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# Children, Families, and Foster Care

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We also appreciate the contributions to this journal issue by Lucy Salcido Carter, Melissa Martin-Mollard, Forrest Bryant, and Kathleen Reich.



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# Statement of Purpose

The primary purpose of *The Future of Children* is to promote effective policies and programs for children. The journal is intended to provide policymakers, service providers, and the media with timely, objective information based on the best available research regarding major issues related to child well-being. It is designed to complement, not duplicate, the kind of technical analyses found in academic journals and the general coverage of children's issues by the popular press and special interest groups.

This journal issue focuses on the foster care system. Every year, over 250,000 children are removed from their homes due to abuse or neglect and placed in foster care. Although foster care is intended to serve as a temporary haven until children can safely return to their parents or find another permanent family, for many children it does not serve this purpose. Rather, at any given time more than half a million children are in foster care. Many of these children have been in state care for extended periods of time, moving from placement to placement with all of their belongings in trash bags. The instability and uncertainty of the foster care experience undermines efforts to promote the well-being of children while they are in care and to help children establish lasting bonds with caring adults. The articles for this journal summarize the research on the effects of child maltreatment and the foster care experience on child development, review foster care policies and practices, and describe innovative initiatives aimed at improving the accountability and responsiveness of the foster care system.

The research reviewed in this journal finds that most children who enter foster care have already experienced multiple threats to their healthy development, such as prenatal drug exposure, poor nutrition, neglect, and abuse. These vulnerable children then enter a fragmented foster care system that lacks the necessary resources, technical proficiency, and interagency coordination to ensure that children and families receive the services and supports they need. Relatively new policy initiatives such as the Adoption and Safe Families Act and the Child and Family Services Reviews hold promise for improving the system, but federal policies alone cannot mend foster care. Reforming foster care will require concerted and coordinated efforts at the state and local level to ensure that state policies and frontline practices are responsive to the specific needs of children and families. Moreover, it will require all of those who touch the lives of foster children—families, communities, caseworkers, courts, and policymakers—to claim shared responsibility for improving their lives.

We welcome your comments and suggestions regarding this issue of *The Future of Children*. Our intention is to encourage informed debate about the most effective strategies for improving foster care. To this end we invite correspondence to the Editor-in-Chief. We would also appreciate your comments about the approach we have taken in presenting the focus topic.

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# Children, Families, and Foster Care: Analysis and Recommendations

All children do best when they live in safe, stable, and nurturing families, yet far too many children lack this fundamental foundation. Every year, millions of children are abused or neglected—close to 300,000 so egregiously that they are removed from their homes by the state and placed in foster care. For too many of these children, foster care is no safe haven. Instead, the children drift from foster home to foster home, lingering in care while awaiting a permanent, "forever family." In 1998, *The Future of Children* examined the problem of child maltreatment and offered recommendations for preventing abuse and neglect. This journal issue focuses on the challenges of helping children after abuse and neglect has occurred by strengthening the web of supports for children and families in foster care.

Public opinion polls reveal that the public is largely uninformed about foster care, yet highly critical of the system. In a 2003 poll of voters by the Pew Commission on Children in Foster Care, most respondents were generally unfamiliar with the child welfare system that administers foster care, but more than 50% believed it needed major changes, if not a complete overhaul.[1] These impressions are no doubt fueled by media accounts of tragic incidents, such as the death of 2-year-old Brianna Blackmond in Washington, D.C., two weeks after a judge returned her to her mother's custody without reviewing the child welfare agency's report recommending that she not be reunified;[2] or the inability of child welfare workers in Florida to find 5-year-old foster child Rilya Wilson and 500 others like her over the past decade;[3] or reports of Brian Jackson, a 19-year-old adopted foster youth in New Jersey who weighed only 45 pounds and was found rummaging through a garbage can for food because he and his brothers were apparently being starved by their adoptive parents.[4]

Media reports of system failures are tragic, heartbreaking, and at times, chilling. In their wake, public calls to "do something" about foster care are made, and changes in organizational leadership, policy, and practice often follow. Yet policymaking in the aftermath of tragedy is often over reactive and piecemeal. Effecting enduring change requires a thoughtful understanding of the inherent challenges the child welfare system faces on a daily basis. As Judge Ernestine Gray states in her commentary in this journal issue, truly understanding the child welfare system and pursuing meaningful and lasting reform require a close examination of how the system works "when the cameras are off and the reporters are gone."

This journal issue examines the current state of the foster care system and finds that it is really not a cohesive system but a combination of many overlapping and interacting agencies, all charged with providing services, financial support, or other assistance to children and their families. Lack of coordination among agencies,

chronic underfunding, and low morale have led to a system that exacts a toll on everyone it touches. Children may suffer, as the incidents described above suggest. But so do foster parents and the relatives who step in to care for children who cannot remain with their birth parents; so do harried caseworkers; and so do birth parents who would like to reunite with their children but find the path difficult. Too few of the players in the system have adequate training for their responsibilities and, as a result, children and families frequently do not receive the services and supports they need. Instead, the child welfare system labors in an atmosphere of distrust, impending failure, and reflexive, uniform solutions that rarely succeed for anyone. Recent reforms have shifted some of the priorities within the system, but much more needs to be done. This article discusses the major challenges faced by the child welfare system and offers policy and practice recommendations that can improve how children and families experience foster care.

## The Current State of Foster Care

Foster care is intended to serve as a temporary haven for abused or neglected children who cannot safely remain with their families. However for some children, the journey through foster care is characterized by further trauma and abuse; and even in the best situations, foster care is inherently fraught with uncertainty, instability, and impermanence. The number of children and families who require foster care services has grown substantially over the past two decades, and these families are typically contending with a multitude of complex and interrelated life challenges such as mental illness, unemployment, substance abuse, and domestic violence. Child welfare agencies face chronic organizational challenges that undermine their ability to provide appropriate case management, services, and supports to the children and families in their care. Reports of children being injured while in care thrust the system into crisis and reaction, yet reforms in response to tragedy have generally failed to result in meaningful change.

### A Child's Journey Through Foster Care

Children enter foster care for a number of reasons. For some children, the journey begins at birth, when it is clear that a mother cannot care for her newborn infant. Other children come to the attention of child welfare when a teacher, a social worker, a police officer, or a neighbor reports suspected child maltreatment to child protective services. Some of these children may have experienced physical or sexual abuse at the hands of a loved and trusted adult. More often, parents battling poverty, substance addiction, or mental illness woefully neglect their children's needs.[5]

In 2001, approximately 3 million referrals were made to child protective services, and more than 900,000 children were found to be victims of maltreatment.[6] When child maltreatment is substantiated, caseworkers and courts must decide whether the child can safely remain home if the family is provided with in-home services, or whether the child should be placed into state care. In 2001, 290,000 children entered the foster care system.

The term *foster care* commonly refers to all out-of-home placements for children who cannot remain with their birth parents. Children may be placed with non-relative foster families, with relatives, in a therapeutic or treatment foster care home,[7] or in some form of congregate care, such as an institution or a group home. Nearly half of all children in foster care live with non-relative foster families, and about one-quarter reside with relatives. More than 800,000 children spent some time in the foster care system in 2001, with approximately 540,000 children in foster care at any one time.[8]

After children are removed from their homes and placed in foster care, caseworkers develop a permanency plan based on an assessment of the child's individual needs and family circumstances. The plan is then reviewed by the court. For most children, the primary permanency plan is reunification with their birth parents. According to federal law, states must make "reasonable efforts" to provide birth parents with the services and supports they need to regain custody of their children. However, there are exceptions to this requirement. States are not required to pursue reunification under certain conditions.[9] In these circumstances, alternative permanency options such as adoption or legal guardianship are the goal for these children.

Under current law, if children are in foster care for 15 out of the previous 22 months, states are to recommend that parental rights be terminated and the child be made available for adoption. In 2001, there were 126,000 children who were no longer legally connected to their parents awaiting adoption.[10] However, the child welfare agency can waive the termination requirement if birth parents are making progress in their case plans and workers believe they can reunify with their children soon, or if workers believe that another placement that does not require termination of parental rights, such as legal guardianship, is in the child's best interests.

The average length of stay for children in foster care is approximately 33 months, but some children stay a much shorter time and some much longer. According to 2001 data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), approximately 38% of children who exited foster care in 2001 had spent 11 months or less in the system. At the other end of the spectrum, approximately 32% of children had been in care for 3 years or longer. The longer a child remains in care, the greater the likelihood that he or she will experience multiple placements. On average, approximately 85% of children who are in foster care for less than 1 year experience 2 or fewer placements, but placement instability increases with each year a child spends in the system.[11]

More than half (57%) of the children in foster care exit through reunification with their birth parents, although in recent years, reunification rates have declined.[12] Children who entered the system in 1997 had a 13% slower rate to reunification than those who entered in 1990.[13] During this same period, the number of children who were adopted from foster care increased substantially. As reported in the article by Testa in this journal issue, most states have more than doubled the number of adoptions from foster care over the last seven years and some states reported tripling the number. Additionally, many states have increased the number of children achieving permanence by offering caregivers the option of becoming legal guardians.

## The Child Welfare System

When entering foster care, or the "child welfare system," a child does not enter a single system, but rather multiple systems that intersect and interact to create a safety net for children who cannot remain with their birth parents. State and local child welfare agencies, courts, private service providers, and public agencies that administer other government programs (such as public assistance or welfare, mental health counseling, substance abuse treatment), and Medicaid all play critical roles in providing supports and services to children and families involved with foster care. Indeed, families often find themselves juggling the requirements and paperwork of multiple systems.

Child welfare agencies are central to the system, but their policies and practices vary significantly from state to state. For example, each state determines its own definition of maltreatment, its own laws based on federal regulations, and its own level of investment in child welfare services. The organization of child welfare agencies also varies significantly across states. In some states the child welfare system is administered at the state level, whereas in others it is administered at the county level.

In every state, the courts also play a significant role in child welfare cases, from the initial decision to remove a child to the development of a permanency plan to the decision to return a child home or terminate parental rights and make the child available for adoption. It can be challenging to ensure that courts have the capacity and case-specific knowledge to hear cases in a timely and thoughtful manner, as many different perspectives must be considered in the process. Each party involved in a foster care case—the birth parents, the child, and the government—is represented by a different attorney. Each attorney is responsible for representing the interests of his or her client, but the adversarial nature of legal advocacy can at times sharpen conflict between the various parties.

Many jurisdictions rely on volunteer court appointed special advocates (CASAs) to ensure that children in foster care have a voice in the legal decision-making process.[14] CASAs are assigned to one child (or a sibling group) for an extended period of time and are trained to serve as mentors and advocates. CASAs are required to submit written reports to the judge at each court hearing, detailing the child's progress in foster care, and, in their role as advocates, are often asked to

address the court on behalf of the child. Currently more than 900 CASA programs operate in 45 states, and more than 250,000 children have been assigned CASAs.[15]

Private agencies, typically through contracts with public agencies, provide a significant proportion of foster care services to children and families. The use of private agencies to provide services such as family-based foster care goes back to the very origins of child welfare in the United States.[16] Some states, such as Kansas, have privatized nearly all of their foster care services, whereas others rely on a mix of public and private service providers.

To assure the best outcomes for children, all of the agencies in the system must work together. Each must rely on the others to provide the necessary information and resources. Child welfare agencies, though ultimately charged with the responsibility of caring for maltreated children, cannot provide optimal care without the collaboration and support of other agencies. But currently no overarching mechanism for governing the system or managing resources exists. Instead, most agencies have established either formal or informal cooperative agreements.

The emergence and convergence of several significant social problems in the mid-1980s had a tumultuous effect on the child welfare system. The crack epidemic, homelessness, the rapidly growing incarceration rate, and HIV/AIDS proved devastating for poor families and communities. In turn, families contending with multiple problems were unable to appropriately care for their children, and the number of children entering foster care rose. In 1980 approximately 300,000 children were in foster care; by 1998 that number had climbed to an unprecedented 568,000.[17]

Today, children and families who enter the foster care system continue to wrestle with these complex and interrelated problems. Additionally, the population of children in the system has shifted. Children of color compose the majority of children in foster care, with disproportionate representation of African-American and American-Indian children. The changes in the severity of the needs of children in the system and in the diversity of populations that are represented, tax the system to provide appropriate services, delivered by trained workers, and in foster care homes that are tailored to children's individual needs.

## The Push for Reform

Critics of the child welfare system are not hard to find, and efforts to reform the system are numerous. Class-action lawsuits against child welfare agencies are a frequently used tool to push agencies to change. In 2000, more than 100 lawsuits were pending in 32 states against some element of the child welfare system.[18] At least 10 child welfare departments are currently operating under directives of the court or consent decrees as a result of legal action. A number of states have commissioned investigative panels to examine the child welfare system and recommend reforms.[19]

Given the high level of scrutiny and intense pressure, it is not uncommon for child welfare administrators to serve short terms in office. A study conducted by the Urban Institute in 1999 found that in nearly half of the 13 states they reviewed, a leadership change in the state child welfare agency had occurred within the last 3 years.[20] At the same time, many agencies have also introduced innovative programs, such as community-based foster care, foster parent to birth parent mentoring, and shared family care, in an effort to address shortcomings.[21]

Over the past decade, new federal policies have provided a strong impetus for reform. These policies have led to significant changes in child welfare practice and in the methods and measures used to evaluate states' performance. Two of the most influential and far-reaching policies are the Adoption and Safe Families Act (ASFA) of 1997 and the Child and Family Services Reviews (CFSRs).

**ASFA.** This law introduced sweeping changes in child welfare, as detailed in the article by Allen and Bissell in this journal issue. The most significant changes attributable to ASFA include:

- Shortening timelines for making decisions about permanency;
- Eliminating long-term foster care as a permanent option;

- Clarifying when states do not have to make reasonable efforts to reunify children with their birthparents;
- Requiring action to terminate parental rights in certain situations;
- Recognizing kinship caregivers as a legitimate placement option;
- Providing states with incentives to encourage adoption;
- Placing increased emphasis on accountability.

**CFSRs.** These reviews, mandated by Congress in 1994, are the first attempt to evaluate how well state child welfare agencies are meeting established national standards. States are assessed on a broad range of systemic, family, and child outcome measures to determine how well they are meeting the goals of promoting safety, permanency, and well-being for children in foster care. States that do not meet federal standards are required to submit performance improvement plans to the government mapping out how they plan to address their deficiencies. States then have two years to demonstrate that they are making progress toward meeting national performance standards. At the end of the two-year period, states may incur financial penalties if they do not demonstrate improvement. Of the 32 states that have completed the review process, none has yet met all federal performance measures. The remaining reviews will be completed in 2004, and it is expected that no state will meet all the national standards.

