permanent placement through guardianship has increased over the past 20 years (U.S. DHHS, 2014).

These innovations may expand further with new initiatives designed to reduce the time that children spend in foster care and increase permanency. These initiatives include CW demonstration waivers (www.acf.hhs.gov/cb/programs/child-welfare-waivers), "permanency roundtables" (Rogg, Davis, & O'Brien, 2011), expedited adoptive parent assessments, expedited approvals of subsidy applications, family group conferencing (Connolly & McKenzie, 1999), judicial reforms (American Bar Association, 2017), and heightened attention by the agencies and courts to the need for more timely permanency planning.

Although CW agencies are burdened with yet another significant drug epidemic that is impairing child safety, professionals, families, and advocates across the country are experimenting with new policies and procedures designed to find safe and enduring living arrangements for children.

In this chapter, we review the mission and goals of CW services. Next the major social policies that are directed toward these families will be described. Drawing from innovative projects and programs across the country, we will present some policy change strategies and conclude with an overview of major policy challenges in CW.

Mission and Goals of Child Welfare Services

The mission of CW has long been to respond specifically to the needs of children reported to public child protection agencies as abused or neglected, or at risk of child maltreatment. In this century, there has been more emphasis on looking beyond public and private CW agencies to involve communities as a whole in the protection and nurturing of children, and to formulate collaborative community efforts to prevent and respond to child abuse and neglect. Our knowledge of the interplay of risk and protective factors at the child, parent, family, neighborhood, and community levels has grown to underscore the need to look beyond the parent–child dyad. Although all children have highly individual needs and characteristics, they live in the context of their families; families live in the context of their cultures and communities; and communities in the context of their social, economic, cultural, and political environments (Child Welfare League of America, 2004).

When CW services incorporate and draw upon the richness and strength embodied in this context of family life, they can more effectively respond to the needs of vulnerable children and troubled families. While agency mission statements provide the overall context for service, it is essential that key goals or outcomes are specified to help guide such functions as establishing agency strategic plans, policy formulation, funding decisions, and worker practice within a context of philosophical values and scientific practice (Testa & Poertner, 2010; Wulczyn et al., 2005). System goals and expected outcomes are discussed in the next section.

Early childhood development, neuroscience, and epigenetic research underscore the importance of communities paying careful attention to nurturing children via supporting the adults who raise them (Biglan et al., 2012). Recently, a somewhat broader framework for CW has emerged, and, in the interest of protecting and nurturing children, greater emphasis is being placed on communities as a whole. Consistent with this expanded frame of reference, CW agencies have increased their efforts to engage employers as well as mental health, primary education, healthcare, and higher education institutions to form collaborative community strategies aimed at preventing and responding to child abuse

and neglect: "There is no 'children's well-being' system in the United States to which child welfare workers can refer children in need. Instead, we have a siloed set of service systems that may or may not be child-focused" (Berrick, 2018, p. 28).

Child Welfare Service Outcomes

In spite of foundational disagreements on the definition of maltreatment, the field of CW services is gaining clarity and consensus about its primary mission. A primary goal and two secondary goals for CW services have emerged with widespread support. First and foremost, the primary goal is safety – to protect children from harm. The second goal, which is focused on child permanency, is to preserve existing family units, including birth, relative, and adoptive families, as appropriate. The third goal is to promote children's development as adults who can live independently and contribute to their communities. This final goal may enlist a variety of permanency planning alternatives such as family reunification, placement with relatives, different forms of guardianship, adoption, and intentionally planned kinship care with legal safeguards such as guardianship (U.S. DHHS, 2014).

Currently, a challenging and controversial issue facing CW is the disproportionate number of children of color in foster care placements. Of the 117,794 U.S. children awaiting adoption in 2015, nearly 23 percent (26,709) were Black and 22 percent (25,822) were Hispanic (U.S. DHHS, 2017b). In fact, about 54 percent of the foster care population are children of color (i.e., African American/Black, Latino/Hispanic, Asian, Native American/Indigenous, and two or more races), and some of these children will remain in foster care placements until they are emancipated at age 18 (U.S. DHHS, 2014, 2017b). Furthermore, African American children represented 23 percent of the children placed in out-of-home care nationwide in 2016 (U.S. DHHS, 2017b), which is significantly higher than the percentage of African American children in the general population for 2015 (14%) (Annie E. Casey Foundation, 2017). It is well documented that the placement of Native American children is even more disproportionate with their population: Native American children represented 2 percent of the children placed in out-of-home care nationwide in 2016 (U.S. DHHS, 2017b) – double their percentage in the general population in 2015 (1%) (Annie E. Casey Foundation, 2017). The most important contributors to this disproportionality continue to be a matter of significant research and discussion.

There is some debate in the field about the usual legislative language that makes child safety a goal superior to family support (the way that this is framed depends on decisions in each state). Indeed, many family advocates and some researchers have argued that without a simultaneous emphasis on child safety *and* family support, neither goal will be achieved

in an equitable manner. Similarly, the capacity of the system to support families and promote positive developmental outcomes for children in custody has been the subject of much criticism and debate (Berrick, 2018; Wulczyn et al., 2005). The key components of each of these major goals (also called *outcome domains*) are summarized next.

Safety of Children

Maltreatment has a detrimental impact on the cognitive, emotional, and physical development of children. Thus, a core goal for CW services is keeping children safe from child abuse and neglect. This goal includes children living with their birth families, children reunited with their families after a maltreatment event, and children placed in out-of-home care when parental custody has been terminated because of maltreatment. In terms of concrete outcomes, the public policies that support CW services are intended (1) to prevent children from being maltreated, and (2) to keep families safely together, including families that may be functioning at a minimum standard of parenting. CW workers operate on the philosophical basis that all children have a right to live in a safe environment that is free from abuse and neglect. There is little or no debate that the first focus of CW services should be to deliver services that are preventive, non-punitive, and geared toward parental rehabilitation through identification and treatment of the factors that underlie maltreatment.

This consensus breaks down in a variety of areas, however, including defining what constitutes child abuse or neglect, establishing standards for agency intervention, and specifying what constitutes a minimum standard of parenting (popularized by the question, "What is a good-enough parent?"). In the face of this widespread disagreement, CW is a policy and practice area that is benefitting from recent research on risk and protective factors in child development.

Standards used in case decision making seriously affect provision of services. Historically, the standard used for CW intervention has been very child-focused. Such a broad and subjective standard skewed CW workers' actions toward frequent removal of children. This approach to practice resulted in an emphasis (and a public expectation) that CW services should be used to improve all areas of family functioning. In addition, child placement was also justified because it was the "best" plan for the child. The best plan was sometimes confused with a "*better*" plan because there were better health and educational resources for the child in an alternative setting. In addition, the public and certain community agencies may have expected that family functioning had to be improved to an unrealistically high level before the case was closed.

That expectation is no longer feasible or ethical. It is not feasible because high caseloads and a shortage of services have forced agencies to target their services to clients

most in need. From an ethical standpoint, laws protecting parent rights and family privacy prohibit forcing services upon families whose functioning does not fall below a certain minimum standard of parenting. These families are generally best voluntarily engaged and served by other community agencies. Knowing from research that most youth want to have ongoing contact with their families, whether they are at home or not (Chapman, Wall, & Barth, 2004), we assume that the development of more effective in-home services will be welcomed by youth and parents alike.

Finally, we lack the research data that allow us to predict what is in the child's best interest, beyond protecting children in severe situations. While risk assessment and case decision-making approaches have improved with more refined models and early (but very preliminary) results from some predictive analytic approaches (Putnam-Hornstein, Needell, & Rhodes, 2013; Roberts et al., 2018; Vaithianathan et al., 2013), the CW field is not yet able to predict outcomes for children in relation to determining whether child placement would be superior for many cases. In particular, we can also see that children who remain at home following a relatively low-intensity form of neglect fare at least as well as those who go into foster care and experience foster care instability (Doyle, 2007; Lloyd & Barth, 2011).

CW service agencies are, instead, focusing on *minimum standards of parenting,* with a requirement that involuntary CWS intervention proceed only if there is evidence that children have been harmed or will be at serious risk of maltreatment in the near future. In most states, CW workers are encouraged to focus on minimally adequate care and levels of risk to the child, rather than requiring that all parents provide some "optimal" level of nurturing. The types of services available to help parents meet a minimal standard of parenting heavily influence CW decision making and the case plan to be implemented. No agency has a completely adequate range of services, but within most communities there should be a variety of resources to supplement and support what CW staff can provide, such as crisis nurseries, treatment day care, home-based services and parenting support groups. Finally, perhaps one of the most pivotal determinants is client ability or willingness to use the services. Regardless of what a worker can do for or plan with a family, a successful outcome is dependent upon the ability of family members to benefit from the service and their willingness to work with CW staff and allied service providers required by the court.

Permanency: Preserving Families and Creating Permanent Homes for Children

When the state steps in to protect an abused or neglected child, the CW agency must also consider the child's needs for permanent and stable family ties. In addition to protecting

a child, the state should ensure that the child has the opportunity to be brought up by stable and legally secure permanent families, rather than in temporary foster or group care under the supervision of the state.

This principle has been well established in federal law, increasingly so by the Adoption Assistance and Child Welfare Act of 1980, then by the Adoption and Safe Families Act of 1997, and then by the Adoption Promotion Act of 2003. While permanency alone does not guarantee a normal healthy childhood, it is a key factor in the successful upbringing of children for a number of reasons. First, many mental health experts have proposed that stable and continuous caregivers are important to normal child development. Children benefit from secure and uninterrupted positive emotional relationships with adults who are responsible for their care in order to learn how to form healthy relationships later on (Appleyard, Egeland, & Sroufe, 2007). They do not benefit from uninterrupted emotional relationships that traumatize them, result in elevated stress, and may diminish their capacity for learning and social relationships.

Second, children need parents who are fully committed to caring for them, and it is easier for parents (whether biological, foster, or adoptive) to maintain a strong commitment to the child when their role is secure. Children are likely to feel more secure under the care of parents than CW agencies. In addition, fully committed parents are more likely to provide conscientiously for the child's needs. As Rita Pierson said, "Every child deserves a champion – an adult who will never give up on them, who understands the power of connection, and insists that they become the best that they can possibly be" (www.thepositiveencourager.global/rita-f-pierson-every-child-needs-a-champion-video/ retrieved July 9, 2017).

Third, having a permanent family adds a critical element of predictability to a child's life, thereby promoting their sense of belonging. Not knowing when and where one might live next can impose great stress on a child. With a permanent family, a child can form a more secure sense of the future and better weather other difficulties and changes in childhood and adolescence (Casey Family Programs, 2003; Kerman, Maluccio, & Freundlich, 2008). This is especially true, as more young people rely on living with family and extended financial support well into their third decade of life.

Fourth, autonomous families are generally more capable of raising children than is the state (Berrick et al., 1998; Goldstein, Freud, & Solnit, 1973). Decision making for children in state-supervised foster care tends to be fragmented and diffuse because it is shared by CW workers, professional therapists and evaluators, foster parents, court personnel, and biological parents. Full-time permanent families, who concentrate far more personal commitment and time on the child than any professional, are best able to make fully informed and timely decisions for a child.

In terms of concrete outcomes, we should be looking to CW services for a number of permanency-related outcomes, including *purposeful case plans* that explicitly address the child's legal status and need for permanency planning. If permanent placement is an important goal for abused and neglected children, it follows that service plans for such children should be designed accordingly. Whether a service plan has been logically designed to achieve a safe and permanent home for the child is a key indicator by which to measure the appropriateness of the plan and, ultimately, to measure the plan's success and that of the CW agency.

Permanency planning is the systematic process of carrying out, within proscribed time frames, a set of goal-directed activities designed to help children live in safe families that offer them a sense of belonging and legal, lifetime family ties (Maluccio, Fein, & Olmstead, 1986). Permanency planning thus refers to the process of taking prompt, decisive action to maintain children in their own homes or place them in legally permanent families. Above all, it addresses a single – but crucial – question: What will this child's family be when he or she grows up? It embodies a family-focused paradigm for CW services, with emphasis on providing a permanent legal family and sensitivity to ensuring family continuity for children across the life span (McFadden & Downs, 1995).

Federal policy mandates the states to promote permanency planning for children and youths coming to their attention through such means as subsidized adoption, procedural reforms, time limits, and, above all, preventive and supportive services to families. Each state, in turn, enacts legislation or policies designed to implement these Acts, resulting in major changes in service delivery and, apparently, changes in outcomes for children in foster care and their families (Barth, Wulczyn, & Crea, 2005; U.S. DHHS, 2014).

As the meaning of permanency planning is considered, one should note that there are different options or routes to it (Kerman et al., 2008). These include maintaining the child in her or his own home; reunification of placed children with their biological families; adoption; and permanent or long-term foster family care in special situations, such as those of older children with ongoing relationships with their birth parents. This hierarchy of options is generally accepted. This does not mean, however, that any one of these options is inherently good or bad for every child. It does mean that in each case there should be careful assessment and extensive work to maintain children with their own families or to make other permanent plans when it has been demonstrated that the parents cannot care for the child. In short, permanency planning encompasses both prevention and rehabilitation and can serve as a framework for CW practice in general. It involves attention not only to children in care but also to those who are at risk of out-of-home placement (see Chapters 5 and 6).

Other outcomes (framed in italics to help distinguish them from one another) include children being *placed in the least restrictive placement* possible, *with siblings* whenever possible, with *minimal placement moves or disruptions*, and with a *timely resolution of their legal status* so that they can be adopted by a caring adult if a birth parent is unable to care for them.

Child and Family Well-being: Meeting Developmental Needs

Achieving child well-being means not only that a child is safe from child abuse or neglect but also that a child's basic needs are being met and that the child is provided with the opportunity to grow and develop in an environment with consistent nurture, support, and stimulation. In this goal area, we include the need for children to develop a healthy sense of identity; an understanding of their ethnic heritage; and skills for coping with racism, sexism, homophobia, and other forms of discrimination that they may experience. CW should promote standards of parenting that, at a minimum, will provide a child with the developmental opportunities and emotional nurturance needed to grow into an adult who can live as independently as possible.

Child well-being is related ipso facto to family well-being. Achieving child well-being means that families must have the capacity to care for children and to fulfill children's basic developmental, health, educational, social, cultural, spiritual, and housing needs. Ensuring family well-being also implies that CW staff members have responsibility for locating these essential services and supports (and that these services are available), and for helping to find community partners to sustain or promote parents in their child-rearing roles.

Family well-being. In earlier editions of this volume we indicated that family well-being was generally not viewed as a central goal of CW but might be thought of as an outcome in a reformulated child and family services program that is concerned not only about the impact of services upon children but also upon each family member. We are pleased to report that new federal outcome standards have now included three child and family well-being indicators. In the new federal usage, children's services workers have some responsibility for locating and securing these essential services and supports for the sake of the family's well-being. These are process indicators rather than quantitative outcome indicators, but, nonetheless, indicate growing support for the idea that family strengthening is fundamental to CW.

The federal outcome standards and child and family service reviews are based on the safety, permanency, and well-being concepts. The CW agency is also responsible for engaging in activities that will result in the provision of education, health, and mental

health services that will assist a child who needs them. These "system outcomes" are not presented in this chapter but will be discussed in various chapters, and especially in Chapter 9 on organizational requisites. One of the areas for further development is child and family well-being. For example, on December 14, 2016, final regulations were released by the U.S. Department of Health and Human Services (DHHS) revising the data that child welfare systems will be required to report annually to DHHS as part of the Adoption and Foster Care Analysis and Reporting System (AFCARS), a child welfare data collection system designed to gather uniform and reliable information across states on children who are in foster care and children who have been adopted. Among the many changes under the final rule, child welfare agencies will now be required to report on several elements related to education, including school enrollment, highest grade completed, special education, and whether the child experienced school moves, and the reason for any school moves (see www.federalregister.gov/documents/2016/12/14/2016-29366/adoption-and-foster-care-analysis-and-reporting-system).

System Goals Define Outcome Domains

Each of these goals is related to outcome domains, albeit imperfectly, by federal outcome standards, as shown in Tables 1.1 and 1.2. Using these federal outcome indicators – which have since been updated for a second time (www.acf.hhs.gov/cb/monitoring/child-family-services-reviews/round3) – as a framework for a child and family services review (CFSR), an outside, onsite review team assesses each state's performance by collecting data on two outcome indicators in the domains of safety; five in the area of permanency; and three in the area of child and family well-being. To measure a state's achievement of the outcomes, the review team assesses items (via onsite review) or items and data indicators (via onsite review plus statewide assessment using administrative data). The items or data indicators associated with the outcomes and systemic factors are listed in Tables 1.1 and 1.2, and are in need of further refinement.

Note that the CFSR also assesses systemic factors to ensure that agencies are conducting quality programs and practices (see Table 1.2).

Additional Philosophical Underpinnings of Child Welfare Services

Besides the focus on child safety, permanence, and other well-being areas, we believe that a core set of philosophical principles can be used to inform the selection of key

Table 1.1 National Standards for Child and Family Services Review Round 3 (CFSR R3)

Outcome Area and State Data Indicators	National Standard
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect (1: Timeliness of Initiating Investigations of Reports of Child Maltreatment)	
• **Maltreatment in foster care** (Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?)	8.50 victimizations per 100,000 days in foster care
• **Recurrence of maltreatment** (Of all children who were victims of a substantiated or indicated maltreatment report during a 12-month reporting period, what percentage were victims of another substantiated or indicated maltreatment report within 12 months of their initial report?)	9.1%
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate (2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry Into Foster Care; 3: Risk Assessment and Safety Management)	
Permanency Outcome 1: Children have permanency and stability in their living situations (4: Stability of Foster Care Placement, 5: Permanency Goal for Child; and 6. Achieving Reunification, Guardianship, Adoption, or Another Permanent Planned Living Arrangement)	
• **Permanency in 12 months for children entering foster care** (Of all children who enter foster care in a 12-month period, what percentage are discharged to permanency within 12 months of entering foster care? Permanency, for the purposes of this indicator and the other permanency-in-12-months indicators, includes discharges from foster care to reunification with the child's parents or primary caregivers, living with a relative, guardianship, or adoption)	40.5%
• **Permanency in 12 months for children in foster care between 12 and 23 months** (Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percentage discharged from foster care to permanency within 12 months of the first day of the period?)	43.6%
• **Permanency in 12 months for children in foster care for 24 months or more** (Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) for 24 months or more, what percentage discharged to permanency within 12 months of the first day?)	30.3%

Outcome Area and State Data Indicators	National Standard
• **Re-entry to foster care in 12 months** (Of all children who enter foster care in a 12-month period who were discharged within 12 months to reunification, living with a relative, or guardianship, what percentage re-enter foster care within 12 months of their discharge?)	8.3%
• **Placement stability** (Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?)	4.12 moves per 1,000 days in foster care
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children (7: Placement With Siblings; 8: Visiting With Parents and Siblings in Foster Care; 9: Preserving Connections; 10: Relative Placement; 11: Relationship of Child in Care With Parents)	
Child and Family Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs (12: Needs and Services of Child, Parents, and Foster Parents; 13: Child and Family Involvement in Case Planning; 14: Caseworker Visits With Child; 15: Caseworker Visits With Parent(s))	
Child and Family Well-being Outcome 2: Children receive appropriate services to meet their educational needs (16: Educational Needs of the Child)	
Child and Family Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs (17: Physical Health of the Child; 18: Mental/Behavioral Health of the Child)	

Sources:
U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2016). *Child and family services reviews procedures manual*. Washington, DC: Author, pp. A-1 – A-4. Retrieved from www.acf.hhs.gov/sites/default/files/cb/round3_procedures_manual.pdf.
U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2016). *Executive summary of the final notice of statewide data indicators and national standards for child and family services reviews* (amended May, 2015). Washington, DC: Author. Retrieved from www.acf.hhs.gov/sites/default/files/cb/round3_cfsr_executive_summary.pdf.

outcomes for CW and the strategies for achieving them. The principles can also provide useful guideposts for agencies as they design performance-based contracts, implement managed care approaches to service delivery, or design staff development programs. This list is not intended to be exhaustive or definitive.