Early reports suggest that the child welfare system is responding to the directives of ASFA and the CFSRs. For example, ASFA provisions that shortened the amount of time children can spend in foster care before their birth parents' parental rights are terminated have encouraged child welfare agencies to plan concurrently for both family reunification and an alternative permanency option such as adoption. ASFA provisions that recognize kinship care as a legitimate placement option have contributed to a growing reliance on relative caregivers. Whether or not these changes will result in better outcomes for children remains to be seen. Several states, such as California, enacted initiatives similar to those in ASFA years before the passage of the federal law, yet they have seen little substantive change in how children and families experience the foster care system. ASFA and the CFSRs hold promise for initiating positive change; however active steps must be taken to translate policy into practice.

In sum, the child welfare system faces daunting challenges in the 21st century. Not a single system at all, but a network of multiple intersecting and overlapping agencies, the overtaxed child welfare system has had to take on more children who are suffering more complex problems than ever before—all under the white-hot spotlight of media scrutiny. The crisis orientation that pervades the child welfare system can be discouraging to many hard-working professionals in the field, and this is reflected in high turnover rates among child welfare leaders and caseworkers. However, crisis can also be a window of opportunity for change. The challenge before the child welfare system is how best to capitalize on the momentum initiated by crisis, mobilize agents for change, and steer the system toward reforms that will truly improve the lives of children who come into foster care.

## Addressing the Needs of Children in Foster Care

Without question, preventing abuse, neglect, and entry into the foster care system is the best way to promote healthy child development. It is also true that foster care is a necessary lifeline that undoubtedly saves thousands of maltreated children each year. Nevertheless, placing children into state custody is an extremely invasive governmental intervention into family life and, as such, the government bears a special responsibility for children placed in state care. When the state assumes custody of a child, in effect the government is stating that it can do a better job of protecting and providing for this child than his or her birth parents can. When children are placed in foster care only to suffer additional harm, it undermines the rationale for government intervention and is an egregious violation of the public trust. For this reason, as Badeau writes in this journal issue, the first principle of the child welfare system should be to do no harm. The lives of children and families should be enhanced, not diminished, by the foster care experience.

This point is particularly significant given the vulnerable status and differing developmental needs of children who come into foster care. To uphold the government's responsibility to children in foster care, addressing children's needs must begin at entry with initial health screening and continue with regular assessments throughout a child's time in care. Case plans must be designed with a child's individual needs in mind so that services and supports are age-appropriate. In addition, child welfare agencies must incorporate cultural sensitivity into all aspects of practice to better serve the growing number of children of color in foster care.

### Assessing Developmental and Health Care Needs

Most children who enter foster care have already been exposed to conditions that undermine their chances for healthy development. Most have grown up in poverty and have been maltreated—conditions associated with delayed development and, in the case of maltreatment, problems with behavior regulation, emotional disorders, and even compromised brain development.[22] Once in foster care, the foster care experience itself can either exacerbate or ameliorate a child's problems

Children in foster care are more likely to have behavioral and emotional problems compared to children who live in "high-risk"[23] parent care, and are at much higher risk of poor educational outcomes. One study found that a substantial number of children in the child welfare system had low levels of school engagement and were less likely to be involved in extracurricular activities.[24]

Children in foster care also have more physical and mental health problems than children growing up in other settings. Although children in foster care are more likely to have access to health insurance and receive needed health care compared to children in high-risk parent care, they often receive spotty or inconsistent care and suffer from a lack of continuity in health care.[25] For example, a report by the U.S. General Accounting Office (GAO) found that 12% of children in care had not received routine health care, 34% had not received any immunizations, only 10% received services to address developmental delays, and even though three-quarters of the children were at high risk of exposure to HIV, fewer than 10% had been tested.[26]

Placement instability is one factor that negatively impacts continuity of care for children in foster care, as it is often difficult to track what services children have received when they move from placement to placement. Limited coordination and information sharing between the multiple service agencies that serve children in care also contributes to the problem.

In 2000 and 2002, the American Academy of Pediatrics issued guidelines on meeting the developmental and heath care needs of children in foster care. The guidelines recommend the following:

- Children should receive a health evaluation shortly after, if not before, entering foster care to identify any immediate medical needs;
- Children should receive a thorough pediatric assessment within 30 days of entry;
- Children should be assigned a consistent source of medical care (referred to as a "permanent medical home") to ensure continuity of care;
- Children should receive ongoing developmental, educational, and emotional assessments.

Child welfare agencies should adopt these guidelines as a starting point for ensuring that children in foster care receive the health and educational supports they need.

### RECOMMENDATION: Health Assessments

**Child welfare agencies should ensure that all children in foster care receive health screenings at entry, receive comprehensive pediatric assessments within 30 days of placement, are assigned to a permanent "medical home," and receive ongoing assessments and related treatment.**

### Monitoring Developmental Progress

For more than 20 years, child welfare scholars have called for monitoring the developmental progress and educational performance of children in foster care.[27] The U.S. Children's Bureau has consistently empha-

sized that safety, permanence, and child well-being are the primary goals of the child welfare system. Yet, as Jones Harden discusses in her article in this journal issue, historically the system has focused on child protection, placement, and permanence, and has not fully addressed child functioning and healthy development, even though research demonstrates that these goals are closely intertwined.

The failure to focus on healthy development is due, in part, to the lack of well-being indicators for children in foster care. For example, CFSR reviewers are instructed to evaluate any available data on the well-being of children in foster care, but in most states, this information is contained in narrative form within individual case files. Few states have incorporated evaluative measures into administrative databases. The absence of standard indicators may also reflect the inherent difficulty of measuring child well-being and the reluctance of child welfare agencies to have their performance evaluated based on indicators that are affected by factors outside their control, such as the quality of schools and health care services.

Without standardized data, there is no base for the development of national standards to monitor child well-being. More could be done to support greater standardization to better monitor the healthy development of children while they are in state care.[28] For example, with the CFSRs, the federal government has taken an initial step toward assessing how well states are promoting child well-being, but further steps are needed to ensure that child well-being indicators are incorporated into state database systems. For the past 10 years, the federal government has made matching funds available to states for the development of Statewide Automated Child Welfare Information System (SACWIS).[29] Currently, 47 states are in the process of implementing SACWIS.[30] Now is an opportune time to ensure that child well-being measures are incorporated into these systems.

In addition, the Department of Health and Human Services (DHHS) should examine ways of providing better guidance and technical assistance to states to ensure the quality, accuracy, and completeness of data on child well-being. Some states have found that DHHS assistance in developing SACWIS has focused too narrowly on the quantitative measures currently included in the CFSRs. DHHS should encourage and support state efforts to incorporate child well-being indicators into their statewide systems. DHHS could look to various local programs as potential models for assessing child functioning, school performance, health status, and access to needed services. In San Diego, California, for example, a computerized health and education passport system allows agencies to monitor the well-being of children in foster care and determine whether they are receiving needed health, education, and counseling services.[31]

### RECOMMENDATION: Measures of Well-Being

**States should quantitatively measure how well the health and educational needs of children in foster care are being met and include these measures in their administrative data systems.**

## Providing Age-Appropriate Care

Children's developmental needs change significantly as they progress through childhood. Appropriate service plans for preschoolers are inappropriate for teenagers. Yet far too often, foster care services are not sensitive to children's differing developmental needs. Very young children and adolescents, in particular, face unique challenges and may require concerted attention to ensure that their developmental needs are met. Providing families with the necessary training and tools to meet a child's developmental needs, ensuring greater access to existing programs, and devising more creative ways of utilizing existing funding streams can result in better-tailored services and better outcomes for these two groups.

### Infants and Toddlers

The foundation for healthy child development begins at birth, yet for some children, these early years are marred by maltreatment. Infants and toddlers are at much higher risk than older children for abuse and neglect and for entry into foster care. In 2001, nearly one-third of maltreated children were under the age of 3 and 40% of all child fatalities due to child abuse were infants under age 1.[32] Over the past 10 years, the num-

ber of infants and toddlers coming into foster care has increased by 110%.[33] Approximately 1 in 5 of the children entering foster care for the first time are infants under age 1.[34] In urban areas, 1 in 20 infants younger than 3 months old enters foster care. Moreover, the very youngest children in foster care stay in care the longest time.[35]

These statistics are particularly worrisome given the developmental vulnerabilities of infants and toddlers. The fragility of children in foster care in the zero-to-three age group has been demonstrated in numerous studies.[36] More than 40% of infants who enter foster care are born premature or low birth weight, and more than half of these babies experience developmental delays.[37] Children who experience abuse and neglect during this stage of development are more likely to experience abnormalities in brain development that may have long-term effects.[38] Young maltreated children are also at greater risk of developing behavioral disorders, which can have a significant bearing on their social functioning later in life.

Special efforts must be made to ensure that these very vulnerable children grow up in healthy and nurturing environments. Foster parents of infants and toddlers should receive training on the special needs of young children and be informed of the supports available to them. A number of federal programs, if used creatively, could provide such training. For example, in addition to being eligible for monies from ASFA, Temporary Assistance for Needy Families (TANF), and Medicaid, young children with disabilities and their caregivers are entitled to receive such services as parent training, home visits, and respite care through the Early Intervention Program for Infants and Toddlers with Disabilities (Part C of the Individuals with Disabilities Education Act). These monies and services could be used to provide families caring for infants and toddlers with training on the vulnerabilities of very young children in foster care and on developmentally appropriate parenting of infants and toddlers.

Research on early-childhood programs demonstrates that they greatly improve educational, behavioral, and health outcomes for disadvantaged children.[39] More promising, a recent study suggests that participation in certain types of early-childhood education programs can be especially beneficial for children at risk for abuse or neglect. A longitudinal study of the Chicago School District's Child-Parent Centers found that children in the program had a 52% lower rate of maltreatment compared to children who had participated in other early-education programs in the Chicago area.[40] Children from high-poverty neighborhoods who attended the program experienced even greater reductions in child abuse and neglect than children in lower-poverty neighborhoods.[41] However, the Chicago program is somewhat unique among preschool programs. It is based on heavy parental involvement, relies on preschool providers with college degrees, and its participating families may not be representative of typical low-income families. Thus, the positive effects of this program may not be generalizable.[42] However, these findings do suggest that certain childhood education programs may help prevent maltreatment and improve developmental outcomes for children at risk.

**Older Children**

Adolescence is a critical stage in child development. During these years, children begin to discover who they are, their place in the larger society, and their own empowerment. Special efforts are needed to encourage and promote the healthy development of this age group. Children between the ages of 11 and 18 constitute almost half (47%) of the foster care population. Approximately 17% are over age 16.[43] These children need help in establishing healthy connections with other youth and caring adults, and in acquiring educational and life-skills training that can assist them in the transition to adulthood.

Older children in foster care face unique challenges. Children who enter foster care after age 12 are significantly less likely to exit to a permanent home than are all other children in foster care, including children with diagnosed special needs,[44] and they are much more likely to simply age out of the system (to leave the system when they reach adulthood). Older children are less likely to live in a foster family and more likely to live in congregate care such as a group home.[45] However, the group home experience can be difficult for older youth. Like their younger counterparts, older youth crave the stability and nurturance a family environment can provide. They may perceive placement in a group home as a form of punishment.[46]

Many foster youth demonstrate remarkable resilience and transition out of the system to become healthy and productive adults. However, studies of youth who have left foster care indicate that they are more likely to become teen parents, engage in substance abuse, have lower levels of educational attainment, experience homelessness, and be involved with the criminal justice system compared to youth in the general population.[47]

Research suggests, however, that a number of steps can be taken to improve the experience of older children while they are in the foster care system and improve their outcomes as adults.[48] First, it is important to develop individualized permanency plans that address a youth's unique needs. Children who enter care later in childhood face a different set of challenges than those who enter at a younger age, and case plans should acknowledge these differences. Second, it is important to include youth in the decision making regarding their case. Giving youth a voice in their care helps them to develop a sense of their future and can be empowering, as Massinga and Pecora note in their article in this journal issue. Third, it is important to explore a broad array of permanency options and possibilities for connectedness to improve the foster care experience of older youth. The need for a family does not end when a child enters the teen years. However, caseworkers need to think creatively to connect older youth to supportive family ties. For example, older youth often have a longer history with and clearer memory of their birth families. For that reason, relatives, siblings, and even close family friends can play an important role in creating a healthy social network for these teens. Other positive adult mentors can also be vital sources of social support for older children.

As Pérez discusses in his commentary in this journal issue, few youth are prepared for full independence at age 18, and most continue to rely on family supports well into their twenties. Because older youth in foster care are less likely to have such family supports, it is important to provide them with independent-living-skills and life-skills training to help them in their transition to adulthood.

In the Foster Care Independence Act of 1999, Congress appropriated $140 million per year to support transitional services and extended eligibility for transition assistance to former foster children to age 21.[49] To date, states are not fully accessing these funds or using them as effectively or creatively as they could.[50] Innovative programs provide a creative means of assisting youth in the transition to adulthood. Examples of such programs include money management training and Individual Development and Education Accounts, which provide youth with incentive pay for accomplishments and teach them how to manage their money. Additionally, as discussed in the article by Massinga and Pecora, with the creative use of available federal funding streams, former foster youth may be able to cover most of the costs of attending a public university.

In sum, both very young and older children in foster care face unique challenges. The early years of childhood are a particularly vulnerable period developmentally, yet infants and toddlers are frequently victims of maltreatment, and their numbers in foster care have more than doubled in the last decade. Older children in foster care have their own specific developmental needs that must be met while in care, and they often face the additional challenge of aging out of the system without connections to a permanent family. However, more can be done to leverage existing resources to meet the needs of these children.

## RECOMMENDATION: Specialized Services

**States should use existing programs to provide specialized services for children of different ages in foster care, such as providing very young children with greater access to early-childhood preschool programs, and providing older children with educational and transitional supports until age 21.**

### Providing Culturally Competent Care for Children of Color

Since the 1960s, children of color[51] have been disproportionately represented in the child welfare system. Dramatic demographic shifts over the last two decades have also resulted in a greater number of children from diverse backgrounds entering the child welfare system. The long standing problem of racial disproportionality

and the growing diversity of children in foster care require that the child welfare system make concerted efforts to ensure that all children are treated fairly and receive culturally competent care.