1. Community supports for families. Families raise children within communities. Family efforts are affected by the community's social and economic health. Communities, therefore,

Table 1.2 Systemic Factors

Systemic Factor and Items	Substantial Conformity Determination
Systemic Factor 1: Statewide Information System Item 19: Statewide Information System	For the systemic factor to be in substantial conformity, the information obtained from the statewide assessment and/or stakeholder interviews, if necessary, must indicate that *the one required item* is functioning as required.
Systemic Factor 2: Case Review System Item 20: Written Case Plan Item 21: Periodic Reviews Item 22: Permanency Hearings Item 23: Termination of Parental Rights Item 24: Notice of Hearings and Reviews to Caregivers	For the systemic factor to be in substantial conformity, the information obtained from the statewide assessment and/or stakeholder interviews, if necessary, must indicate that *no more than one of five items* for this systemic factor fails to function as required.
Systemic Factor 3: Quality Assurance System Item 25: Quality Assurance System	For the systemic factor to be in substantial conformity, the information obtained from the statewide assessment and/or stakeholder interviews, if necessary, must indicate that *the one required item* is functioning as required.
Systemic Factor 4: Staff and Provider Training Item 26: Initial Staff Training Item 27: Ongoing Staff Training Item 28: Foster and Adoptive Parent Training	For the systemic factor to be in substantial conformity, the information obtained from the statewide assessment and/or stakeholder interviews, if necessary, must indicate that *no more than one of the three items* for this systemic factor fails to function as required.

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2016). *Child and family services reviews procedures manual*. Washington, DC: Author, pp. A-4–A-5. Retrieved from www.acf.hhs.gov/sites/default/files/cb/round3_procedures_manual.pdf (accessed July 4, 2017).

need to support families in providing a safe and nurturing child-rearing environment. Healthy communities offer both formal and informal supports to families which clearly help prevent harm to children, because prevention efforts are key components of CW programs.

Sound social, economic, and moral reasons compel equal attention and resources to preventive programs and to services that support child well-being and effective family functioning. Basic supports such as jobs, housing, and community economic development are needed so that CW services can stem the causes of child maltreatment, rather than simply responding after children have suffered abuse or neglect. Although CW does not have a principal responsibility for the quality of community life, CW efforts can be implemented, often in concert with other government and civic organizations, to reduce

the harms associated with undermining community characteristics and to increase the capacity of communities to support good parenting. Thus, cooperative housing, sober living programs or family support agencies with extended childcare hours may help provide community resources needed to help families under strain.

Locally tailored, preventive, and family supportive services, such as school-based parent resource centers and crisis nurseries that are easily accessible to all children and families in their own communities and integrated with other community support systems (such as housing, health care, education, and early child development) are critical underpinnings for responsive CW services (see, e.g., Institute of Medicine, 2014; DePanfilis & Salus, 2003; Schorr & Marchand, 2007).

2. Family-centered services. Responsive CW approaches offer family-centered services that directly address the needs and interests of individual children and families. When families are actively involved in making key decisions about their children and designing services to meet their needs, the family's capacity to safely parent its children is likely to be increased (Fraser, Pecora, & Haapala, 1991; Schorr & Marchand, 2007). Effective CW agencies work to create an atmosphere in which families feel comfortable in speaking honestly and openly about their strengths and needs. In partnership with families, these agencies strive to construct service responses that support effective family functioning and allow children to remain safely with their families. Most families have the motivation and capacity to be actively involved in providing or creating provisions for their children's safety and well-being, as long as they are properly supported. Indeed, in 2016, of the 4.1 million reports of maltreatment involving 7.4 million children, fewer than 143,866 children entered foster care – most of them to later return home (U.S. DHHS, 2018, p. xii). In 2016 about 84,308 children exited foster care to live with someone other than their parents, relatives, or a guardian (who are often relatives). Thus, the birth family or kinship network is likely to be the continuous parent for the vast majority of maltreated children (U.S. DHHS, 2018, p.3; U.S. DHHS, 2017b). Even when a child's parents cannot be her or his primary caregivers, family members and extended family are a vital part of the caring circle for children and can contribute to the child's growth and development.

When a child has been placed outside of his or her own home, agency workers should strive to maintain relationships of continuity for the child, ideally with birth parents and with kin or previous caregivers. If other out-of-home care is required, the least restrictive, most family-like setting possible, which is responsive to a child's special needs, is the preferred setting for this care. It should be noted, however, that *routinely* making same-race foster care or adoption placements is not allowable under the Multi-ethnic Placement Act and Inter-ethnic Adoption Provisions Act, unless the child has unique cultural needs (e.g., speaks only Spanish).

3. Cultural competence. Children and parents of color represent the largest group served by CW. According to the U.S. Census Bureau, immigrant and refugee families represent the fastest growing proportion of the U.S. population (see www.census.gov/ipc/www/usinterimproj/). A culturally competent CW system is one that develops behaviors, attitudes, and policies to promote effective cross-cultural work. By engaging in a cultural self-assessment process to help both the organization and individual workers clarify their basic cultural values, agencies can address how agency and worker values may affect serving clients with different cultural orientations than those of the agency and its workers and improve the access, availability, acceptance, and quality of services to all cultural groups being served. Providing workers, and the agency or organization as a whole, with a flexible context for gaining and expanding cultural knowledge, understanding the dynamics arising from cultural differences, and promoting the successful adaptation of services to meet unique cultural needs in partnership with community members is the most effective way for agencies to improve their cultural competence (see, e.g., Harper et al., 2006; The Business Council and The Conference Board Partnership for 21st Century Skills, 2006).

Many service reforms – detailed later in the book – are being developed with attention to cultural issues in their implementation. Such attention is critical to the development and use of effective services. Emerging evidence indicates that such interventions are effective (e.g., Chaffin et al., 2012), and rigorous reviews of existing, standard child and adult mental health interventions suggest that their success is robust across racial and ethnic groups (Huey & Polo, 2008; Lau, 2006; Miranda et al., 2005). CW decision making also seems to be influenced more by the conditions that families are in than the race of the CW workers (Font, Berger, & Slack, 2012).

4. System accountability and timeliness. A well-organized service delivery system, accountable to specific performance standards and time frames for service provision, is essential to effectively protect children and strengthen families (Wulczyn et al., 2005). The effectiveness of CW is being measured in terms of its ability to produce defined and visible outcomes for children and families through a continuum of resources. Multiple perspectives on these outcomes are considered in the continuous process of improving services that may be shown to:

- prevent family problems from occurring in the first place;
- increase and maintain children's safety and families' emotional health and ability to care for their children during a stressful time or transition;
- prevent re-victimization or another family problem, or slow progressively deteriorating conditions.

Effective services are those that are timely from a child's perspective; that is, services are provided quickly enough to respond to a child's or youth's developmental and emotional needs. Evidence is piling up that the most important years for intervention are the earliest, as assistance provided to children younger than age 5 has a far greater impact upon lifetime earnings and well-being than investments in adolescents and young adults (see, e.g., Garcia et al., 2016). Nonetheless, there are critical periods for youth who are involved with CW, including such times children face when they reach the age of majority and must leave the custody and care of foster care. Service providers and the system as a whole can recognize the imperative of children's developmental time frames and critical developmental periods and ensure that services are organized to coincide with them. Service provision that is sensitive to a child's sense of time helps: (1) children to remain in or be placed in safe and permanent homes; (2) CW workers to perform their jobs more effectively; and (3) workers and the courts to make wiser decisions (e.g., Berrick et al., 1998).

5. Coordination of system resources. A cohesive system of family-centered, community-based, culturally competent, timely, and accountable services and supports for children and families is the CW challenge. Organizing system resources to ensure consistent, reliable coordinated service delivery, along with the availability of informal supports for families in their own communities, will maximize the effectiveness of CW. At the individual family level, formal efforts to coordinate services and supports are necessary among different providers serving the same family. CW workers, and our allies, have a responsibility to act as coordinators by ensuring that all family needs are identified, assessed, and met with a coordinated plan to provide resources that will achieve specific outcomes for children and their families.

At the systems level, formal cooperative agreements or protocols can increase the cohesiveness of related services provided by different agencies. Funding that is not limited to specific service categories or that allows for the provision of a combination of resources to meet individual child and family needs also strengthens a coordinated response to families. This approach to resource allocation may allow communities the flexibility to meet local needs and to provide a holistic array of services, resources, and informal supports for children and families (see, e.g., Daro et al., 2005).

Child Welfare Policy And Related Legislation Through the Years

Key Child Welfare Policy and Legislation

A number of public policies influence CW programs and affect the families receiving CW services. Listed below are some of the key federal policies related to CW. These policies

include adoption, child protection, income support, education, early intervention, family support, and foster care. In general, they show a growth of understanding about how to respond to child abuse in a way that aims to provide protection from cradle to young adulthood with lifetime permanency always in mind (for more information, see the policy resource paper – Pecora et al., 2018 - on the publisher's website).

1970 to 1980

- *Child Abuse Prevention and Treatment Act of 1974 (P.L. 93–247):* Provides some financial assistance for demonstration programs for the prevention, identification, and treatment of child abuse and neglect; mandates that states must provide for the reporting of known or suspected instances of child abuse and neglect.
- *Juvenile Justice and Delinquency Prevention Act of 1974 (P.L. 93–415):* Provides funds to reduce the unnecessary or inappropriate detention of juveniles and to encourage state program initiatives in the prevention and treatment of juvenile delinquency and other status offenses (see www.ojjdp.ncjrs.gov/about/ojjjjact.txt).
- *Title XIX of the Social Security Act:* Provides healthcare to income-eligible persons and families. One of the sections of this Act established the Early and Periodic Screening, Diagnosis, and Treatment program, which provides cost-effective healthcare to pregnant women and young children (see www.ssa.gov/OP_Home/ssact/title19/1900.htm).
- *The Education for All Handicapped Children Act of 1975 (P.L. 94–142):* This law supports education and social services for handicapped children. The act requires states to (1) offer programs for the full education of handicapped children between the ages of 3 and 18, (2) develop strategies for locating such children, (3) use intelligence testing that does not discriminate against the child racially or culturally, (4) develop an individualized education plan (IEP) for each child, and (5) offer learning opportunities in the *least restrictive educational environment* possible, with an emphasis on mainstreaming – integrating handicapped children into regular classrooms (see www.projectidealonline.org/publicPolicy.php). (These provisions have remained, usually with expansion, in subsequent federal legislation: No Child Left Behind and the, newer, Every Student Succeeds Act.)
- *The Individuals with Disabilities Education Act (IDEA):* The Individuals with Disabilities Education Act (IDEA) began as the Education for All Handicapped Children Act (EHCA) of 1975 (P.L. 94–142) and gave all children with disabilities the right to a free and appropriate public education. This watershed civil rights law resulted from sustained advocacy by parents of children with disabilities. Special education has been shaped by the six core principles that formed the nucleus of the EHCA: (1) zero

reject, meaning schools could not opt to exclude any children with disabilities from instruction; (2) nondiscriminatory evaluation, by which every child receives an individualized, culturally, and linguistically appropriate evaluation before being placed in special education; (3) an Individual Education Plan (IEP) that delineates current performance, progress on past objectives, goals, and services for the school year, and evaluation of outcomes; (4) least restrictive environment, which is in settings with nondisabled children; (5) due process, which codifies the legal steps to ensure a school's fairness and accountability in meeting the child's needs and how parents can obtain relief via a hearing or by second opinions; and (6) parental participation, whereby parents have the right to access their child's education records and participate in IEP planning (Kirk, Gallagher, & Anastasiow, 1993, pp. 51–52).

Another part of IDEA that is important for children served by CW is early intervention, which has as its purpose the provision of prevention and treatment services to improve cognitive, social, and emotional development of the youngest children (under the age of 3). Children receiving early intervention services are either considered at risk for delayed development or have been identified as having a developmental disability (Ramey & Ramey, 1998).

- *The Indian Child Welfare Act of 1978 (P.L. 95–608):* Strengthens the standards governing the removal of Native American children from their families. Provides for a variety of requirements and mechanisms for tribal government overseeing and services for children (see www.nicwa.org/law/; Plantz et al., 1989).

1981 to 1990

- *The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96–272):* This is one of the key laws for CW reform because it uses funding incentives and procedural requirements to implement a wide range of placement prevention and permanency planning (see www.ssa.gov/OP_Home/comp2/F096–272.html; Pine, 1986).
- *Independent Living Initiative (P.L. 99–272):* Provides funding for services to prepare adolescents in foster care for living in the community on an independent basis (Mech, 1988).

1991 to 2000

- *Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA):* Funds the Temporary Assistance to Needy Families (TANF), the largest income transfer program for poor families. This is part of the nation's welfare system, administered by

the states and funded jointly by state and federal governments. Low-income families of children with disabilities can also receive income transfers through TANF, which is the limited welfare program enacted in 1996 by PRWORA. TANF replaced Aid to Families with Dependent Children (AFDC), which limits program participation (with some exceptions) to 60 months. TANF allows states to exempt up to 20 percent of their welfare caseload from work requirements, but states have the discretion to establish more strict work participation rules (see www.cbpp.org/cms/?fa=view&id=936).

- *Foster Care Independence Act of 1999 (P.L. 106–169):* Authorized the Education Training Voucher (ETV) program. Congress provided federal funding of $42 million for the first time in fiscal year (FY) 2003 and increased funding to $45 million for FY 2004. In both years, the president requested $60 million in his budget (see www.acf.hhs.gov/programs/cb/laws_policies/cblaws/public_law/p1106_169/p1106_169.htm).
- The voucher program is a component of the Chafee Independent Living Program, which helps older youth leaving foster care to get the higher education, vocational training, and other education supports they need to move to self-sufficiency. Up to $5,000 per year is available to a young person for the cost of attending college or vocational school. ETV funds are distributed to the states using the same formula as the Chafee Independent Living Program under the Foster Care Independence Act. If a state does not apply for funds for the ETV program, the funds are reallocated to other states based on their relative need.
- *Keeping Children and Families Safe Act (P.L. 108–36):* Reauthorizes the Child Abuse Prevention and Treatment Act. Authorizes funds for grants to state CW agencies, competitive grants for research and demonstration programs, and grants to states for the establishment of community-based programs and activities designed to strengthen and support families, all of which support services to prevent and treat child abuse and neglect. The act amends the Adoption Reform Act of 1978 (Adoption Opportunities), focusing on the placement of older foster children in adoptive homes with an emphasis on child-specific recruitment strategies and efforts to improve interjurisdictional adoptions. This Act also includes amendments to the Abandoned Infants Assistance Act, making aid a priority to infants who are infected with the HIV virus, have a life-threatening disease, or have been exposed perinatally to a dangerous drug. The Act also includes an amendment to the Family Violence Prevention and Services Act, extending from FY 2004 through FY 2008 authorization of appropriations for specified family violence prevention programs (see www.naesv.org/Resources/FVPSA.pdf). This represents the first significant investment in providing social services to families involved in partner violence, an area previously funded by the Department of Justice.

2001 to 2010

- *The Adoption Incentive Program (P.L. 108–145):* The Adoption Incentive Program was first enacted as part of the Adoption and Safe Families Act in 1997 to promote permanence for children. In 2003, Congress passed the Adoption Promotion Act of 2003 (P.L. 108–145) to reauthorize the program with modifications. The Adoption Incentive Program is designed to encourage states to finalize adoptions of children from foster care, with additional incentives for the adoption of foster children with special needs. States receive incentive payments for adoptions that exceed an established baseline. The Adoption Promotion Act revises the incentive formula in current law, creating four categories of payment (see www.childwelfare.gov/systemwide/laws_ policies/federal/index.cfm?event=federalLegislation.viewLegis&id=85) so that, basically, improvement in the rate of adoption is rewarded, rather than just the raw number of adoptions.
- *Runaway, Homeless, and Missing Children Protection Act (Title III of the Juvenile Justice and Delinquency Prevention Act of 1974), as Amended by the Runaway, Homeless, and Missing Children Protection Act (P.L. 108–96):* Authorizes funds for the establishment and operation of centers to provide shelter, protection from sexual and other abuse, counseling, and related services to runaway and homeless youth under 18 years of age. The Act authorized local groups to open "maternity group homes" for homeless pregnant teens or for those who have been abused. These homes are required to educate runaway youth about parenting skills, child development, family budgeting, health and nutrition, and related skills to promote long-term independence and the health and well-being of youth in their care (see www.acf.hhs.gov/programs/fysb/content/aboutfysb/RHYComp.pdf; and www.acf.hhs.gov/programs/fbci/progs/fbci_rhyouth.html).
- *Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893/P.L. 110–351) of 2008*: This law helps children and youth in foster care by ensuring permanent placements for them through kinship and adoption and improving educational and healthcare outcomes. It will also extend federal support for youth to age 21. The Act offers for the first time substantial support to American Indian children residing in child protective custody. Key provisions include offering federal support to children who leave foster care to live permanently with relative guardians through a federal subsidized guardianship program. P.L. 110–351 helps relatives connect the children with the services and supports they need by using kinship navigator programs. The Act addresses non-safety licensing requirements that were creating barriers to children living with relatives in foster care. To improve the quality of services, the Act allows states to be reimbursed for training provided to an expanded group of individuals and

organizations, including kinship caregivers, court personnel, court-appointed special advocates, and non-agency workers providing CW services. Finally, the Act provides additional support to older youth and increases their opportunities for success by:

- Continuing federal support for children in foster care after age 18: The law allows states, at their option, to provide care and support to youth in foster care until the age of 21.
- Providing transition support: The Act requires CW agencies to help youth make this transition to adulthood by requiring – during the 90-day period immediately before a youth exits from care, the development of a personalized transition plan that identifies options for housing – health insurance, education, local opportunities for mentoring, continuing support services, workforce supports, and employment services.
- Granting qualified tribes direct access to Title IV-E funding for foster care.
- Requiring states to ensure that placement of the child in foster care takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement.
- Promoting coordinated healthcare for children in out-of-home care by requiring that states develop a plan for the oversight and coordination of health, mental health, and dental services for children in foster care.

2011 to the Present

- The *Patient Protection and Affordable Care Act of 2010 (P.L. 111–148):* This Act makes it easier for some parents to receive preventive or treatment services as part of a "medical home" and changes in payment structures. The Act should also make it easier for foster care alumni to get and keep health insurance coverage, even with pre-existing conditions, and even if they are not a parent of a minor (single low-income adults are eligible for Medicaid in states that accepted Medicaid expansion funds).
- *Child Abuse CAPTA Reauthorization Act of 2010 (P.L. 111–320):* This law amended the Child Abuse Prevention and Treatment Act (CAPTA), the Family Violence Prevention and Services Act, the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, and the Abandoned Infants Assistance Act of 1988, to reauthorize the Acts, and make other changes to them. In addition to many other provisions, this Act authorized grants to public or private agencies to develop or expand effective collaborations between child protective service (CPS) entities and domestic violence service entities.