Children of color represent 33% of the children under age 18 in the United States, but 55% of the children in foster care.[52] Although African-American and American-Indian children are overrepresented, Latino and Asian or Pacific Islander children are underrepresented in foster care based on their numbers in the general population. Nationally, African-American children are represented in foster care at nearly three times their numbers in the population, and in some states this ratio can be as high as five times the population rate.[53] American-Indian children are represented in foster care at nearly double their rate in the general population. According to the official data, Latino children are slightly underrepresented in child welfare based on their numbers in the population, but the number of Latino children in foster care has nearly doubled over the last decade.[54] The disproportionate representation of some groups of children of color in foster care is particularly disturbing given that research demonstrates that families of color are not more likely to abuse or neglect their children than white families of similar socioeconomic circumstances.[55]

It appears that poverty and poverty-related factors, high rates of single parenthood, structural inequities, and racial discrimination contribute to the disproportionate representation of children of color in foster care. African-American, Latino, and American-Indian children are much more likely to live in poor families, and poverty contributes to disproportionality both directly and indirectly. Although most poor families do not abuse their children, poor children are more likely to enter the foster care system, in part because poverty is associated with a number of life challenges, such as economic instability and high-stress living environments, which increase the likelihood of involvement with the child welfare system. Poor families are also more likely to have contact with individuals who are mandated by law to report child maltreatment, so questionable parenting practices are more likely to be discovered.[56]

Family structure may also contribute to disproportionality. Some evidence suggests that children of color are more likely to come from single-parent households and households where a parent or child is disabled—types of households that are also disproportionately represented in the child welfare system.[57]

Finally, the legacy of racial discrimination and its lingering manifestation in the form of institutional and social bias cannot be discounted; as such bias can lead to differential treatment. For example, one study found that although the prevalence of positive prenatal drug tests occurred at roughly the same rate for white and African-American women (15.4% versus 14.1%), African-American women were 10 times more likely to be reported to health authorities after delivery for substance abuse during pregnancy.[58]

The growing diversity of the child welfare population and the problem of racial disproportionality have implications for both service provision and civil rights. Children of color often receive differential treatment at critical junctures in the child welfare system. As Stukes Chipungu and Bent-Goodley note in their article in this journal issue, "Children of color receive fewer familial visits, fewer contacts with caseworkers, fewer written case plans, and fewer developmental or psychological assessments, and they tend to remain in foster care placement longer." In addition, families of children of color have access to fewer services. For example, as Stukes Chipungu and Bent-Goodley report, even though substance-abuse rates are high among African-American families involved in foster care, community-based substance-abuse treatment frequently is not available or accessible to these families. Despite evidence that children of color receive differential treatment in the foster care system, remarkably little research has examined why this is so. Additional research on why children of color receive fewer services and less support compared to white children is needed to better understand the factors that lead to differential treatment and to eliminate barriers to providing appropriate and equitable care.

Efforts must also be made to address the unique developmental needs of children of color in foster care. Racial identity formation and finding one's place in a society that often categorizes and discriminates based on race are critical to healthy child development. Celebrating different cultures is a valuable practice, but cul-

tural competency encompasses a range of attitudes, perspectives, and practices that prepare children of color to live within their culture of origin as well as in the larger society.

For some children of color, language barriers may pose additional difficulties. As Suleiman Gonzalez notes in her commentary in this journal issue, language access is both a cultural concern and a civil rights issue. Children from families with limited English proficiency are frequently placed with English-only families. This can create significant cultural confusion for the child during placement and undermine family reunification efforts should the child lose the ability to speak and understand the parents' native language. Moreover, as Suleiman Gonzalez notes, language difficulties that result in differential treatment for families with limited English proficiency represent a violation of their civil right to equality under the law.

To identify and provide appropriate services for children of color in foster care, child welfare agencies must embrace cultural competency as a central element of their mission and ensure that their organizational polices, practices, and procedures reflect sensitivity to the diversity of cultures they serve and to the ways in which individual families express their cultural heritage. Child welfare agencies need to take specific measures to infuse cultural competency throughout the child welfare system to better address the needs of children of color.

### RECOMMENDATION: Cultural Competency

**Child welfare agencies should enhance their cultural competency by recruiting bilingual and culturally proficient workers and foster families, ensuring that workers are sensitive to cultural differences, and incorporating assessments of cultural competency skills into worker performance evaluations.**

## Strengthening Families' Ability to Protect and Enhance Development

Before they enter foster care, children often have been exposed to inappropriate, inconsistent, or, at worst, destructive parenting, which can itself lead to long-term problems.[59] But the promise of foster care, backed by research, is that loving, positive, and consistent caregiving can, as Jones Harden writes, "compensate for factors that have a deleterious impact on children." To give children in foster care the greatest chance at healthy development, the system must provide caregivers with the emotional and financial resources they need to play a healing role for the children in their care.

### Healing Fragile Birth Families

Children that come to the attention of child welfare agencies are typically from families with multiple problems and minimal resources. These fragile families are overwhelmingly poor, live in high-risk environments, and are often simultaneously grappling with such intractable problems as substance abuse, mental illness, physical illness, violence in the home, and inadequate housing.

Child welfare agencies often do not provide an appropriate array of services and supports to meet the needs of these fragile families. Needed services may not be available or accessible, limiting the ability of birth families to meet their case plan requirements and regain custody of their children. For example, one study found that a lack of substance-abuse treatment programs, affordable housing, and other services were among the barriers birth families must overcome to be reunified with their children.[60] Overcoming these barriers within the shortened timelines instituted under ASFA can be even more daunting.

Many child welfare agencies are building partnerships with community-based agencies to provide more physically and culturally accessible services for families. For example, with the support of the Annie E. Casey Foundation, several child welfare agencies have begun implementing a community-based model of foster care called "Family to Family" that draws on community resources so that children can be placed with families and receive services in their home communities.[61]

"Strengths-based" family interventions are another tool that child welfare agencies can use to provide individualized supports and services to birth families. As several authors in this journal issue describe, too often

child welfare workers prescribe the same services to all families despite their widely disparate needs, even though child welfare policy allows for more individualized services; and, too often, family assessments focus on deficits rather than strengths. As a result, birth families often experience the child welfare system as adversarial and may be reluctant to engage with a system they view as punitive. A strengths-based perspective identifies a family's positive qualities—such as employment, an extended family support network, or access to child care—and works to activate these strengths and incorporate them into the case plan.

In addition, strengths-based practices such as family group conferencing actively incorporate family input into the decision-making process. A family group conference is a formal meeting in which the child's immediate family, extended family, and community members come together to develop a plan for care. Early evaluations suggest that family group conferencing can be an effective tool for developing appropriate case plans and achieving permanency.[62] Moreover, such practices can temper the adversarial nature of the child welfare system and provide a basis for more consensual decision making on the child's behalf.

As Wulczyn notes in this journal issue, although the overall rate of family reunification has declined in recent years, returning children safely to their birth families is an important goal of the child welfare system and remains the primary means of achieving permanence for children in foster care. Even when children are not reunified, birth families can be an important resource for children after they age out of the system. Significant investments in services are needed to help birth families overcome their problems and to prepare them to be reunified with their children or be a resource as their children transition out of care.

### RECOMMENDATION: Services for Birth Families

**Child welfare agencies should improve services to birth families by building partnerships with community-based organizations and integrating family-focused models, such as family group conferencing and mediation, into child welfare practice.**

## Supporting Nonrelated Foster Families and Kin Caregivers

Each year thousands of families open their homes and their hearts to children who have been removed from their birth families. Families often find the foster parenting experience both rewarding and overwhelming. Caring for children in foster care is a complex endeavor that requires families to navigate many systems and agencies. Although their needs may vary, nonrelated foster families and kin caregivers could both benefit from supportive services to help them nurture the children in their care.

### Nonrelated Foster Families

Foster parenting is one of the most demanding jobs a person can assume. Foster parents are expected to provide a home for the children in their care; work with child welfare agencies, schools, and other service providers to ensure that children's needs are met; and simultaneously establish relationships and arrange visitation with birth parents, which may eventually result in the children leaving their custody. The difficulties of foster parenting are compounded by the high level of care foster children often require, the low reimbursement rates most states give foster parents, and the inadequate support foster parents receive from caseworkers.

Given these challenges, it is no surprise that child welfare agencies often experience difficulties recruiting and retaining foster families. In recent years, the number of children placed in nonrelative foster homes has declined significantly. Currently, less than half of children in care live with licensed nonrelative foster families.[63] Although the number of children in foster care grew by nearly 68% between 1984 and 1995, the number of foster families decreased by 4%.[64] Moreover, according to a 1991 national survey commissioned by the National Commission on Family Foster Care, nearly 60% of foster parents quit within their first year. A lack of support from child welfare agencies was the primary reason given for leaving fostering.[65]

There are two key ways child welfare agencies can better support foster families. First, child welfare agencies can provide foster families with quality training that candidly discusses the challenges of foster parenting and the resources available to them. Better training

would increase the likelihood that families would retain their licenses and continue to foster parent.[66]

Second, child welfare agencies can provide foster families with appropriate and accessible case management services. As discussed in the article by Stukes Chipungu and Bent-Goodley, even though ASFA provisions call for foster parents to participate in court proceedings for the foster children in their care, evidence suggests that some courts and caseworkers may be resistant to including foster parents in the process.[67] Focus groups conducted in California found that social workers, attorneys, and judges were often ambivalent about including foster parents in decision making. Moreover, foster families regularly report that caseworkers are inaccessible, nonsupportive, and at times disrespectful.[68] To improve case management, child welfare agencies need to view foster parents as vital partners and take steps to be more responsive and inclusive. Keeping the lines of communication open, helping foster families access needed services and keeping foster parents informed about the progress of a child's case are concrete means of providing support. Additionally, providing foster parents with alternative caregivers or respite care, is particularly important for reducing stress levels and preventing "burn-out."

**Kin Caregivers**

Kinship care is one of the oldest human traditions, yet only since the passage of federal welfare reform in 1996 and ASFA in 1997 has it been formally recognized as a legitimate placement option for children in foster care. Since then, the number of children formally placed with kin has increased, and more services and dollars have been directed toward this group of caregivers. Available data suggest that kin caregivers are also the fastest-growing group of foster care providers, increasing from approximately 18% in 1986 to 31% in 1990.[69] The best estimates are that approximately 500,000 children who have had some involvement with the child welfare system are currently living in kinship care arrangements.[70]

Kinship care has several distinct advantages for children in care. Usually children have established relationships with kin, so the trauma of being removed from their birth parents may be less acute than when children are placed in nonrelative care. As kin share the same racial and ethnic heritage of birth parents, familial and cultural traditions can also be preserved. Children living with kin also tend to experience greater placement stability than children in other placements.

However, kin caregivers differ in significant ways from nonrelative foster parents, and these differences suggest that kin often face more challenges as foster parents compared with nonrelative caregivers. Kin tend to be older, are more likely to be single, have lower educational attainment, and are more likely to be in poor health than nonrelative caregivers. Kin also have existing relationships with the birth parents, who are often the caregivers' own children. These ties can complicate efforts to control birth parents' access to their children. Children who live in kinship care are more likely to have unsupervised parental visitation than are children in nonrelative care, which may put the children at greater risk of being re-abused.

Despite the greater challenges and more complicated and emotionally wrenching situations many kinship caregivers face, they are likely to receive less financial assistance and case management services than nonrelative caregivers receive. This is due in part to the inconsistent and haphazard development of licensing and foster care payment policies for kin caregivers. All kin who serve as foster parents are required to be licensed by their state. To receive federal reimbursement, states must license kin under the same standards as nonrelative foster families, and kin must be caring for children from income-eligible households. However, for kin who will not receive federal reimbursement, states have broad discretion in determining licensing criteria and foster care payments. As Geen notes in his article in this journal issue, licensing criteria and payment policies can vary significantly across states. In some states, such as California and Oregon, only kin caring for foster children who are eligible for federal reimbursement receive foster care payments. In other states, kin who cannot receive federal foster care monies may be eligible for state payments; however, they may not receive state assistance if they are licensed under kin-specific licensing criteria. Moreover, it appears that caseworkers are not doing enough to inform kin about the resources available to them. In fact, research suggests that many kin caregivers may be unaware that they are eligible for financial assistance.[71]

Research also indicates that kin request fewer services—and receive fewer of the services that they do request—compared with nonrelative foster families. Kin are often reluctant to contact child welfare agencies and may do so only when circumstances have reached the point of crisis. As a result, not only do they receive fewer services overall, but once they do request help, their needs may be more intense and immediate than those of nonrelative foster parents.[72] Thus, this vulnerable group of caregivers often do not receive adequate resources to attend to the children in their care.

In sum, both nonrelated foster families and kin caregivers require specialized supports to optimize the healthy development of children in their care. Further action is required to identify and respond to the unique service and support needs of these vitally important caregivers.

### RECOMMENDATION: Services for Foster Families

**Child welfare agencies should develop an array of supports and services tailored to the needs of nonrelated foster families and kin caregivers, such as foster parent training and respite care, and ensure that their workforce is adequately trained to identify and respond to these families' needs.**

### The Importance of After-Care Services

Each year, about 260,000 children leave foster care: 57% to reunite with parents, 18% to be adopted, 10% to live with other relatives, and 3% to be cared for in legal guardianship arrangements.[73] For most children, these families prove stable and lasting. But for some children, their new living arrangements fail shortly after they exit the system, especially when they reunify with their birth parents. In 2000, nearly 10% of children reunified with their parents returned to foster care within a year.[74] In its most recent review of child outcomes, the Department of Health and Human Services found that states that had a high percentage of children reunified with their parents within 12 months of removal also had a high percentage of reentries into the foster care system.[75] Of the 21 states that met the national standard for reunification timing, only two—Wyoming and South Carolina—also met the goal for reentries into foster care.[76] Although, for methodological reasons, caution must be exercised in drawing definitive conclusions, these findings suggest that more services may be needed to support successful reunification.

Recent research also suggests that children who are reunified with their birth parents may experience poorer outcomes compared to children who exited to other permanent placements.[77] Again, these findings must be considered with caution. Determining what factors affect poor outcomes for maltreated children is often difficult to disentangle.[78] However, research does indicate that the reunification process, and the reasons children may not thrive when they are reunified, warrant further study. At a minimum, these findings suggest that the availability, duration, and quality of services and supports provided to families in the postreunification period may be inadequate.