It also reauthorized CAPTA, including appropriations, through FY 2015. Amendments to the Act also required further efforts to promote the adoption of older children, minority children, and children with special needs. And it renewed through FY 2014 the authority of DHHS to authorize states to conduct CW program demonstration projects likely to promote the objectives of Title IV-B or IV-E.

- *P.L. 112–34 amended part B of Title IV of the Social Security Act in 2011:* This Act extends the Child and Family Services Program through FY 2016. It included a wide range of provisions, including requiring each state plan for the oversight and coordination of healthcare services for any child in foster care to include an outline of the monitoring and treatment of emotional trauma associated with a child's maltreatment and removal from home, and protocols for the appropriate use and monitoring of psychotropic medications. It also requires each state plan for CW services to describe the activities to reduce the length of time that children under the age of 5 are without a permanent family and activities to address the developmental needs of such children.
- In 2013, the Uninterrupted Scholars Act amended the Family Educational Rights and Privacy Act (FERPA) to allow CW agencies access to the student records of youth in foster care. When FERPA was written in 1974, lawmakers intended to protect parental control over their children's student records. However, the unintended consequence for children in the custody of the state – like those in foster care – was the creation of time-consuming legal hurdles to access to the school records of children in care. This law should address this problem (see www.gpo.gov/fdsys/pkg/PLAW-112publ278/pdf/PLAW-112publ278.pdf).
- *The Family First Prevention Services Act (P.L. 115–123):* In February, 2018, this was signed into law as part of the Bipartisan Budget Act. The new law has a number of key components, such as that it allows states the option to use new open-ended Title IV-E funds to provide prevention services and programs for up to 12 months for children at imminent risk of entering foster care, any parenting or pregnant youth in foster care, and the parents – biological or adopted – as well as kin caregivers of these children. The new Title IV-E prevention services, as well as training and administrative costs associated with developing these services, would have no income test (i.e., they are "delinked" from the AFDC income eligibility requirement). Eligible services would include evidence-based mental health and substance abuse prevention and treatment services, and in-home parent skill-based services. The new option took effect on October 1, 2019; with the federal level of support set at 50 percent; effective October 1, 2026, the federal level of support would be the state's Federal Medical Assistance Percentage (FMAP) rate. Tribes who operate direct Title IV-E programs would also be

eligible to choose to operate a prevention program. This allows for Title IV-E foster care maintenance payments to be made for a child in foster care placed with a parent in a licensed residential family-based treatment facility for up to 12 months. No income eligibility test would apply for receipt of these services (see www.congress.gov/115/bills/hr1892/BILLS-115hr1892enr.pdf).

Listed in a special resource paper on the Taylor & Francis website are some of the key federal policies related to CW (Pecora et al., 2018). These policies address adoption, child protection, income support, education, early intervention, family support, and foster care.

Policy Change Strategies

Opportunities for Policy Change

What are the greatest policy challenges before CW? Better targeting seems to be needed for a program that now touches the lives of 37 percent of all children by the time they reach the age of 18, and more than half of all African American children (Kim et al., 2016). There is an urgent need to refine community supports and the front end of CW services (which ironically would be supported partially by recent CW finance reform legislation) in terms of, for example, (1) more carefully matching family needs with prevention and treatment services, (2) reforming who staffs CW agency hotlines and the safety assessments being used; and (3) changing the handling of reports of very young children who are more vulnerable to maltreatment. For example, Franklin County Ohio and other communities respond to hotline calls for 0- to 5-year-olds *differently* in that those reports are always seen by someone such as a public health or community outreach worker, or a CW staff person. Another promising strategy is how New Jersey child welfare leaders refine how they addressed children/teens with behavioral health conditions that cause them to be at risk of placement.

The National Academies of Sciences, Engineering, and Medicine (2016) has recommended that far more attention be paid to strengthening parenting for children aged 0 to 8. One big idea is that CW involvement would not be the major entryway to parenting programs. Some of these programs would be built on the chassis of existing programs such as WIC, well-baby/well-child clinics, and Head Start. Another big idea is that we need more ongoing services for the approximately 10 to 20 percent of children and parents who experience persistent adversities and who are repeatedly reported to CW (Wald, 2014).

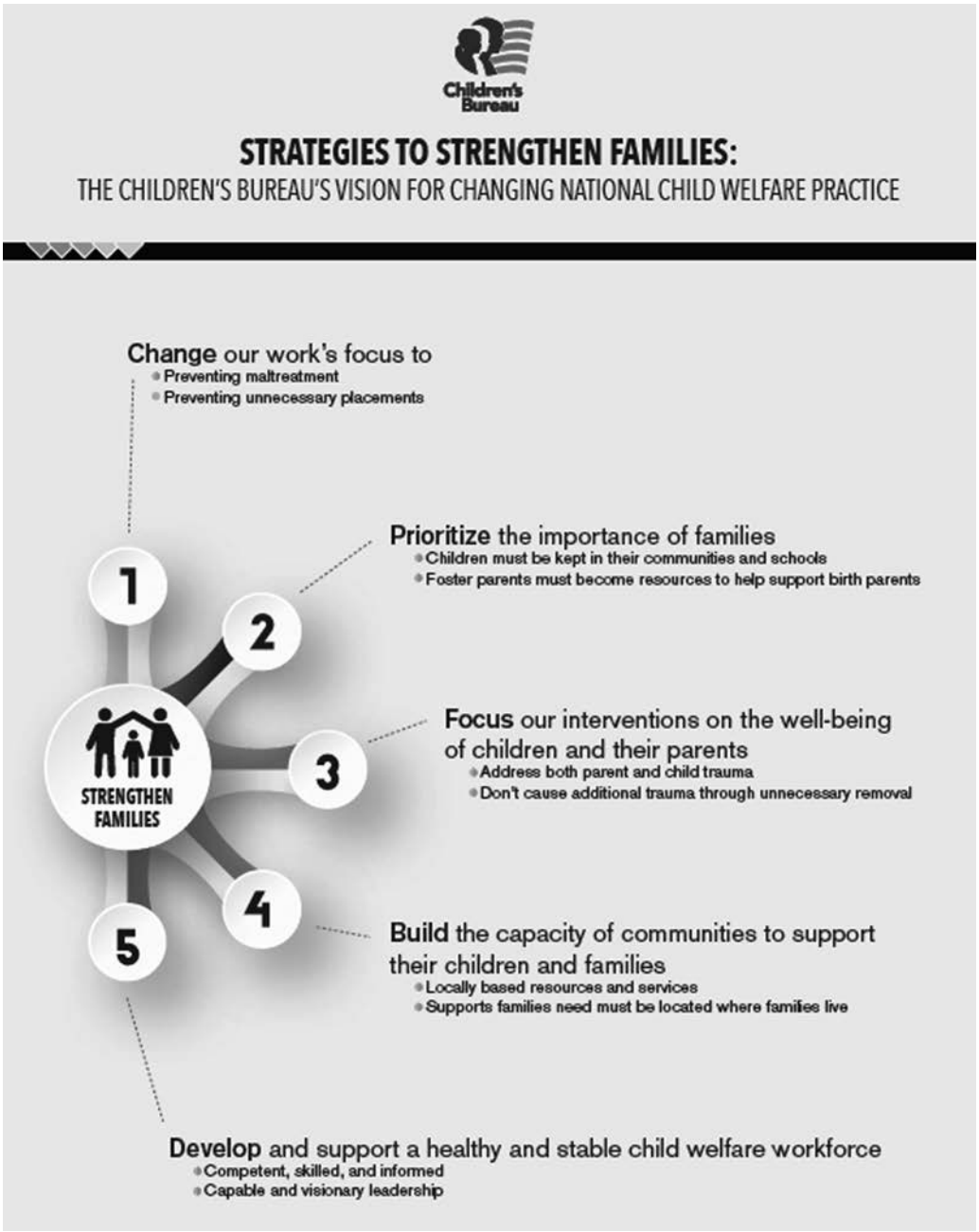

Figure 1.1 A Federal Call for Strategies to Strengthen Families

Source: U.S. Children's Bureau.

The "back-end" of the system needs reform as well – in terms of helping groups of children who remain in out-of-home care for a long time. We also have many children who re-enter foster care after going home (some of them also enter juvenile services, which is not the goal), yet there is little attention given to post-reunification services (Goering & Shaw, 2017; Roberts, O'Brien, & Pecora, 2017). What to do about group care and residential treatment programs is another vexing issue. States are reducing the use of group home and residential treatment care for younger children and are also endeavoring to go further in reducing it for older youth. Federal legislation (Family First Prevention and Services Act) has been advanced (but not passed at the time of writing) to provide incentives for further reductions. Yet, some argue that this can be a safe and helpful setting for children who have no other option except psychiatric placement or homelessness.

There are many areas where policy change could improve CW outcomes, so we highlight policy change strategies that could be enacted in more states to help achieve a more effective long-term workforce, careful response to CPS reports, judicious use of foster care, and expedited achievement of legal permanency. Examples of these strategies, clustered by CW program areas, are given in Table 1.3. The chapter closes with a discussion of pressing policy challenges facing CW services.

Table 1.3 Examples of Policy Strategies by Child Welfare Service Phase

(Note that the evidence base supporting each of these strategies varies, and many of these strategies need more evaluation so that we can confirm their impact.)

Prevention
Leadership support and development for a statewide child abuse prevention plan.
Employ some of the innovations recommended in Parenting Matters (described above).
Child behavior problems should *not* be the reason parents "give up" their children to CW as a means to obtain services. Voluntary service programs that support the family and the child in their home should be available.
Blend and braid federal, state, and local funding streams to effectively serve families and children.
Create integrated databases (such as the federally supported Child Welfare Information System) and data-sharing agreements to promote cross-system collaboration and accountability for shared outcomes.
Recommendations offered by the 2016 Commission to Eliminate Child Abuse and Neglect Fatalities are considered by each state and at the federal level.
Accountability, Leadership, and Workforce Supports
Caseload limits and workloads for CW staff are closely monitored and the effects measured to help ensure that families receive the necessary services in a timely manner.