Less is known about reentry rates for children who exit to adoption, legal guardianship, or kinship care, but the available data suggest that reentry rates are quite low. According to the article by Testa in this journal issue, data from one state, Illinois, indicate that between 1998 and 2000, only 1.5% of children who were adopted,[79] and only about 2% of children placed with subsidized legal guardians, reentered foster care. Although the study did not include data on the stability of kinship care placements, these placements generally tend to have lower reentry rates than reunification when children are reunified. Nevertheless, kin placements are not immune to disruption, particularly when kin caregivers do not receive postpermanency services or financial assistance.[80]

When children are reunified with their birth parents or exit to another permanent placement, families need services to support the permanency process. Reunified families tend to need basic resources such as housing, employment, and income in addition to counseling, health services, and educational services.[81] Adoptive parents report that they need more information on services available to them, assistance with educational services, access to after-school activities, and mental health counseling.[82] Much less is known about the

needs of kin families, but kinship caregivers and legal guardians probably need services similar to those needed by reunified families. Regardless of the type of placement, individualized case management and monitoring after placement are essential to ensure that families receive an appropriate array of services and to reduce the number of children returning to foster care.

### RECOMMENDATION: Support to Preserve Permanency

**Child welfare agencies should continue to support families following a permanent placement to promote children's well-being after exiting the system, whether that happens through reunification, adoption, or legal guardianship.**

## Reforming the Child Welfare System

There is no shortage of innovative child welfare programs and practices, yet in the past, innovations have been implemented as additions to the existing system rather than attempts to change child welfare at the systems level. As one child welfare expert notes, innovative and promising practices and programs are often "subverted and swallowed up by a pathological system."[83] To move child welfare from a crisis-driven system to true reform and renewal, systemic change is essential. Key elements in achieving systemic change include enhancing accountability mechanisms; improving the federal financing structure; providing avenues for greater services coordination and systems integration; and transforming how children and families experience foster care by rethinking the roles of courts and caseworkers.

### Enhancing Accountability

Strengthening public oversight and encouraging organizational self-examination through enhanced accountability are critical elements for effectively transforming the child welfare system. Two key tools for improving accountability are external review boards and the CFSRs.

Under the 1993 amendments to the Child Abuse Prevention and Treatment Act (CAPTA), states are required to create external review boards to evaluate foster care policies. However, to date, no comprehensive evaluations of the role, function, or effectiveness of foster care review boards have been completed. One review of California's public citizen review boards questioned whether the oversight system met federal regulations.[84] Additional research on the function and effectiveness of review boards is needed to ensure they are fulfilling their public oversight function.

In addition, as mentioned earlier, the CFSRs are a groundbreaking step toward evaluating states' performance. The ability of the reviews to initiate true reform is linked to the quality and depth of states' performance-improvement plans and the investment states are willing to make to implement comprehensive reforms.

### RECOMMENDATION: Enhanced Accountability

**To enhance accountability, states should strengthen public oversight by effectively utilizing their external review boards, and ensure that adequate investments are made to fully implement their performance-improvement plans.**

### Improving the Federal Financing Structure for Child Welfare

The federal financing framework for the child welfare system is quite complex, with funding coming from several different sources, each with its own requirements and limitations. The largest pot of dedicated funds for the child welfare system comes from Title IV-E of the Social Security Act.[85] In 2000, Title IV-E provided 48% of all federal spending on child welfare.[86] Under Title IV-E, the federal government reimburses states for a portion of the costs associated with out-of-home care, but not for costs associated with prevention, counseling, and drug-abuse treatment.[87]

Income eligibility for Title IV-E is tied to the status of the birth parents, and the number of income-eligible children varies widely across states.[88] Currently, Title

IV-E income ceilings are derived from the eligibility rules for the Aid to Families with Dependent Children (AFDC) program in 1996 (without adjustments for inflation), even though this program no longer exists. In 1999, approximately 55% of children in foster care were eligible for Title IV-E, but as the benchmark date for income eligibility moves farther into the past, more children are at risk of losing their eligibility. Additionally, American-Indian tribes that provide foster care services to tribal children are not directly eligible for Title IV-E reimbursement.[89]

Finally, critics argue that the constraints of Title IV-E funding favor placing children in out-of-home placement, and that this may result in too many children being placed in foster care. Although it is unlikely that the constraints placed on federal funding directly affect caseworker decision making, these constraints may squelch innovation and the incentive to invest resources in alternatives to foster care, and may thus reinforce the status quo of out-of-home placement.[90]

After the Social Services Block Grant, which accounts for about 17% of federal spending on child welfare, the next largest source of funds is Temporary Assistance for Needy Families (TANF). TANF currently accounts for about 15% of federal foster care dollars. In fiscal year 2000, states spent approximately $2.3 billion (14% of all TANF funds) on child welfare.[91] Between 1996 and 2000, the amount of TANF funds used for child welfare purposes increased by approximately 317%.[92] This is due in part to declining public-assistance caseloads and in part to the flexibility of TANF funds. Within certain guidelines, TANF funds can be used for a number of services for which Title IV-E money cannot, such as in-home family services, parenting education, and family reunification services. TANF dollars are also an important resource for supporting kin caregivers. In some states, kin can receive TANF grants to cover the cost of caring for children in their custody, regardless of their own financial status. More than half of these "child-only" TANF grants are to relative caregivers.

At the same time, because TANF dollars are not dedicated to child welfare, their availability for child welfare services could diminish during hard economic times, when the need for public assistance increases. Indeed, in light of the recent economic downturn, states have begun to report declines in TANF funding for child welfare services in 2002 and 2003.[93]

The diminishing amount of TANF funds available for child welfare since 2000 underscores the need to address Title IV-E funding constraints. In fact, reforming the child welfare federal financing structure has been a topic of concern for several years. To test innovation and encourage reform, in 1994 the federal government approved waivers from Title IV-E funding regulations in 10 states.[94] In 1997, Congress expanded the number of waivers to 10 per year for 5 years. Waivers are a useful way of determining whether new uses for federal monies can improve outcomes for children and families. Currently, 25 waivers have been granted to 17 states to support such initiatives as subsidized guardianship, tribal access to Title IV-E money, substance-abuse treatment for caregivers, and enhanced training for child welfare workers.[95] Reauthorizing and expanding the number of waivers available can continue to build a research base to inform the restructuring of federal financing schemes.

Other financing reform efforts are also under way. In 2003, the Pew Foundation created a Commission on Children in Foster Care charged with examining how to improve existing federal financing mechanisms to reduce the time to permanency.[96] In addition, this year, the Bush administration has proposed legislation that would give states the option of receiving child welfare funds as a block grant for a specified period of time. Block grants give states greater flexibility in how to spend federal dollars, but they cap the amount of funds a state can receive. Other proposed reforms that might increase the flexibility and reach of Title IV-E monies include giving states the option of delinking from AFDC eligibility requirements, and offering Indian tribes the option of being directly eligible for Title IV-E money to ensure that federal dollars flow to all tribal children.

Addressing the challenges of the child welfare system requires greater resources from dedicated funding streams. As Allen and Bissel note, greater investment in children and families in child welfare is urgently needed. Thus, while the heightened interest in reforming federal financing is promising, altering federal funding mechanisms cannot belie the fact that the child welfare

system is underfunded. That said, garnering additional resources in the current fiscal climate is an uphill struggle. Finding creative ways to use available funding streams is perhaps the most realistic way for states to increase the amount of federal dollars they can use to serve children in care.

## RECOMMENDATION: Flexible Financing

**The federal government should extend the flexibility and reach of federal foster care funds by reauthorizing and expanding the number of waivers available to the states and revising outdated eligibility requirements.**

### Coordinating Services and Integrating Systems

Navigating the complex web of agencies that make up the child welfare system can be frustrating for birth families, foster families, and social workers. Families involved in child welfare must interact with multiple service delivery systems, each with its own paperwork requirements, case plans, and eligibility requirements. Moreover, the lack of integration and coordination between multiple systems undermines efforts to provide continuity of care for children in foster care. The need for greater service coordination and systems integration has become more critical as the number of families in foster care contending with substance abuse or domestic violence has grown, adding further complexity to the overlapping relationship between public assistance and child welfare programs.

#### Public Assistance

As discussed above, a substantial amount of TANF dollars flow to the child welfare system. However, the links between basic public assistance and child welfare are not purely financial. Families dealing with poverty, poor education, inadequate access to health care, and substance abuse are more likely to be involved in both public assistance and child welfare. More than half of the children who enter the child welfare system come from families eligible for welfare. In California, more than one out of every four new public welfare cases had some child welfare involvement in the previous five years.[97] In Illinois, nearly 40% of children placed in foster care come from families who received welfare during the months their child was living in foster care.[98] Through these "dual-system families," the infrastructure of family social supports provided by public assistance and child welfare are informally but inextricably linked.[99]

Dual-system families often report feeling overwhelmed by the competing requirements from both systems. For example, work requirements may conflict with child welfare court appearances and visitation schedules. Coordination between the two systems could help parents meet the requirements of both agencies. Closer collaboration also makes sense because many of the problems dual-system families face affect both their ability to parent effectively and their ability to secure employment.[100] Collaboration between public assistance and child welfare programs opens up possibilities for providing preventive services to families who are at high risk of entry into the child welfare system. Finally, both child welfare and public assistance programs have instituted shortened timelines for meeting certain requirements. Coordination of services would allow agencies to work together to assist families in meeting these timelines.

In addition to making the system more navigable for families, greater integration allows for greater information sharing across systems, which in turn would allow agencies to coordinate their efforts and to tailor services to meet unique family needs. Systems integration and information sharing with TANF, as well as other public agencies and service providers, can lead to comprehensive data systems that can track the service usage of children in care.[101] This information could then be used to document the service usage of individual foster children, improve continuity of care, and improve service planning.

Concerns about confidentiality, disclosure, and mandated reporting are perhaps the greatest barriers to collaboration. Such concerns should not be dismissed. The information collected about children and families involved with the child welfare system is extremely sensitive and, if widely shared, could be damaging. Additionally, the flow of information from TANF to child welfare agencies could result in more families being reported to the child welfare system. To protect chil-

dren and families from overly intrusive practices, information sharing across systems should not be implemented without clear-cut written policies detailing what information will be shared, with whom, and under what conditions.

Nevertheless, many states are moving forward with creating an infrastructure that is conducive to collaboration. At least 20 TANF agencies have documented policies about how information will be shared across systems, and 13 states have their TANF and child welfare agencies colocated. As a result, greater integration, coordination, and information sharing across these agencies can facilitate more comprehensive and coordinated services to children and families. For example, Ohio has instituted regular meetings between public assistance, child protection, legal staff, and other agencies.[102] And at least one state, Oregon, is moving toward consolidating child welfare and public assistance agencies.[103]

**Substance Abuse and Domestic Violence**

The links between substance abuse, family violence, and child maltreatment are startling. Because most child welfare agencies do not record this information, family problems with substance abuse and domestic violence often are not identified.[104] Nevertheless, studies suggest that 40% to 80% of children in foster care come from families with substance-abuse problems, and child maltreatment co-occurs in approximately 30% to 60% of households where family violence has taken place.[105]

Failing to identify and offer treatment and services to families affected by substance abuse or domestic violence can lead to children staying longer in foster care. For example, one study found that courts identified a lack of appropriate services, specifically substance-abuse treatment, as a barrier to making prompt permanency decisions.[106] Moreover, left unidentified and untreated, chronic family problems such as substance abuse and domestic violence are likely to reemerge after a child is reunified, leading to reentry into the foster care system.

Although there have been several attempts to pass federal legislation addressing the links between substance abuse, domestic violence, and child maltreatment, none have passed.[107] However, several states have been granted waivers to test programs designed to address the co-occurrence of these problems. For example, Delaware's waiver allows federal foster care funds to be used to bring substance-abuse treatment specialists into the child welfare agency to assure that families are provided with appropriate substance-abuse treatment when a child first enters care in the hope of reducing the length of time children of substance abusing parents spend in foster care.[108] The effectiveness of these initiatives is currently being evaluated; positive results could lead to more states providing integrated services to families.

## RECOMMENDATION: Coordinating Services

**State child welfare agencies should improve strategies to coordinate service delivery to children and families, including the appropriate sharing of information across programs and services.**

## Transforming How Children and Families Experience the System

The ultimate test of any effort to reform the child welfare system will be in how children and families experience the system. A prevailing theme throughout this journal issue is the tendency of the child welfare system to prescribe the same solutions for all children and families. Children of different ages receive the same mix of services, despite their differing developmental needs. Birth families are given the same case plans regardless of the specific challenges they may face. Kin caregivers are often treated in policy and practice like nonrelated foster parents, even though this group of caregivers is different from other foster families and may require specialized supports. The one-size-fits-all mentality of the child welfare system hinders efforts to provide services that are tailored to children's and families' unique needs.

Transforming the child welfare system from one that emphasizes compliance, process, and procedure to one that emphasizes flexibility and individualized treatment for children and families requires a reimagining of goals. The goals of a transformed child welfare system

would embrace a broader vision—a vision that recognizes the central role of protection, placement, and permanency, but that also strives to improve the life experiences of the children and families it touches. Making this transformation a reality starts with a significant rethinking of the roles played by the courts and caseworkers.

**Rethinking the Role of the Courts**

Courts play a central role in child welfare decision making, but most children and families regard them as foreboding and distant. Birth families often perceive the courts as adversarial and punitive.[109] Foster families report feeling discounted, excluded, and unheard by the courts.[110] In focus groups with former foster youth, many reported that they did not know what to expect when they went to court, that they felt left out of the court process, and that the court did not take their opinions seriously.[111]

Part of the reason the courts seem aloof and uncaring stems from the large number of child welfare cases and shortened decision-making timelines they face. Most courts simply lack the capacity to hear cases in a timely fashion, or to facilitate relationship building and continuity among judges, children, families, and caseworkers. Courts rely almost exclusively on state and local funds for operating costs and thus have significant constraints on their ability to increase capacity. Congress recognized the need to improve court performance in 1993, when it made funds available to local jurisdictions for court improvements. As Allen and Bissell recount, these funds have been used to improve how courts implement federal statutes and handle foster care and adoption cases in all 50 states and the District of Columbia.