Accountability, Leadership, and Workforce Supports

Create a children's cabinet that helps integrate all of the work of agencies concerned with children.[a]

Create a structure to develop a comprehensive approach for improving services and outcomes for youth in transition. (For example, one state convened an interdepartmental task force to focus on serving at-risk youth transitioning to adulthood. The director of the Department of Human Services and a state Supreme Court justice co-chaired the task force but we need good outcome data about what was accomplished. (see National Governor's Association, Center for Best Practices, 2008).

Supervisors need to be chosen carefully so that they are well qualified for their position and compensated appropriately.

Enable expert CW workers to remain as practitioners with ongoing opportunities for salary increases instead of feeling pressured to apply for supervisory positions to obtain a salary increase.

Establish a CW ombudsman to monitor performance and track concerns raised.

Docket management and judicial caseloads are monitored closely as those can significantly affect timely CPS-related hearings and child achievement of permanency.

Create a data-informed policy to identify which kinds of CW cases need to be teamed (e.g., identify the child abuse and neglect reports and CW cases that are so complex and high risk there should be teaming to achieve effective results.

Invest in the CW workforce by strengthening minimum hiring qualifications, require modern and streamlined hiring processes, as well as by instituting job-sharing and other innovations to attract and retain a highly skilled workforce.

Legal representation of agency staff, parents, and children is mandated and funded adequately.

Performance-based contracting can help improve services effectiveness if designed properly. (It requires accountability and measures progress being made for improving child outcomes but uses a non-punitive continuous quality improvement approach and adequate support of the essential Management Information Systems infrastructure.)

A provider database is established and maintained with Geographic Information System (GIS) mapping of risk factors to help spot gaps in services coverage in relation to service need.

Providers are assessed for their ability to provide the right kinds of high-quality and research-informed practices to achieve key outcomes.

Require regular studies of services access, quality and outcomes to help spot differences in age, gender, and racial disproportionality that are disparately different from other areas to spot areas for improvement.

Support training and specialized staff coaching, including agency–university partnerships.

Examples of Front-end/Child Protective Services Policies

CPS reporting laws changed to: (1) be more specific, such as around emotional or psychological maltreatment or neglect; (2) ban chronic truancy from school as a reason for a CPS response; and (3) include dependent child "Poverty Exception" language.

(*Continued*)

Table 1.3 (Continued)

Examples of Front-end/Child Protective Services Policies
Consider broadening the use of best practices in differential response enacted to increase access to community-based services to low-risk family situations instead of a formal court-driven public CW agency response.
District Attorney and Legal Services Officers receive training on CW policy and practice to minimize unnecessary child removals.
As in New Mexico, state law can mandate cooperation between law enforcement and CW when a child is at risk of child maltreatment so that CW workers can be involved, whenever possible, for any emergency child removal.
Notification of CPS by law enforcement any time there is a domestic violence allegation made that was substantiated by law enforcement in a household where children are residing.
Re-examine how the federal time limits affect parents trying to overcome substance abuse.
Reports for children ages 3 and under are handled differently and by specially trained staff (draw upon the Commission to Eliminate Child Abuse and Neglect Fatalities). They are never to be screened out at the CPS Hotline.
Staff minimum qualifications for hiring requirements are strengthened for CPS Hotline and/or CPS Investigator positions in terms that the job qualifications match what the job requires, and that the agencies help ensure that the applicants have the essential qualifications and are able to learn quickly on the job.
Examples of In-home Services Provision
Research/evidence-based models are incentivized and required for all key CW and behavioral health services, including parent training (with support for selected use of promising models with an evaluation component).
Mobile crisis intervention services for children's mental health mandated for urban areas, with some form of tele-behavioral-health approach for rural areas, with evening and weekend coverage.
Test innovative home-based services ideas with evaluation.
Examples of Foster Care and Permanency Planning Services
While we must prioritize services and supports for youth in cases that lead to timely permanency, we may need to allow a small proportion of youth to remain in foster care longer if that is what it will require for them to achieve legal permanency or emancipate successfully from foster care.
Prioritize placement of children with relatives in their home community to minimize separation from key relatives and a school.
Concurrently license all foster parents as adoptive parents so they can step into that role, if needed.
Court reviews for youth in care are expedited/held more frequently (e.g., Tennessee's CW agency has a very structured process for reviewing permanency progress in individual cases at 9, 12, and 15 months, which includes regional and state leadership).

Examples of Foster Care and Permanency Planning Services

Dedicated staff to work with kin, secure financial and other supports for kin, and monitor and review permanency efforts with kin.

Evidence-based models are incentivized and required for key services (with support for selected use of promising models with an evaluation component).

Enact agreements and technical methods for sharing information among CW, the judiciary, education, mental health, juvenile justice, and other key departments.

Help research to confirm that Medicaid coverage for all youth in foster care and transitioning out of care has in fact been extended until age 26.

Family-Finding (assertive use of this promising practice model) is incentivized.

Family Group Decision Making or Family Team Conferences are incentivized.

Felony expungement laws are changed to more readily apply that process for potential foster, guardianship, or adoptive parents for past offenses that are not related to ensuring child safety.

Group care placement requires executive approval (for all or certain kinds of congregate care placements such as children under the age of 10 or where a congregate care placement is the first placement for a child).

Interjurisdictional placement statutes and processes are improved, such as by using the National Electronic Interstate Compact Enterprise (NEICE).

Keep children in foster care connected to their siblings with regular in-person and social media contacts.

Kinship Navigators are incentivized as part of clearly prioritizing the use of relatives and kinship care whenever child safety can be maintained.

Licensing criteria and processes are amended to better address the circumstances of relatives applying for foster home licensure.

Make permanency for older youth a priority. Restrict the use of APPLA (Another Planned Permanent Living Arrangement). For example, in South Carolina, use of APPLA was reduced when review by a county director was required (Casey Public Policy, 2015a).

Open adoption statutes are clear and do not pose a barrier to the use of this legal form of permanency, when it is appropriate.

Parent–child visitation standards are aligned with what research tells us is needed, along with monitoring, transportation, and coaching supports.

Permanency Roundtables are incentivized for long-stayers in foster care. For example, Arkansas, Colorado, and South Carolina noted that PRTs and related training have contributed to permanency. In Hawaii and Minnesota, permanency values are embedded in the state practice model (Casey Public Policy, 2015b).

Placement moves are closely scrutinized and a higher level of review for those cases is required by administrative rule or statute.

Because trial reunification is allowed under temporary family supervision, with notice to the court but prior to court approval – encourage more cases to be considered for this.

(*Continued*)

Table 1.3 (Continued)

Examples of Foster Care and Permanency Planning Services

Specialized staff units are authorized in state statute, where needed, for American Indian families, relative foster care, kinship care, and other special service populations.

Subsidized guardianship laws are changed by the state to do one or more of the following (Vesneski et al., 2017):

- Eligibility criteria for guardianship (e.g., some states go beyond not making guardianship contingent upon the termination of parent's rights, but affirm that it can be entered into without terminating these rights).
- Supports to guardianship families – both financial support and services may be increased beyond the federal minimums to encourage guardianship instead of prolonged foster care.
- Parent visitation is to be proactively planned. (Parents may have active roles in their children's lives and the terms of contact should be articulated in the home study leading to a guardianship.)
- States make clear that this obligation is legally distinct from the subsidy payment to guardians. In other words, it appears that parents do not owe the *guardians* child support, but instead must pay support to the *state* (presumably as a reimbursement for the monthly subsidy). At least 31 states variously refer to parents' ongoing child support duties.
- Reunification with parents after establishing guardianship is made possible if family circumstances improve. (Parents may bring a legal action to end a guardianship and seek reunification with their children in much the same way that a non-custodial parent in a divorced family may seek custody of one's children, possibly years after a divorce was finalized. Such actions may be prompted by an improvement in a parent's circumstances. The roots of this finding may be found in policy language from both Oklahoma and New Jersey, as well as Iowa.)

Termination of parental rights (TPR) hearings are expedited (for those family situations where TPR is truly justified).

Waive college tuition at public schools for youth who have spent time in foster care in ways that the college tuition benefit does not incentivize spending time in care or remaining in foster care.

Aftercare/Post-placement Services

Evidence-based models are incentivized and required for key services (with support for selected use of promising models with an evaluation component).

Post-placement and post-adoption support programs are required and supported by federal, state, and local funding.

[a]Approximately 10 states have created children's cabinets to bring together cabinet-level directors from the various departments that provide services to children and families. These cabinets are typically charged with improving program coordination, service delivery, and resource alignment to achieve cross-cutting goals for children and youth. (National Governor's Association, Center for Best Practices, 2008).

Some state CW agencies have recently used a *three-branch* approach to formulating and implementing strategies with partners (Executive, Judicial, Legislative) (see National Governor's Association, 2017), along with forming partnerships with tribal nations – but with a broader perspective that also uses a *Five Sector Approach*. This approach was championed by William C. Bell (2016) of Casey Family Programs and it emphasizes that it takes an entire community – all five sectors – to come together, to work together to raise children, and to create a community of hope for them and their families:

- The public sector – that is, the government, including tribal governments.
- The general public – children, families, neighbors, and everyday citizens living in rural, urban, large, small, wealthy, and poor communities all across this nation.
- The private non-profit sector which provides many services through non-profit agencies.
- The philanthropic sector which provides resources designed to stimulate innovation and to support programs not yet supported by other sectors.
- The business sector which offers technical expertise, employment opportunities, and corporate support for social innovation.

Policy and Program Design Challenges

Overview

This section highlights briefly some CW policy and program design challenges, but note that many of these issues are discussed in more detail in the chapters that follow. We begin with a list in Box 1.1.

Box 1.1 The Top Ten Child Welfare Challenges

It is a major challenge to ensure that:

1. Children do not become involved with CW services when income assistance, job training, and other preventive or remedial social service programs could have prevented caregiver abuse and/or neglect.