More recently, the National Council of Juvenile and Family Court Judges has seeded 25 model courts throughout the U.S. to implement comprehensive court improvements. Reforms instituted by these model courts include ensuring clear and timely communication of court hearings, working with advisory groups to address systemic issues, creating "family drug courts" to assist birth families with substance-abuse problems and expedite reunification, and using alternative dispute resolution mechanisms, such as mediation.

The one-judge, one-family approach is an example of a model court initiative that holds promise for changing how judges, caseworkers, families, and children interact in the child welfare system.[112] Under this initiative, the same judge follows a family's case from the first decision to remove the child to the permanency decision. It is hoped that the continuity established by following the case from start to finish will result in better decision making.

**Rethinking the Role of Caseworkers**

The success of foster care depends in many respects on the quality of the relationship between children, families, and caseworkers. Caseworkers are the face of foster care. They are involved at every level of decision making, they link families with needed services, and they can provide children with a sense of continuity that is often lacking in their foster care experience. Yet few caseworkers are able to play this supportive role. Most caseworkers carry large caseloads, labor under cumbersome paperwork demands, and, with minimal training and limited supervisory support, must make life-altering decisions on behalf of children. As a result, children in foster care often report that they rarely see their social workers, and foster caregivers lament the lack of contact and support they receive.

Child welfare workers manage caseloads varying in size from 10 to more than 100 cases per worker, depending upon the type of agency. By comparison, professional child welfare organizations recommend caseloads of between 12 and 18.[113] Heavy caseloads limit the amount of time and attention caseworkers can give to children and families. To date, efforts to decrease caseloads have been largely unsuccessful due to persistent staff shortages in most child welfare agencies. In 27 of the 32 CFSRs completed to date, staff deficiencies were seen as contributing to agencies' inability to meet outcome measures.[114]

Child welfare casework is also a particularly stressful type of social work. In a recent GAO study, a number of caseworkers expressed concerns about the complexity of child welfare cases.[115] Specifically, caseworkers reported that more families with drug and alcohol problems and a growing number of children with special needs were entering the child welfare system. Some workers even expressed concerns for their own safety. One study found that more than 70% of front-

line caseworkers had been victims of violence or threatened with violence in the course of their work.[116]

The difficulties of assisting families with complex and diverse needs are exacerbated by large caseloads and cumbersome paperwork demands. The increased emphasis on shortening time to permanency, compiling accurate data on children in care, and meeting accountability requirements have substantially increased the paperwork and data-entry demands and reduced the amount of time workers can spend with children and families.

In addition, because child welfare is a particularly difficult field, a chronic shortage of caseworkers works against efforts to increase educational requirements. Fewer than 15% of child welfare agencies require caseworkers to hold either a bachelor's or master's degree in social work, despite evidence that caseworkers holding these degrees have higher job performance and lower turnover rates.[117] Moreover, caseworker salaries are often low, and in some jurisdictions there is wide variation in salaries between public and private caseworkers.[118] Thus, recruiting and retaining quality caseworkers is an ongoing challenge for most child welfare agencies.

Nevertheless, improving how children and families experience foster care depends on the ability of child welfare agencies to recruit, train, and retain talented and dedicated caseworkers. The best-planned reform efforts cannot be implemented without a well-trained and qualified staff. Further efforts to provide the right mix of recruitment incentives, quality training, supervisory support, and professional development opportunities are required to build a team of caseworkers capable of serving the complex needs of children and families in foster care.

Child welfare agencies have explored different avenues for increasing the number of qualified social workers on staff, such as forming partnerships with local universities to provide training for current staff and to prepare social work students for a career in child welfare,[119] and providing opportunities for ongoing training and career development. However, the federal government could also assist states in recruiting and retaining qualified staff. For example, the government could consider creating a loan forgiveness program for social work students. Loan forgiveness programs are a useful means of attracting individuals to enter critical professions that lack qualified staff. Under such a program, students majoring in social work would be offered loans to support their academic work. Upon graduation, students who went on to employment in a child welfare agency for a specified period of time would have their loans forgiven. Several successful loan forgiveness programs are in operation. For example, to encourage health professionals to consider careers in such fields as clinical, pediatric, and health disparities research, the National Institute of Child Health and Human Development loan repayment program will repay loans associated with training costs, in exchange for a two-year commitment to work in the selected field of study.

The federal government could also make more funds available to private agencies for staff training. Through Title IV-E, the government provides matching funds for staff training and development of up to 75% for public workers but only up to 50% for private workers.[120] As private workers make up a large portion of the child welfare workforce, the government should consider equalizing the reimbursement rate to private agencies for training and development to aid in the recruitment and retention of these vitally important workers.

In sum, judges and caseworkers are responsible for deciding the course of a child's journey through child welfare. However, large caseloads, shortened timelines, and other organizational challenges significantly limit these professionals' ability to build solid relationships with children and families that can improve decision making and improve how children and families experience foster care. Courts and child welfare agencies can do more to support judges and caseworkers and improve front-line practices.

## RECOMMENDATION: Transforming Frontline Practice

**The courts and child welfare agencies should restructure their organizations and adopt practices that support individualized planning and build continuity into the relationships between judges, caseworkers, children, and families in foster care.**

## Conclusion

For children and their families, the foster care experience is inherently painful. In addition to the wounds inflicted by abuse and neglect, foster children must also contend with the emotionally wrenching experience of being removed from their homes and placed in foster care. For far too many children, foster care is not a time of healing. Rather, despite the best intentions of those who work within the system, many children experience foster care as confusing, destabilizing, and at times damaging.

The work of healing children and families in foster care starts with the child welfare system, but it does not end there. Children in foster care are the nation's children, and we all bear a collective responsibility to ensure their healthy development while in state care. We can and should do more to return these children to wholeness, but it will require everyone who touches the lives of children in foster care—friends, families, communities, caseworkers, courts, and policymakers—to claim shared responsibility for the quality of those lives. Reforming the child welfare system requires all of these actors to build bonds and create a strong web of support for these vulnerable children. Reform is not a destination—it is an ongoing process of organizational self-examination, evaluation of practice, careful public oversight, and vigilant attention to outcomes. The route to reform is clear. It is our collective responsibility to choose the path of renewal and ensure a more hopeful and brighter future for all children in foster care.

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## ENDNOTES

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3. *St. Petersburg Times.* Newspaper finds children state declared missing. August 12, 2002, at 4B.
4. Polgreen, L., and Worth, R.F. New Jersey couple held in abuse; one son, 19, weighed 45 pounds. *New York Times.* October 27, 2003, at A1.
5. About 60% of child maltreatment victims were found to be neglected by their primary caregiver. U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child maltreatment 2001.* Washington, DC: U.S. Government Printing Office, 2003. Available online at http://www.acf.hhs.gov/programs/cb/publications/cm01/outcover.htm.
6. See note 5, U.S. Department of Health and Human Services.
7. Therapeutic foster care is a family-based treatment program in which specially trained foster families provide care for children with serious emotional and behavioral problems.
8. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. *AFCARS, Report #8.* Washington, DC: U.S. Government Printing Office, March 2003. Available online at http://www.acf.hhs.gov/programs/cb/publications/afcars/report8.htm.
9. Reasonable efforts are not required (but not prohibited) when a court determines that a parent has committed murder, voluntary manslaughter, or felony assault that results in serious bodily injury to his or her child; a parent has subjected the child to aggravated circumstances as defined in state law; or the parental rights to a child's sibling have been involuntarily terminated.
10. See note 8, U.S. Department of Health and Human Services. These children are sometimes referred to as "legal orphans."
11. U.S. Department of Health and Human Services, Administration for Children and Families. *Child welfare outcomes 2000: Annual report to Congress.* Washington, DC: U.S. Government Printing Office, 2003; see also the article by Wulczyn in this journal issue.
12. See note 8, U.S. Department of Health and Human Services; and the article by Wulczyn.
13. The reasons for this decline are complex and largely unknown. One speculation is that the reduction may be a result of the combined effect of rules in the Adoption and Safe Families Act (ASFA) that shortened the amount of time birth parents have to reunify with their children and provided incentives to states for adoptions.
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18. National Center for Youth Law. *Foster care reform litigation docket 2000.* Oakland, CA: NCYL, 2000. Available online at http://www.youthlaw.org/fcrldocket2000.pdf.
19. Malm, K., Bess, R., Leos-Urbel, J., et al. *Running to keep in place: The continuing evolution of our nation's child welfare system.* Occasional paper no. 54. Washington, DC: Urban Institute, October 2001.
20. In New Jersey, for example, the state child welfare agency had been under the leadership of three different directors in three years. See note 19, Malm, et al.
21. See the article by Stukes Chipungu and Bent-Goodley in this journal issue.
22. See the article by Jones Harden in this journal issue.
23. High-risk parent care is defined as children living with single parents with incomes 200% below the federal poverty level. See Kortenkamp, K., and Ehrle, J. *Well-being of children involved with the child welfare system: A national overview.* Washington, DC: Urban Institute, January 2002, p. 2.
24. See note 23, Kortenkamp and Ehrle, p. 3.
25. See note 23, Kortenkamp and Ehrle, p. 3.
26. U.S. General Accounting Office. *Foster care: Health needs of many children are unknown and unmet.* HEHS-95-114. Washington, DC: GAO, May 26, 1995. Available online at http://www.gao.gov/archive/1995/he95114.pdf.
27. See, for example, Magura, S., and Moses, B.S. Outcome measurement in child welfare. *Child Welfare* (1980) 59:595–606.
28. See note 27, Magura and Moses.
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30. Many states have experienced significant delays due to difficulties securing matching funds, staffing shortages, and internal disagreements on design features. Importantly, 41 states reported that the lack of clear, documented guidelines from the Department of Health and Human Services was a major factor in the delays. See note 29, U.S. General Accounting Office.
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34. Wulczyn, F., and Hislop, K.B. Babies in foster care. *Zero to Three* (April/May 2002) 22(5):14–15.
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37. See note 33, Dicker, et al.

38. See the article by Jones Harden.

39. Gomby, D.S., Larner, M.B., Stevenson, C.S., et al. Long-term outcomes of early childhood programs: Analysis and recommendations. *The Future of Children* (1995) 5(3):6–24.

40. Reynolds, A., and Robertson, D. "School-based early intervention and later child maltreatment in the Chicago Longitudinal Study. *Child Development* (January–February 2003) 74(1):3–26. Available online at http://www.waisman.wisc.edu/cls/CD7412003.PDF. The sample for this study consisted of 1,408 children who participated in the Chicago Child–Parent Centers program in 1985–1986. The comparison group consisted of 550 children who participated in other preschool programs in the Chicago area.

41. High-poverty neighborhoods are those in which 60% of the children live in low-income families. See note 40, Reynolds and Robertson.

42. The program is associated with the public school system, so most preschool teachers have B.A. degrees. Further, there may be selection bias in the study, as the families who choose to participate may be more motivated and thus more likely to succeed than those who did not participate.

43. See note 8, U.S. Department of Health and Human Services.

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46. See the commentary by Pérez in this journal issue.

47. See the article by Massinga and Pecora in this journal issue.

48. See the article by Massinga and Pecora in this journal issue.

49. *Foster Care Independence Act*, Public Law 106-169, 113 U.S. Statutes at Large 1822 (1999), 42 U.S.C.A. § 677 note (2002).

50. See the article by Massinga and Pecora.

51. The term children of color refers to all nonwhite children.

52. See note 8, U.S. Department of Health and Human Services.

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55. See the article by Stukes Chipungu and Bent-Goodley.

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    One small study in California found that nearly 80% of the African American foster children in their sample lived in single-parent households. See Harris, M.S., and Courtney, M.E. The interaction of race, ethnicity, and family structure with respect to the timing of family reunification. *Children and Youth Services Review* (May–June 2003) 25(5/6):409–29.

    Another study found that families of color involved with the child welfare system were more likely than white families to be headed by young single parents with either caregiver or child disabilities. See Courtney, M., Barth, R.P., Berrick, J.D., et al. Race and child welfare services: Past research and future directions. *Child Welfare* (March–April 1996) 75(2):99–136.

58. Chasnoff, I.J., Landress, H.J., and Barrett, M.E. The prevalence of illicit-drug or alcohol use during pregnancy and discrepancies in mandatory reporting in Pinellas County, Florida. *New England Journal of Medicine* (April 26, 1990) 322:1202–06. The difference in reporting rates may reflect differences in the type of drugs women abused: White women were more likely to test positive for marijuana, whereas African American women were more likely to test positive for alcohol and cocaine. However, the authors also note that physician beliefs about the prevalence of substance abuse among poor, urban minorities may lead them to test and report African American women more often than white women.

59. See note 36, Perry.

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61. A description of the Family to Family model is available online at http://www.aecf.org/initiatives/familytofamily/.

62. National Council of Juvenile and Family Court Judges. Empowering families in child protection cases: An implementation evaluation of Hawaii's Ohana Conferencing Program. *Technical Assistance Bulletin* (April 2003) 7(2).

63. See note 8, U.S. Department of Health and Human Services.

64. Barbell, K., and Freundlich, M. *Foster care today*. Washington, DC: Casey Family Programs, 2001.

65. National Commission on Family Foster Care. *A blueprint for fostering infants, children and youth in the 1990s*. Washington, DC: Child Welfare League of America, 1991.

66. Lee, J.H., and Holland, T.P. Evaluating the effectiveness of foster parent training. *Research on Social Work Practice* (1991) 1:162–175.

67. See the article by Stukes Chipungu and Bent-Goodley.

68. See note 65, National Commission on Family Foster Care.

69. Kusserow, R. *Using relatives for foster care*. OEI-06-90-02390. Washington, DC: U.S. Department of Health and Human Services, Office of Inspector General, 1992.

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71. Andrews Scarcella, C., Ehrle, J., and Geen, R. *Identifying and addressing the needs of children in grandparent care*. Washington, DC: Urban Institute, August 31, 2003. Available online at http://www.urban.org/UploadedPDF/310842_B-55.pdf.

72. See note 71, Andrews Scarcella, et al.

73. Additionally, 7% aged out of the system, 3% were transferred to another system (typically the juvenile justice system), and 2% ran away.

74. See note 11, U.S. Department of Health and Human Services.

75. See note 11, U.S. Department of Health and Human Services.

76. See note 11, U.S. Department of Health and Human Services.

77. Taussig, H.N., Clyman, R.B., and Landsverk, J. Children who return home from foster care: A 6-year prospective study of behavioral health outcomes in adolescence. *Pediatrics* (July 2001) 108(1):E10.

78. The initial experiences with abuse and neglect are known to have a negative affect on child well-being. Evidence suggests that the foster care experience can also be traumatic and lead to poor outcomes. Reunifying a child with his or her birth family can be a tenuous and fragile process that can influence a child's development. Further, children reunified with their birth parents may return to high-risk neighborhoods with underperforming schools and other weak community institutions and supports, factors that also affect child outcomes.

79. Research indicates that children who are adopted when they are older experience higher disruption rates than younger children.

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84. Little Hoover Commission. *Still in our hands: A review of efforts to reform foster care in California*. Oakland: State of California, February, 2003.

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86. Other federal funding streams, such as Social Services Block Grants (17%), Temporary Assistance for Needy Families (TANF) (15%), Medicaid (10%), and Title IV-B (5%), provided approximately 47% of federal foster care dollars in that same year. The remaining 4% comes from the Social Security Supplemental Security Income (SSI) program and Survivors Benefits and a compilation of other federal funding streams. (Numbers do not add up to 100 because of rounding.) See Bess, R., Andrews, C., Jantz, A., et al. *The cost of protecting vulnerable children III: What factors affect states' fiscal decisions?* Assessing the New Federalism, Occasional paper no. 61. Washington DC: Urban Institute, December 18, 2002.

87. They may receive limited federal reimbursement from other federal funding streams.

88. Geen, R. *Improving child welfare agency performance through fiscal reforms: An assessment of recent proposals.* Paper prepared for the Joint Center on Poverty Research Conference, Child Welfare Services Research and Its Policy Implications. Washington, DC. March 20–23, 2003.

89. Some states have worked out voluntary payment agreements with tribes that provide foster care services, and tribal children in state public systems may be eligible if they meet income requirements.

90. See note 88, Geen.

91. See note 86, Bess, et al.

92. Billings, P., Moore, T.D., and McDonald, T.P. What do we know about the relationship between public welfare and child welfare? *Children and Youth Services Review* (2003) 25(8):633–50.

93. See note 88, Geen.

94. Similar to waivers granted in the years before federal welfare reform, these waivers required that any changes to policy and practice must be cost-neutral and that states evaluate the effects of their initiatives. A description of the waiver initiative can be found at http://www.acf.hhs.gov/programs/cb/initiatives/cwwaiver.htm

95. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. *Summary of IV-E child welfare waiver demonstration*. Washington, DC: U.S. Government Printing Office, February 2003. Available online at http://www.acf.hhs.gov/programs/cb/initiatives/cwwaiver/summary.htm.

96. The commission is also examining the role of the courts in child welfare and will issue recommendations on how to improve the courts in this capacity.

97. See note 92, Billings, et al.

98. See note 92, Billings, et al.

99. See note 92, Billings, et al.

100. Andrews, C., Bess, R., Jantz, A., et al. *Collaboration between state welfare and child welfare agencies.* Washington, DC: Urban Institute: August 31, 2002. Available online at http://www.urban.org/UploadedPDF/310563_A-54.pdf

101. Brown, R.A., Coates, A., and Debicki, A. Children's services tracking: Understanding multiple service use of at risk children through technology. *Children and Youth Services Review* (March 2003) 25(3):225–49.

102. See note 92, Billings, et al.

103. Sellers, J. *Restructuring in Oregon. Policy and practice.* Washington, DC: American Public Human Services Association, June 2002.

104. The reason for entry into foster care is often subsumed under the catch-all category of "child neglect."

105. See the articles by Allen and Bissell, and Stukes Chipungu and Bent-Goodley in this journal issue.

106. U.S. General Accounting Office. *Foster care: Recent legislation helps states focus on finding permanent homes for children but long-standing barriers remain*. GAO-02-585. Washington, DC: GAO, June 2002.

107. For example, The Child Protection and Alcohol Drug Partnership Act, which was introduced in the 106th, 107th, and 108th Congresses, would provide funds to state child protection and alcohol and drug treatment agencies to jointly address the needs

of children and families that come to the attention of the child welfare system. The proposed legislation would allow funds to be used to increase comprehensive treatment approaches, improve substance abuse screening and assessment, expand aftercare, and enhance training.

108. A description of the Delaware waiver project can be found at http://www.acf.hhs.gov/programs/cb/initiatives/cwwaiver/de1.htm.

109. See note 56, Roberts.

110. See the article by Stukes Chipungu and Bent-Goodley.

111. Knipe, J., and Warran, J. *Foster youth share their ideas.* Washington, DC: Youth Work Resources, California Youth Connection, Child Welfare League of America, 1999.

112. Publication Development Committee, Victims of Child Abuse Project. *Resource guidelines: Improving court practice in child abuse and neglect cases.* Reno, NV: National Council of Juvenile and Family Court Judges, January 1995, pp. 18–19. Available online at http://www.pppncjfcj.org/pdf/Resource_guide/resguide.pdf.

113. U.S. General Accounting Office. *HHS could play a greater role in helping child welfare agencies recruit and retain staff.* GAO-03-357. Washington, DC: GAO, March 2003. Available online at http://i-documentsolutions.net/news/GAO-03-357.pdf.

114. See note 113, U.S. General Accounting Office.

115. See note 113, U.S. General Accounting Office.

116. See note 113, U.S. General Accounting Office.

117. See note 113, U.S. General Accounting Office.

118. For example, in South Carolina the salary of public child welfare caseworkers was nearly double that of private workers. See note 113, U.S. General Accounting Office. Many child welfare social workers leave the field to pursue opportunities in other human services agencies that are less stressful and higher paying. Also, see note 19, Malm, et al.

119. Both California and Kentucky report that these partnerships have been beneficial in building a qualified pool of child welfare workers. See note 113, U.S. General Accounting Office.

120. See note 19, Malm, et al.

# Safety and Stability for Foster Children: A Developmental Perspective

**Brenda Jones Harden**


## SUMMARY

Children in foster care face a challenging journey through childhood. In addition to the troubling family circumstances that bring them into state care, they face additional difficulties within the child welfare system that may further compromise their healthy development. This article discusses the importance of safety and stability to healthy child development and reviews the research on the risks associated with maltreatment and the foster care experience. It finds:

- Family stability is best viewed as a process of caregiving practices that, when present, can greatly facilitate healthy child development.
- Children in foster care, as a result of exposure to risk factors such as poverty, maltreatment, and the foster care experience, face multiple threats to their healthy development, including poor physical health, attachment disorders, compromised brain functioning, inadequate social skills, and mental health difficulties.
- Providing stable and nurturing families can bolster the resilience of children in care and ameliorate negative impacts on their developmental outcomes.

The author concludes that developmentally-sensitive child welfare policies and practices designed to promote the well-being of the whole child, such as ongoing screening and assessment and coordinated systems of care, are needed to facilitate the healthy development of children in foster care.


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Protecting and nurturing the young is a universal goal across human cultures. An abundance of research from multiple fields confirms the importance of the family unit as the provider of safe, stable, and nurturing environments for children. Unquestionably, children who are reared in safe and stable environments have better short- and long-term adjustment than children who are exposed to harmful experiences. Moreover, research demonstrates that children exposed to violent, dangerous, and/or highly unstable environments are more likely to experience developmental difficulties.[1] Children exposed to violence within their homes experience the most deleterious outcomes. For example, children exposed to physical maltreatment often experience impairments in their physical health, cognitive development, academic achievement, interpersonal relationships, and mental health.[2] Erratic, insecure home environments and a lack of continuity and constancy in caregiving are also associated with poor developmental outcomes.

Children in foster care are particularly vulnerable to detrimental outcomes, as they often come into state care due to their exposure to maltreatment, family instability, and a number of other risk factors that compromise their healthy development. Foster children may be witnesses to and victims of family violence, or may not have been supervised or provided for in an appropriate manner. They may have been subjected to the inadequate and impaired caregiving that results from a variety of parental difficulties, such as substance abuse, mental illness, and developmental disabilities. Moreover, these children are predominantly from impoverished backgrounds, a situation that exacerbates the risk factors they experience.

This article examines the research on the importance of safety and stability in the lives of children and in the lives of foster children in particular. Importantly, family stability is defined not as a specific family structure or condition, but rather as a family environment in which caregiving practices provide children with the consistent, nurturing care they need to thrive. The article also discusses the factors in the family and child welfare systems that influence foster children's development. It concludes with recommendations for developing more developmentally-sensitive child welfare policies and practices.

## Family Stability and Healthy Child Development

Child development can be understood as the physical, cognitive, social, and emotional maturation of human beings from conception to adulthood, a process that is influenced by interacting biological and environmental processes. Of the environmental influences, the family arguably has the most profound impact on child development.

Family stability has been defined in many ways in the empirical literature. Traditionally, many researchers defined family stability in terms of factors related to family structure (for example, single parenthood).[3] Specifically addressing the experiences of foster children, other scholars have defined stability as limited movement from home to home.[4] However, exploring the various family processes that pertain to stability may be a more useful means of understanding the specific characteristics of family stability that support healthy child development. For example, parental mental health, stable relationships among caregivers, and positive parenting are cited as markers of family stability.[5] Characteristics of the home environment, such as warmth, emotional availability, stimulation, family cohesion, and day-to-day activities, have also been implicated in the notion of family stability.[6] Children who experience family stability have caregivers who remain constant, consistent, and connected to them over time; caregivers who are mentally healthy and engage in appropriate parenting practices; a cohesive, supportive, and flexible family system; and a nurturing and stimulating home environment. This definition of family stability is not offered as a standard by which to evaluate families in the child welfare system, but rather as an essential goal of child welfare intervention with biological, foster, and adoptive families.

Children are more likely to have trusting relationships with caregivers who are consistent and nurturing, which leads to a number of positive developmental outcomes.[7] (See Box 1.) Moreover, the research suggests that positive and consistent caregiving has the potential to compensate for factors that have a deleterious impact on children, such as poverty and its associated risk factors.[8] In other words, children have much better outcomes if their family lives are stable,

### Box 1

### Family Stability Enhances Developmental Outcomes

**Research has found that family stability can have positive effects on a child's health behaviors and outcomes, academic performance and achievement, social skills development, and emotional functioning.**

- **Health:**
  Children who have consistent and positive relationships with their parents are more likely to have positive health behaviors and lower levels of illness.[a] With regard to accessing health services, stable families are also more likely to obtain well-child care and the appropriate immunizations for their children.[b]

- **Academic:**
  Children with stable relationships with consistent caregivers perform better academically and on achievement tasks and are less likely to repeat a grade or drop out of school.[c]

- **Social/Emotional:**
  Children reared in stable environments are more likely to have positive relationships with peers and more prosocial skills. They are also less likely to have behavioral problems and to be diagnosed with mental illness.[d]

[a] Tinsley, B., and Lees, N. Health promotion for parents. In *Handbook of parenting.* Vol. 4, *Applied and practical parenting.* M. Bornstein, ed. Mahwah, NJ: Lawrence Erlbaum Associates, 1995, pp. 187–204; and Gottman, J., and Katz, L. Effects of marital discord on young children's peer interaction and health. *Developmental Psychology* (1989) 25:373–81.

[b] Hickson, G., and Clayton, E. Parents and their children's doctors. In *Handbook of Parenting.* Vol. 4. *Applied and practical parenting.* M. Bornstein, ed. Mahwah, NJ: Lawrence Erlbaum Associates, 1995, pp. 163–85.

[c] Epstein, J. Effects on student achievement of teachers' practices of parent involvement. In *Advances in reading/language research: Vol. 5. Literacy through family, community and school interaction.* S. Silvern, ed. Greenwich, CT: JAI, 1991, pp. 261–76; and Fehrmann, P., Keith, T., and Reimers, T. Home influences on school learning: Direct and indirect effects of parent involvement on high school grades. *Journal of Educational Research* (1987) 80:330–37.

[d] Ladd, G., and Pettit, G. Parenting and the development of children's peer relationships. In *Handbook of parenting.* Vol. 5, *Practical issues in parenting.* 2nd ed. M. Bornstein, ed. Mahwah, NJ: Lawrence Erlbaum Associates, 2002, pp. 377–409; and Campbell, S. Behavior problems in preschool children: A review of recent research. *Journal of Child Psychology and Psychiatry and Allied Disciplines* (1995) 36(1):113–49.

despite the overwhelming influence of poverty and associated risk factors. Research has also documented that stability in the family unit promotes positive outcomes for children within particular developmental periods (see Box 2).

Conversely, child maltreatment reflects an extreme form of family instability. Data from the National Survey of Child and Adolescent Well-Being (NSCAW), the only large-scale, nationally representative study of foster children, as well as data from other studies, indicate that the majority of children enter the foster care system due to neglect.[9] The next largest group enters the system due to physical abuse, and a smaller number enter due to sexual abuse.[10] Moreover, almost half of children who are maltreated experience more than one type of maltreatment. Thus, many scholars recommend examining the consequences of maltreatment in general, rather than specific types of maltreatment. Nevertheless, a large body of research documents that these forms of maltreatment are associated with adverse outcomes in physical health, brain development, cognitive and language skills, and social-emotional functioning.[11] For example, neglect is associated with a variety of developmental difficulties in childhood, including cognitive, language, and academic delays, poor peer relations, and internalizing (anxiety, depression) and externalizing (aggression, impulsivity) behavioral problems.[12] Physical abuse, in addition to its physical health consequences, has been linked to cognitive delays, aggressive behavior, peer difficulties, posttraumatic stress disorder, and other externalizing and internalizing behavioral problems.[13] Documented consequences of sexual abuse include low academic performance, depression, dissociation, inappropriate sexual behavior, and other high-risk behaviors in later childhood.[14] Emotional maltreatment, which is implicated in all other forms of maltreatment, leads to declines in cognitive and academic functioning, as well as a variety of behavioral problems.[15] The diagnosis of "failure to thrive" is a particularly illuminating health outcome of a problematic family environment. The experience of severe parental emotional unavailability leads to serious growth delays as well as psychological difficulties in young children.[16]

Specific areas of child development research are particularly relevant to a consideration of the impact of family instability on foster children, and on child welfare policy and practice in general. Although the following paragraphs are by no means exhaustive, the research on attachment, brain development, and resilience seems particularly germane to an understanding of the development of foster children.