2. CW services agencies work collaboratively with community resources, including allied agencies such as behavioral health, employment, housing, public assistance, and education to strengthen families that, without special supports, would otherwise need child placement services.
3. Children and families receive services that result in high levels of child safety as well as child well-being.
4. The safety needs of children, and the rights and responsibilities of parents to care for their own children, are balanced so that children are not removed unnecessarily from their parent(s)' care when the children have been abused or neglected.
5. Families of children placed in foster care are given the opportunity to experience timely and effective family reunification services so that they do not remain in care for an undue amount of time or return home prematurely.
6. Children placed in foster care who cannot otherwise go home are able to develop a lifelong connection to a caring adult, including kin or adoptive families.
7. Services are designed and financed so that higher cost programs provide more benefit to children than lower cost programs, and that the child's needs are matched with the right level of care and specific trauma-informed interventions.
8. CW services are delivered fairly and are not biased because of the race, ethnicity, gender, religion, geographical location, or sexual orientation of the child or family.
9. Continuous improvement of CW programs occurs as a result of monitoring services' quality and outcomes and corresponding professional development.
10. CW services allow scrutiny by researchers and the media in ways that maximize public understanding but minimize threats to the confidentiality of clients.

Cross-systems collaboration should be strengthened as a way to overhaul CPS. The risk and protective factors related to child maltreatment bear a remarkable resemblance to risk and protective factors for other social and health problems. This suggests that a more integrated and coordinated approach to family support and children's services could be designed to address common risk factors. Income assistance, education, mental health, public health, intimate partner violence, law enforcement, juvenile justice, and CW agencies need to work more toward a common purpose and minimize operating in isolation

from each other (Chahine, Pecora, & Sanders, 2013). Cross-systems collaboration – sometimes called a system of care – is needed to strengthen provision of services to families with concurrent occurrences of child maltreatment, depression, drug abuse, and partner violence (see Chapter 8).

Workforce strengthening. CW worker and supervisor retention rates are relatively low in many (but not all) jurisdictions – which undermines key practice and other reforms. Note that in this text, we will not refer to the CW workforce as social workers because most CW systems do *not* require a social work degree, and less than 50 percent of the CW workforce has a BSW or MSW. Thus the more accurate term is "CW worker." One hypothesis that needs more research is how much CW practice would be improved if agencies hired more people with job-related degrees in social work, psychology, and other closely related fields. There is certainly some evidence to indicate that employing more CW workers with social work training would improve case outcomes (Barbee et al., 2012; McDaniel, 2010).

Foster care should not be the preferred approach. Many children who have used foster care and adoption have done well. But while child safety is paramount in CW, some children are in foster care who should not have been placed, and others are placed for too long at a time. While there is research evidence of positive outcomes for children placed in foster care and certain group care programs, the outcomes for many placed children are not positive. For example, the Casey and Midwest foster care alumni studies reported poor outcomes for some children in care like child re-abuse while in foster care, teen pregnancy, criminal justice involvement, homelessness, inadequately treated behavioral health, and poor education and employment outcomes (Courtney et al., 2007; Pecora et al., 2010). *Keeping children with families and kin should always be the primary goal – given the trauma of removal and the inconsistent outcomes reflected above.*

Child maltreatment prevention services are underfunded and lack federal guidance on what would be a coherent approach. Early intervention services have long been recognized as helping families avoid involvement with the CW system (e.g., Reynolds & Robertson, 2003). Best practices for early intervention programs involve the provision of a range of family-centered services that focus on meeting the needs of the child within the context of the family as well as the larger environment. For example, early intervention might include referring parents to job assistance or adult education, and providing parents with assistance in obtaining housing and healthcare. Child-centered early intervention programs have been linked with improved child development across multiple domains (Garcia et al., 2016; Kilburn & Karoly, 2008). Given advances in prevention science (Jenson & Bender, 2014), it is quite possible that the design, development, and

delivery of improved early intervention services could reduce the incidence of child maltreatment.

A risk, resilience, and protective factor perspective undergirds the philosophy supporting early intervention. Early intervention should aim to disrupt risk processes, promote protective mechanisms, and stimulate resilience. Ideally, early intervention services promote well-being and optimal development by providing comprehensive community-based support services to help improve child developmental outcomes. Two examples of such interventions are Point of Engagement (Marts, Lee, McCroy, & McCroskey, 2008) and the Prevention Intervention Development Initiative in Los Angeles (McCroskey et al., 2012). Unfortunately, these types of services are underfunded at the federal level, and without Title IV-E waivers or more permanent federal fiscal reforms, states often lack the flexibility to reallocate federal funds designated for placement services to fund family support programs. Apart from a few exceptions such as the CDC's violence prevention initiatives and papers from the Development Services Group, Inc. (2013) and the Institute of Medicine (IOM and NRC, 2014), the Federal government has not issued a practical framework for guiding child maltreatment prevention.

Differential response approaches to child protective services intake need additional testing. New intake approaches are attempting to refer low-risk families (i.e., those with low risk for a subsequent maltreatment referral) to supportive programs other than child protective services. Although promising, these approaches need further testing and evaluation to clarify the roles of law enforcement; medical, legal, and social services personnel; and voluntary agencies. If new intake procedures accurately distinguish families in which the likelihood of severe maltreatment is low from those in which it is high, these new protocols could complement family support interventions that have been researched and found to be cost-effective, such as Nurse Family Partnership, Safe Care and Triple P. Furthermore, practice, administrative, policy, and other system-reform strategies exist that can improve well-being for children at risk of child maltreatment (e.g., Family Connects) and accelerate permanency planning, such as the Concurrent Planning and Project KEEP. Some of these strategies can safely reduce the number of children in foster care, and those placement cost savings can be reinvested in higher quality services for the children for whom out-of-home care is the most appropriate option. (For additional examples of such programs and their cost-effectiveness, see Pecora, O'Brien, & Maher, 2015; Washington Institute of Public Policy Research, 2017**;** also www.wsipp.wa.gov/BenefitCost, as this website is periodically updated.)

Finance reform in CW is needed: *family support and other child maltreatment prevention services are not funded in alignment with desired outcomes.* Family support programs, which include parent hotlines, crisis nursery services, personal assistance, and mental

health and crisis interventions are often "lifelines." These services allow families to care for their children at home rather than placing a child in out-of-home care, which is expensive and generally publicly financed (National Academies of Sciences, 2016). The goals of family support services include enabling families to raise children at home by reducing stress and by strengthening and enhancing caregiving capacities (Pew Foundation, 2008; Walton, Sandau-Beckler, & Mannes, 2001). Family caregivers' acceptance and use of formal support services play a significant role in reducing the burdens and stress associated with caring for a child and in helping families obtain services for unmet needs. Across the United States, family support services are usually jointly financed by federal, state, and local governments, often using Medicaid resources, and are typically administered by state or county governments. Not surprisingly, given the differences among the states in the provision of social services, there is vast variability across states in the funding levels for family support and in the types of services available (Parish, Pomeranz, & Braddock, 2003). Consequently, these services are often not only underfunded but also among the first to be cut during periods of economic downturns.

One of the key CW challenges is enacting finance reform that will enable more funds to be spent on prevention and family-strengthening services rather than on out-of-home care. Some of the most substantial improvements in CW outcomes have come about because of federal or state legislation – which produced a change in law, administrative regulations, policy, or funding patterns that governed key areas. For example:

- Personal tax deductions for adoptions, as well as adoption and guardianship subsidy laws, have increased the number of youth achieving legal permanency, along with agency policies requiring frequent visitations between parents and their children in foster care.
- Greater flexibility in licensing regulations for relatives to serve as foster parents have helped more youth minimize the trauma of foster care and in many cases these policies facilitate reunification.
- Agency policy changes that require executive approval of any residential treatment or group home placement for children under the age of 12 have decreased the use of group care for that age group.
- Policies that prohibit foster family placement changes without notice to the family and other safeguards have improved practice.
- Changes in performance contracting policy that require the use of evidence-based practices or incentivize shortened length of stay in foster care can improve systems performance.

There is long-standing agreement among policy makers, advocates, and state CW directors that comprehensive CW finance reform should align federal funding and policies to incentivize and ensure the safety, permanency, and well-being of children and their families. There are a number of proposals that would allow states to use Title IV-E foster care funds to support children in out-of-home care and also allow their use to support child abuse prevention and post-adoption services.

These proposals may be seen as efforts to address the family support issue. However, the downside to these proposals is that the overall budget for children's services would decrease if all the areas under proposed legislation are considered. Based on what occurs with the federal block grant process for Medicaid and the Supplemental Nutrition Assistance Program (SNAP: formerly the food stamp program), families would no longer have an entitlement. Therefore, educational efforts are needed to inform the public and policy makers of the importance of policies that preserve the open-ended entitlement to key CW programs. In addition, child and family advocates need to raise awareness among policy makers and the public that program funds should be tied to performance. Results should be rewarded, and savings due to lowered rates of foster care should be reinvested to improve the quality of CW services (Annie E. Casey Foundation, 2014; Annie E. Casey Foundation and the Jim Casey Youth Opportunities Initiative, 2013). The following principles outline what is important to address to achieve this vision:

- Federal funding targeted for CW should be available for any child or his or her family on the basis of risk rather than an income standard but should also be available for a limited time period and for a specific set of services.
- Federal funding for CW should be flexible enough to allow states to address their unique challenges and issues (thus there should be some exceptions to the time limits identified above).
- Federal funding should further incentivize and encourage better outcomes for children and their families by encouraging performance-based contracting and supporting states to meet the Child and Family Service Review (CFSR) standards (Casey Family Programs and the Brookings Institution, 2013)

Policies and funding to treat mental health and substance abuse problems must be coordinated with CW services. Fragmented funding streams and policies for mental health, substance abuse, developmental disabilities, and CW services unduly complicate the treatment of parents and children with co-morbid conditions (Kessler & Magee, 1993). Depending on the community, 30 percent or more of the families with children who have been placed in out-of-home care may also have substance abuse problems (Child Welfare

Information Gateway, 2014; Traube, 2012). To serve the dual needs of these families, many agency administrators are diverted from other activities while trying to "braid" or cobble together sources of funding to cover the costs of drug treatment and other programs. Such efforts highlight the need for increased program coordination at all levels to maximize the effectiveness of existing resources (Johnson, Knitzer, & Kaufmann, 2003). This type of increased coordination may be facilitated by a system of care approach. (For a discussion of systems of care in mental health, see Chapter 8, this volume.)

Policies should increase the likelihood that youth will achieve and maintain permanency in a reasonable period through foster care, reunification, relative placement, guardianship, or adoption. In many states, a substantial number of children have a case goal of *alternative planned living arrangement* (APLA), such as emancipation from foster care at age 18 or exit before age 18 via independent living. For many children, little effort is made to keep them in touch with their kin so that they have a solid path back to family life after emancipation. Reforms that are needed include crafting policies to ensure that kinship care families have access to resources that allow them to raise healthy children in stable home environments.

Policy makers need to recognize the seriousness of, and make changes to reduce, racial and ethnic disproportionality and disparity if unrelated to the level of safety concerns. Although the disproportionate numbers of children of color in the CW system, and the disparities in the outcomes of those children, have been recognized as ethical, policy, and program issues, continued efforts are needed. First, we need to promote the investment of public resources into gathering accurate data about African American, Native American, Asian American, and Hispanic children who are involved in the CW. This information ranges from the level of access to services of birth parents for children of color in the CW system to data concerning use of substance abuse and mental health services both before entering and during their contact with the system (Fluke et al., 2011). Second, using this information, officials must enhance national awareness of the disproportionate number of children of color in foster care and pinpoint the reasons for this disproportionality. Finally, communities should launch efforts to reduce disparities, as was recently accomplished in Sacramento County (Ellis et al., 2013). The goal of these efforts should be to remove race and ethnicity as a predictor of outcome in CW services. For example, Marts et al. (2008) provide an example of a Point of Engagement strategy used in Los Angeles to reduce racial and ethnic disparities in CW. Most importantly, this should be accomplished while also reducing the proportionately high rate of preventable injury deaths which are more than three times higher for African American children (by age 5) after they come to the attention of CW than they are for other children (Putnam-Hornstein, 2012).

Kinship care funding, licensing, and practice policies need to be aligned. Some 5.7 million children under age 18 were living with a grandparent householder in 2013 (U.S. Census

Bureau, 2013). The number of children raised in relative-headed households has increased significantly. U.S. Census data show that 2.4 million grandparents are taking primary responsibility for the basic needs of their grandchildren. Furthermore, for every child in the foster care system with relatives, another 20 children are being raised by grandparents or other relatives outside of formal foster care systems (Generations United, 2016).

Kinship caregivers often lack the information and range of supports they need to fulfill their parenting role. The Fostering Connections legislation (P.L. 110–351) authorizes federal support for *kinship navigators* to advise these parents. However, more work needs to be done to help resolve the policy inconsistencies in licensing and support of these families.

Tribal access to federal CW services funding should be increased and existing infrastructure improved. Consistent with their cultures, Native American tribes have exercised jurisdiction over their children, but most tribes have seriously underdeveloped services. Tribal entities need to build a variety of service infrastructures such as management information systems and quality improvement programs. The Fostering Connections legislation enables American tribes to access Federal Title IV-E funds directly but is still little used because of the challenges for tribes of becoming IV-E eligible.

Agency policies should promote better assessment and support of gay, lesbian, bisexual, and transgender youth in out-of-home care. More CW agencies are now encouraging staff members and foster parents to protect and nurture gay, lesbian, bisexual, and transgendered (GLBT) youth. Such youth are vulnerable to victimization, depression, and suicide. Because of their sexual orientations, GLBT youth have a higher risk of placement disruption. Special efforts are needed both to assess the needs of these youths and to devise supportive services for them (Mallon, 2014). In 2016, the Children's Bureau funded its first Quality Improvement Center on Tailored Services, Placement Stability and Permanency for LGBTQ Children in Foster Care which will conduct four to six demonstration projects, in partnership with public CW, to identify effective services and supports for LGBTQ youth (www.qiclgbtq2s.org/).

Transition policies and support for emancipating youth must be overhauled. Too many graduates of the foster care system are undertrained and underemployed. Many youth and young adults are part of a large group of marginalized youth who age out of the system without adequate skills for independent living and without a support system. Children placed in foster care vary widely in their level of preparation for emancipation from foster care in terms of education and income (Courtney et al., 2007; Valentine, Skemer, & Courtney, 2015).

Programmatically, CW should promote investment in culturally relevant services, support, and opportunities to ensure that every youth in foster care makes a safe, successful transition to adulthood. Preparation for independent living must be redesigned to start as

early as the age of 10 (even if children will be reunified or adopted). A comprehensive transition plan should be developed for every child. It should include planning for supportive relationships, community connections, education, life skills assessment and development, identity formation, housing, employment, physical health, and mental health (Casey Family Programs, 2001; Los Angeles County Departments of Children and Family Services/Probation, Youth Development Service, 2013). Employment training and work experience should be expanded for many youth while they are in care. Policies and incentives should ensure that no young person leaves foster care without housing, access to healthcare, employment skills, and permanent connections to at least one adult.

Policies should provide fiscal incentives to improve high-school graduation rates and to support post-secondary education and training for children and youth in foster care. Recent changes in the federal Higher Education Act, reauthorized in 2008 as the Higher Education Opportunity Act (HEOA; P.L. 110–315), provide more consideration of the special needs of children and youth in foster care. Continuous policy innovation and systems change is needed to strengthen elementary and secondary education programs, including special education initiatives. In addition, federal and state policies must maintain the financial viability and array of services within the Medicaid and State Children's Health Insurance Program (SCHIP) programs for youth in foster care and ensure that no young person leaves foster care without access to appropriate healthcare. All youth in high school while in foster care should receive the experiential life skills, tutoring, and employment preparation and experiences that build work-related skills.

Performance-based contracting should be fully implemented. Attempts to implement state and county policies to promote performance-based contracting have been hampered by a lack of knowledge of baseline conditions, concrete target goals, and infrastructure funding gaps. Clear performance criteria, cohort-based and longitudinal data analyses, and quality improvement systems must be in place to enable agencies to improve performance-based contracting and the implementation of evidence-based practice models (Mordock, 2002; Wulczyn et al., 2009).

Conclusion

The Road Ahead

This chapter has summarized the major goals, intended outcomes, and policies that guide CW services in the United States, while discussing a wider range of policy and program challenges, some of which have been inspired by work in other countries. Child welfare services are ever evolving. As we write, states are passing legislation to address certain

policy gaps or needs, such as instituting alternative response systems to support families, reducing length of stay in therapeutic residential care, requiring stronger preparation for youth to transition from foster care, extending the length of time youth can remain in foster care and can receive Medicaid. Some have advocated for Federal CW funding reform because the Title IV-E waiver legislation has enabled over 25 jurisdictions to engage in a variety of service reform activities.

The Grand Challenges for Social Work, an important initiative that also addresses challenges for the social work profession, has been underway since 2012 (and was formally launched in early 2016: see Box 1.2; Uehara et al., 2017; Fong, Lubben, & Barth, 2018). The Grand Challenges are being developed under the auspices of the American Academy for Social Work and Social Welfare (where more information is available). Although there was not a Grand Challenge that explicitly addressed a CW program area, among the 12 challenges identified, the accomplishment of each of these challenges will intersect with those of the CW challenges. We encourage readers to look at these challenges and engage in thinking about how to bring the benefits of progress on them to bear for CW-involved families and social workers.

Box 1.2 The Grand Challenges

1. Ensure healthy development for all youth: http://aaswsw.org/grand-challenges-initiative/12-challenges/ensure-healthy-development-for-all-youth/.
2. Close the health gap: http://aaswsw.org/grand-challenges-initiative/12-challenges/close-the-health-gap/.
3. Stop family violence: http://aaswsw.org/grand-challenges-initiative/12-challenges/stop-family-violence/.
4. Advance long and productive lives: http://aaswsw.org/grand-challenges-initiative/12-challenges/advance-long-and-productive-lives/.
5. Eradicate social isolation: http://aaswsw.org/grand-challenges-initiative/12-challenges/eradicate-social-isolation/.
6. End homelessness: http://aaswsw.org/grand-challenges-initiative/12-challenges/end-homelessness/>.
7. Create social responses to a changing environment: http://aaswsw.org/grand-challenges-initiative/12-challenges/create-social-responses-to-a-changing-environment/.

8. Harness technology for social good: http://aaswsw.org/grand-challenges-initiative/12-challenges/harness-technology-for-social-good/.
9. Promote smart decarceration: http://aaswsw.org/grand-challenges-initiative/12-challenges/promote-smart-decarceration/.
10. Reduce extreme economic inequality: http://aaswsw.org/grand-challenges-initiative/12-challenges/reduce-extreme-economic-inequality/.
11. Build financial capability for all: http://aaswsw.org/grand-challenges-initiative/12-challenges/build-financial-capability-for-all/.
12. Achieve equal opportunity and justice: http://aaswsw.org/grand-challenges-initiative/12-challenges/achieve-equal-opportunity-and-justice/.

Source: http://aaswsw.org/grand-challenges-initiative/12-challenges/. Join the Grand Challenges for Social Work: http://aaswsw.org/grand-challenges-initiative/join/.

For More Information

Child Trends for key statistical summaries, child and family trend data and issue summaries, www.childtrends.org.

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Purpose, Goals, Objectives, and Key Policies of Child and Family Social Services, With a Special Focus on Child Welfare

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Achieving Permanency through Family Reunification, Adoption, and Guardianship

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