## Attachment

The capacity of maltreated children to attach to caregivers has been a key concern and has been widely studied among child welfare experts. Attachment can be defined as the enduring emotional bond that exists between a child and a primary caregiver, who could be a biological parent or an unrelated caregiver. Most children are securely attached to their caregivers: They look to their caregivers for comfort when distressed and are able to explore their environment because of the security they feel in their relationships with their caregivers. Alternatively, due to the uncertainty they feel in their relationships with their caregivers, insecurely attached children may not be adequately consoled by their caregivers or able to explore their environments. Children reared by caregivers who are inconsistent or demonstrate inadequate parenting practices are much more likely to be insecurely attached, or to have a disordered attachment.[17]

Attachment disorders, which lead to the most problematic outcomes for children, include those in which children have disrupted attachments to their caregivers, display overly vigilant or overly compliant behaviors, show indiscriminate connection to every adult, or do not demonstrate attachment behaviors to any adult. Children with insecure, "disordered" or "disorganized" attachments may also have many other adverse outcomes that persist throughout childhood, such as poor peer relationships, behavioral problems, or other mental health difficulties.[18]

Maltreated children are often exposed to inconsistent and inadequate parenting and, as a result, may experience difficulty in forming healthy attachments. Some studies suggest that upwards of three-quarters of maltreated children have disordered attachments, but that the proportion may diminish with age.[19] The limited empirical work on attachment in foster children suggests that they are more likely than nonfoster children to have insecure and disorganized attachments. How-

## Box 2

### Family Stability and Developmental Milestones

**Infants and Toddlers**

Infancy is a time of extraordinary growth across developmental domains. Children reared in stable environments are more likely to successfully accomplish the two social-emotional milestones of this period: attachment to a primary caregiver and the emergence of an autonomous self (that is, the child explores his or her own goals independently from a caregiver). The development of language and emotional expression are also supported through positive relationships with stable caregivers. These early milestones set the foundation for positive development throughout childhood.

**Preschool**

During the preschool period, major developmental milestones include self-regulation and the emergence of morality, both of which are strongly linked to the internalization of adult standards and behaviors.[a] Preschool-age children whose parents provide them with consistent modeling and guidance about how to express and modulate their emotions demonstrate enhanced self-regulation, which is generally defined as the capacity to adapt emotions to a level that allows the individual to achieve a desired goal.[b] Additionally, children who learn about fairness, justice, acceptable behavior, and interpersonal problem solving from caring adults demonstrate more advanced social and moral development.[c]

**Middle Childhood**

Functioning well in the formal school environment, interacting appropriately with peers, and regulating one's own behavior are the major developmental goals of the middle childhood years. Research has documented that consistent and positive caregiving is related to academic achievement, relationships with teachers, and engagement in the school.[d] Similarly, positive peer relationships during middle childhood, including friendships and prosocial behavior (for example, positive social behavior without expectation of reward), are related to school-age children's experiences of positive parenting.[e] Consistent, nurturing parenting is also implicated in children's capacity to comply with rules and behave appropriately in the absence of an adult.[f]

**Adolescence**

Adolescents are occupied with forging an identity, separating from their family systems, and planning for the future. Research suggests that these developmental tasks are best accomplished when children have had solid relationships with caregivers who have balanced the adolescents' need for separation with their need to rely on their caregivers for concrete and emotional support.[g] Another strand of research indicates that risky behaviors prevalent during adolescence are less likely among adolescents who have long-term, nurturing, minimally conflictual relationships with their caregivers.[h]

[a] Turiel, E. The development of morality. In *Handbook of child psychology.* Vol. 3, *Social, emotional and personality development.* W. Damon, ed. New York: Wiley & Son, 1997, pp. 863–932.

[b] Cassidy, J. Emotion regulation: Influences of attachment relationships. *Monographs of the Society for Child Development* (1994) 59(2–3):228–83; Denham, S. *Emotional development in young children.* New York: Guilford, 1998.

[c] Kochanska, G. Children's temperament, mothers' discipline and security of attachment: Multiple pathways to emerging internalization. Child Development (1995) 66:597–615.

[d] Conners, L., and Epstein, J. Parent and school partnerships. In *Handbook of parenting.* Vol. 4, *Applied and practical parenting.* M. Bornstein, ed. Mahwah, NJ: Lawrence Erlbaum Associates, 1995, pp. 437–58.

[e] Cassidy, J., Kirsh, S., and Scolton, K. Attachment and representations of peer relationships. *Developmental Psychology* (1996) 32(5):892–904; and Ladd, G., and Pettit, G. Parenting and the development of children's peer relationships. In *Handbook of parenting.* Vol. 5, *Practical issues in parenting.* 2nd ed. M. Bornstein, ed. Mahwah, NJ: Lawrence Erlbaum, 2002, pp. 377–409.

[f] See note c, Kochanska.

[g] Eccles, J., Early, D., Frasier, K., et al. The relation of connection, regulation and support for autonomy to adolescents' functioning. *Journal of Adolescent Research* (1997) 12(2):263–86.

[h] Forehand, R., Miller, K., Dutra, R., and Chance, M. Role of parenting in adolescent deviant behavior: Replications across and within two ethnic groups. *Journal of Consulting and Clinical Psychology* (1997) 65(6):1036–41.

ever, the psychological and environmental characteristics of their foster families can influence the type of attachments they have to their caregivers. In addition, research on the impact of institutionalization (that is, placement in orphanages or large-group foster care settings) on children suggests that children with multiple caregivers are more likely to display insecure attachments and indiscriminate friendliness.[20]

### Brain Development

With the advent of less-invasive and less-expensive techniques for examining brain structure and function, contemporary developmental researchers have begun to investigate developmental processes at the level of the brain. A major conclusion derived from this research is that although children's experiences during the first three years of life are critical to brain development, the brain remains plastic even after infancy.

Although the existing research suggests diverse outcomes, scholars have documented that young children exposed to trauma (for example, maltreatment and other forms of violence) are more likely than children who have not been exposed to trauma to experience physiologic changes at the neurotransmitter and hormonal levels (and perhaps even at the level of brain structure) that render them susceptible to heightened arousal and an incapacity to adapt emotions to an appropriate level.[21] This emotional state increases their sensitivity to subsequent experiences of trauma and impairs their capacity to focus, remember, learn, and engage in self-control.[22]

In addition, the research on institutionalized children indicates that institutionalization and other adverse early experiences (for example, having multiple caregivers and being held and stimulated less) may affect brain structure and activity.[23] Findings from these studies suggest that the timing and duration of institutionalization are important. Better outcomes were noted in children who were adopted from institutions prior to their second birthdays.[24]

One study directly assessed the brain functioning of children in foster care using the popular method of examining levels of cortisol, the hormone produced in response to stress in humans.[25,26] Children who are exposed to high levels of stress show unusual patterns of cortisol production.[27] Foster children exhibited unusually decreased or elevated levels of cortisol compared to children reared by their biological parents.[28] Such findings are consistent with the literature, which points to the importance of the parent-child relationship in buffering the stress responses of children.

### Resilience

The work on resilience is particularly relevant for foster children because it examines the factors that allow some children faced with severe adversities to "overcome the odds" and become successful at a variety of developmental and life-adjustment tasks.[29] Several characteristics of children and their environments may compensate for the high-risk situations with which they must contend, leading to more positive outcomes. These protective factors include child IQ, temperament, and health, as well as a warm parental relationship, engagement with school, and support outside the family (such as a mentor). Although the research on resilience in foster children specifically is sorely lacking, studies of maltreated children suggest that maltreated children who exhibit resilience have high cognitive competence, self-esteem, and ego control (including flexibility, planfulness, persistence, and reflection).[30] Thus, foster children, who have an increased likelihood of experiencing multiple risk factors such as poverty, maltreatment, and separation from family of origin, may have more positive outcomes if they are fortunate enough to also experience protective factors.

In summary, children in stable family environments are likely to experience positive, engaged parenting and to have positive developmental outcomes. By contrast, children in foster care have often experienced family instability and other types of maltreatment that compromise their healthy development. However, providing safe, stable, and nurturing homes for these children may lessen the harmful effects of their experiences by exposing them to protective factors that can promote resilience.

## Developmental Outcomes of Children in Foster Care

Overall, the existing research suggests that children in foster care have more compromised developmental outcomes than children who do not experience place-

**Foster care placement and the foster care experience more generally are associated with poorer developmental outcomes for children.**

ment in foster care.[31] However, there is considerable variability in the functioning of foster children, and it is difficult to disentangle the multiple preplacement influences on foster children from those that result from the foster care experience itself. Children in foster care are biologically vulnerable to many poor developmental outcomes, due to genetic factors, prenatal substance exposure, and other physical health issues. Many of these children experienced trauma prior to foster care entry, which has been documented to have a major impact on children's outcomes across developmental domains.

Additionally, many scholars argue that the risk factor leading to negative outcomes is not foster care per se but the maltreatment that children experience beforehand. For example, in the NSCAW study, foster children with experiences of severe maltreatment exhibited more compromised outcomes.[32] Other scholars suggest that foster care may even be a protective factor against the negative consequences of maltreatment.[33] Similarly, it has been suggested that foster care results in more positive outcomes for children than does reunification with biological families.[34] Further, some studies suggest that the psychosocial vulnerability of the child and family is more predictive of outcome than any other factor.[35] Despite these caveats, the evidence suggests that foster care placement and the foster care experience more generally are associated with poorer developmental outcomes for children.

### The Foster Care Experience and Developmental Outcomes

Many studies have pointed to the deleterious impact of foster care on children's physical health, cognitive and academic functioning, and social-emotional well-being. In the area of physical health, pediatric and public health scholars have documented that foster children have a higher level of morbidity throughout childhood than do children not involved in the foster care system. First, foster children are more likely to have perinatal experiences that compromise their physical health and overall development. For example, there has been a dramatic increase in the number of children entering foster care due to prenatal substance exposure.[36] The negative effects of substance exposure on the fetus and developing child have been extensively documented, although scholars emphasize the variability in outcomes as well as the contribution of multiple ecological factors to outcome.[37]

Foster children are also more likely to have growth abnormalities and untreated health problems.[38] Despite the trend in these data, some scholars have suggested that the negative health outcomes attributed to foster children are not distinct from those found among children living with their impoverished biological families. Although scholars have highlighted the fragmented system of health care for foster children, they also acknowledge an increased sensitivity to foster children's medical issues on the part of health care providers.[39]

In the area of cognitive and academic functioning, NSCAW documented that the majority of foster children scored in the normal range on cognitive and academic measures, although a higher proportion than would be expected in the general population were found to have delayed cognitive development and compromised academic functioning. For example, findings from NSCAW indicate that more than one-third of infants and toddlers in the One-Year Foster Care Sample and one-half in the Child Protection Sample scored in the delayed range on a developmental screener. In both samples, 7% of school-age children scored in the clinical range on a cognitive test, and 13% scored in the delayed range on a language test.[40] These data corroborate findings from smaller studies that point to developmental and cognitive delays in this population of children.[41] However, foster children scored in the same ranges as similarly high-risk children who were not in out-of-home placement (for example, children in poverty).

Regarding academic achievement, some studies have found that foster children perform more poorly on academic achievement tests, have poorer grades, and have higher rates of grade retention and special education placement.[42] The poorer academic functioning of foster children may not be attributable to their foster care

experiences per se but to their *pre*–foster care experiences such as poverty and maltreatment. Additionally, lower school attendance of foster children due to placement instability may be a contributor to their poor school functioning.

On social-emotional measures, foster children in the NSCAW study tended to have more compromised functioning than would be expected from a high-risk sample.[43] Moreover, as indicated in the previous section, research suggests that foster children are more likely than nonfoster care children to have insecure or disordered attachments, and the adverse long-term outcomes associated with such attachments.[44] Many studies of foster children postulate that a majority have mental health difficulties.[45] They have higher rates of depression, poorer social skills, lower adaptive functioning, and more externalizing behavioral problems, such as aggression and impulsivity.[46] Additionally, research has documented high levels of mental health service utilization among foster children[47] due to both greater mental health needs and greater access to services. Some scholars suggest that the poor mental health outcomes found in foster children are due to a variety of factors beyond their foster care experiences. These children may be biologically predisposed to mental illness and may have experienced traumas that have set them on a path of mental health difficulty.[48]

### Placement Characteristics and Developmental Outcomes

The type of placement and the stability of that placement influence child outcomes. Research has shown that the majority of foster children are placed in foster families. A rapidly growing trend is the kinship placement of children. For example, in the NSCAW study, 58% of children who had been in foster care for one year were placed in nonrelative foster care, and 32% were placed in kinship care. The existing research on the effects of kinship care on child developmental outcomes are mixed. Some studies have documented that children in kinship care tend to have higher functioning than those in unrelated foster homes, but this may be a function of their being better off prior to placement with kinship care providers.[49] Another study, however, found that adults who had longer durations of kinship care as children had poorer outcomes than those who were in unrelated foster care.[50]

A much smaller proportion of children in the NSCAW study (9%) were placed in group homes or residential care. Such placements are more often used for adolescents and children with serious mental or physical health difficulties.[51] Overall, the evidence suggests that group home placement is deleterious to children.[52] Children in group care in the NSCAW study had poorer developmental outcomes than their counterparts in family environments, but they also had more intense needs at placement entry.[53] In a study comparing young children reared in foster family homes to those in group homes, children in group care exhibited more compromised mental development and adaptive skills but similar levels of behavioral problems.[54]

The research also suggests that placement instability is associated with negative developmental outcomes for foster children. Changes in placement or disruption rates are related to the length of the child's foster care stay,[55] the age of the foster child, and the functioning of the foster child (for example, mental health).[56] The quality of the parent-child relationship and the caseworker-foster parent relationship also influences placement stability. Most foster children experience only one to two placements. However, report data indicate that one-third to two-thirds of foster care placements are disrupted within the first two years.[57]

The type of placement also contributes to placement stability.[58] Children in kinship care tend to experience more stability (that is, fewer placement disruptions),[59] although high disruption rates are found in kinship situations with vulnerable children and/or families.[60] Placement stability for children in group care varies depending on child age and needs. For example, adolescents in group care typically have more stable placements than younger children. In contrast, very young children in group care experience a higher number of moves due to attempts to secure less-restrictive placements for them.[61]

It is difficult to disentangle whether placement stability predicts developmental outcomes or if children with developmental difficulties are more likely to experience multiple placements. For example, one study suggests that children's developmental delays may lead to multiple placements and also may be a consequence of multiple placements.[62] Further, most studies examin-



ing the effects of placement instability are not methodologically rigorous. Nevertheless, many studies suggest that placement instability leads to negative outcomes for children. Children in the NSCAW study with multiple placements had more compromised outcomes across domains than children who experienced greater placement stability.[63] In another study of a large group of foster children, the number of placements children experienced predicted behavioral problems 17 months after placement entry.[64] Other studies have reported that placement instability is linked to child behavioral and emotional problems, such as aggression, coping difficulties, poor home adjustment, and low self-concept.[65] Relatedly, children's perceptions of the impermanency of their placements have also been linked to behavioral difficulties.[66]

## A Developmental-Ecological Approach

This brief review of the developmental literature suggests that the development of children in foster care can be enhanced with more stable environments in which to grow. "Ecological theory," as advanced by renowned developmental psychologist Urie Bronfenbrenner, emphasizes the multiple, interdependent "ecologies," or environmental systems, in which children develop.[67] In this theory, which has been tested and confirmed by numerous studies, the most important ecologies for children are the "microsystems"—those ecologies that contain the direct relationships children have with caring adults. To ensure that children in foster care experience greater stability and optimal developmental outcomes, it is incumbent upon the child welfare system to provide them with supportive microsystems. In other words, it is essential that the child welfare system provide foster children with protective and nurturing caregiving from substitute families when their biological parents cannot provide the safety and stability they need.

### Creating Healthy Family Environments for Children in Care

The research presented above argues compellingly for continuity, constancy, and nurturance in the caregiving environments of children in foster care. Children reared in a high-quality caregiving ecology are set on a positive developmental path that has the potential to produce long-term positive outcomes.[68] Already vulnerable from the experiences of maltreatment and other environmental risk factors (for example, poverty and its associated stressors), the development of foster children is further compromised if they experience more trauma and instability while in care. Thus, sub-

stitute families best meet their needs if they are able to nurture and commit to these children over the long term. Unfortunately, research on foster care suggests that a significant proportion of foster families have parenting difficulties,[69] which may hinder their capacity to provide stable experiences for foster children. Although the experience is not commonplace, foster children are also maltreated by their foster parents.[70] The association between problematic parenting behaviors and the social-emotional maladjustment of foster children has been documented in several studies.[71]

An understanding of general child development and the child's individual developmental needs is crucial to understanding the type of caregiving foster children need. For example, the recognition that children in foster care often have achievement difficulties could promote the provision of more stimulating home environments. Some studies have examined the quality of the home environments of foster families, particularly their provision of stimulation and emotional responsiveness. One study found considerable variability in the quality of the home environments; higher-quality environments were found with families who had increased economic resources.[72] Another study also found variability in the home environments foster children experience and reported that unrelated foster parents had higher-quality home environments than kinship foster parents.[73] In this same vein, foster children need caregivers who can work with child welfare agencies to ensure that children's individual needs are met by the child welfare system and other social institutions charged with meeting these needs. Research has shown that foster parents who view themselves as part of an agency team with a goal of meeting the needs of children have more successful placements.[74]

Foster families also need to empathize with children's needs and experiences, such as early exposure to trauma and other risk factors. Empathy with maltreated children can play a major role in their social-emotional outcomes.[75] Foster parents must acknowledge and respect the multiple family ties foster children have. Children often feel connected to former foster parents and biological parents, which may bear on their ability to connect to current caregivers. Kinship foster parents have been documented to be more accepting of these other attachment relationships and, as a result, report better relationships than nonrelated foster parents with the children in their care.[76] Finally, an awareness and acceptance of one's racial or ethnic heritage is essential for developing a healthy sense of identity. Foster families must be sensitive to the need for children of different racial and ethnic backgrounds in their care to explore and celebrate their cultural heritage and traditions (see Box 3).

## Creating Developmentally-Sensitive Child Welfare Agencies

Although ecological theory places primacy on the child's relationship with the caregiver, the larger ecologies that children indirectly experience contribute significantly to their outcomes. For foster children, the child welfare system is probably the ecology beyond the family with the greatest impact on their outcomes. The literature presented in this article presents a compelling argument for a twofold strategy to promote positive developmental outcomes in foster children: policy and practice to promote family stability; and policy and practice to specifically meet the developmental needs of children.

Despite the intuitive sensibility of such a twofold strategy, incorporating it into the child welfare service sector has many inherent challenges. First, the child welfare system has historically been concerned with shaping the experiences of children, not their functioning. Thus, the system focuses on outcomes relevant to safety and permanency, not to developmental outcomes. Services are established accordingly and are generally not designed to specifically promote the well-being of children. For example, the notion of prevention in child welfare refers to averting child placement within the foster care system, whereas prevention from a developmental perspective may have a goal of optimizing child functioning. These conceptual and service tensions reflect the vastly different perspectives of the child development and child welfare fields. An integration of the tenets of both fields is necessary to ensure that the needs of foster children are adequately addressed.

### Child Welfare Policies

Shortening the time children spend in foster care by encouraging permanent placement has been the primary thrust of policies designed to ensure family sta-

## Box 3

### Racial/Ethnic Identity Development

Due to the disproportionate representation of minority children in foster care[a] and the practices that occur because of that overrepresentation (for example, transracial placement), the development of racial and ethnic identity for children in care is an important consideration for the field of child welfare. Racial/ethnic identity has been defined as a complex set of thoughts, feelings, and behaviors that emanate from one's membership in a particular racial or ethnic group.[b] Scholars suggest that racial and ethnic identity formation is an important developmental task for children from preschool through adolescence.

The developmental literature documents that the preschool period marks the beginning of children's understanding of racial and ethnic differences. A particularly controversial set of studies conducted over the last half century has examined racial identity and self-esteem among preschool children.[c] These studies suggest that minority preschool children have internalized societal perceptions of the lower status of their own and other racial minority groups, yet the children maintain feelings of high self-esteem. Other research underscores the importance of parental racial socialization in promoting positive racial identity in preschool children[d] and its relationship to favorable child outcomes.[e]

In middle childhood, children tend to grapple with racial and ethnic distinctions through questions about ethnic/racial groups, particularly their own reference group. During this period, they also begin to show a preference for their own ethnic/racial group,[f] which is primarily attributed to their cognitive advancement. Other evidence indicates that racial discrimination and a lack of community ethnic identification negatively impact developmental outcomes for minority school-age children.[g]

The preponderance of research on racial/ethnic identity development has been conducted with adolescents because identity formation is seen as a significant developmental task for this group of children. Adolescents demonstrate their burgeoning racial/ethnic identity through same-race friendships and overt references to racial and ethnic pride.[h] Those with a strong sense of ethnic identity display positive perceptions of and connections to their ethnic groups. Some research suggests that ethnic identity is a "protective" factor for these adolescents, which may positively influence their psychological well-being.[i]

At each stage of development, racial and ethnic identity formation plays a critical role in helping a child develop a healthy sense of self and collective belonging. Children of color in foster care are often placed in homes with families of different racial and/or ethnic backgrounds, thus they face unique challenges in the process of identity formation. (See the article by Stukes Chipungu and Bent-Goodley in this journal issue for further discussion of the developmental challenges of children of color in foster care.)

[a] Courtney, M., Barth, R., Berrick, J., et al. Race and child welfare services: Past research and future directions. *Child Welfare* (1996) 75:99–137; and Barth, R. The effects of age and race on the odds of adoption versus remaining in long-term out-of-home care. *Child Welfare* (1997) 76:285–308.

[b] Helms, J. The conceptualization of racial identity and other "racial" constructs. In *Human diversity: Perspectives on people in context*. E. Trickett, ed. San Francisco, CA: Jossey-Bass, 1994, pp. 285–311; and Rotheram, M., and Phinney, J. Introduction: Definitions and perspectives in the study of children's ethnic socialization. In *Children's ethnic socialization: Pluralism and development*. Vol. 81, Sage focus editions series. J. Phinney and M. Rotheram, eds. Newbury Park, CA: Sage Publications, 1987, pp. 10–31.

[c] Clark, K., and Clark, M. Skin color as a factor in racial identification of Negro preschool children. *Journal of Social Psychology* (1940) 11:156–69; and Spencer, M., and Markstrom-Adams, C. Identity processes among racial and ethnic minority children in America. *Child Development* (1990) 61(2):290–310.

[d] Caughy, M., O'Campo, P., Randolph, S., and Nickerson, K. The influence of racial socialization practices on the cognitive and behavioral competence of African-American preschoolers. *Child Development* (2002) 73(5):1611–25.

[e] Branch, C., and Newcombe, N. Racial attitude development among young Black children as a function of parental attitudes: A longitudinal and cross-sectional study. *Child Development* (1986) 57:712–21.

[f] Murray, C., and Mandara, J. Racial identity development in African American children: Cognitive and experiential antecedents. In *Black children: Social, educational, and parental environments*. 2nd ed. H. McAdoo, ed. Thousand Oaks, CA: Sage Publications, 2002, pp. 73–96.

[g] Johnson, D. Parental characteristics, racial stress, and racial socialization processes as predictors of racial coping in middle childhood. In Forging links: *African American children—clinical developmental perspectives*. A. Neal-Barnett, J. Contreras, and K. Kerns, eds. Westport, CT: Praeger, 2001, pp. 57–74.

[h] Phinney, J., and Tarver, S. Ethnic identity search and commitment in Black and White eight graders. Journal of Early Adolescence (1988) 8(3):265–77.

[i] Phinney, J. Ethnic identity in adolescents and adults: Review and integration. *Psychological Bulletin* (1990) 108:499–514; and Phinny, J., and Rosenthal, D. Ethnic identity in adolescence: Process, context, and outcome. In *Adolescent identity formation*. Vol. 4, *Advances in adolescent development* series. G. Adams, T. Gullotta, and R. Montemayor, eds. Newberry Park, CA: Sage Publications, 1992, pp. 145–72.

bility for children in foster care. The Adoption and Safe Families Act (ASFA) and the Adoptions Assistance and Child Welfare Act (AACWA) have resulted in lower rates of foster care entry and shorter stays in foster care (see the article by Allen and Bissell in this journal issue for a more detailed discussion of these policies). Practices such as expedited permanency hearings and concurrent planning (that is, simultaneously working toward a child's return home and placement in another permanent home) have also increased the numbers of foster children who experience permanency. Permanency has also been achieved by increasing the numbers of children who are placed in adoptive homes, a trend that began in the years following AACWA and continued with the passage of ASFA. Specialized recruitment efforts, more frequent termination of parental rights, and incentives for adoptive parents have served to increase the number of adoptive homes for children. (See the article by Testa in this journal issue.)

Although the aforementioned legislation and policy emphasize the goal of family reunification as much as that of adoption, the number of children who are returned to their biological parents has not risen appreciably.[77] Policy advocates assert that the lack of funding for intensive reunification efforts has been a major hindrance to this work. Others suggest that the permanency time limits imposed by ASFA are unrealistic when applied to families whose children are in the foster care system, given their chronic and complex needs. (See the articles by Stukes Chipungu and Bent-Goodley, and by Wulczyn in this journal issue.)

An increasing number of children are being returned to their extended family systems, either in guardianship or foster care status. Some jurisdictions are even making headway convincing relatives to adopt these children. (See the article by Testa in this journal issue.) The literature on these placements suggests that although kinship families are much more vulnerable than unrelated foster families, children living with relatives are more likely to remain in the same placement and to have longer durations in foster care.[78] Given the large numbers of kinship placements occurring across the United States, it would behoove the child welfare system to provide supportive services to these vulnerable kinship families to enable them to provide quality care to the children in their care (see the article by Geen in this journal issue). All these policies should be

**It is imperative that the child welfare system move beyond a singular focus on safety and permanancy and that it promote the well-being of children in custodial care.**

implemented in the context of their impact on foster children's short- and long-term development.

**Child Welfare Practices**

As a result of ASFA, child well-being is now a performance measure by which state and local child welfare systems will be assessed. However, there is a lack of consensus and clarity on what outcomes demonstrate achievement of the goal of promoting child well-being, to what extent the child welfare system should be responsible for this goal, and what strategies should be utilized to measure child well-being.[79] Given the multiple needs of foster children, it is imperative that the child welfare system move beyond a singular focus on safety and permanency and that it promote the well-being of children in custodial care.

Scholars who have documented the increased rates of health problems, developmental delays, and mental health difficulties in foster children call for universal, ongoing screening and assessment for the "whole" child.[80] In other words, foster children should be assessed for physical, developmental, and mental health problems at foster care entry and then periodically while they are in care. Obviously, a follow-up goal of these assessments should be appropriate intervention for whatever health or developmental needs the children are found to have.[81] Some scholars assert that early intervention and school support for foster children should be routinely offered as a preventive measure.[82]

Given the high rates of mental health difficulties in foster children, appropriate mental health intervention is essential. Preventive approaches designed to promote social skills, self-regulation, and coping in high-risk children have been found to result in positive outcomes.[83] Similarly, interventions to help foster parents support the emotional needs of their foster children have met with success.[84] More targeted intervention services, such as group therapy for foster children with behavioral problems,[85] also have been found to be effective.

Research has documented that foster children are also major consumers of traditional mental health services (for example, individual play therapy and family therapy), much of which is paid for by child welfare dollars as opposed to mental health dollars.[86] However, more evidence is needed regarding the quality of these services. For example, the mental health provider's experience with foster children may increase effectiveness. Additionally, the therapist's willingness and ability to address issues unique to foster children (for example, managing the loss and relationship complexity associated with multiple caregivers) are important factors.

Foster children also need support in negotiating the multiple transitions and family ties that they will experience in foster care. Systemic supports can be established to help children manage these issues. These supports include therapeutic visitation experiences with biological parents, siblings, and other family members; building connections between former and current caregivers; and providing children with "Lifebooks" and other concrete transitional items.[87,88]

Finally, the child welfare system has an obligation to ensure continuity between the various supports that foster children receive. This can be done through a coordinated system of care that is sufficiently flexible to address the individual needs of the child; is comprehensive so that the needs of the "whole" child can be met; places a priority on responding immediately to the vulnerable families of foster children; and ultimately avoids duplication of effort and funds. With the child welfare system at the helm, this type of service network will not only enhance the well-being of foster children and families but will enhance public service delivery in this arena as well.

## Conclusion

Children in foster care traverse a challenging journey through childhood, with many obstacles to their optimal development. Many have experienced compromised prenatal environments, maltreatment prior to foster care, or multiple moves while in foster care.

The impact of these experiences on their development can be devastating over the short and long term. However, as with other children at environmental risk, a stable, nurturing family environment can protect foster children against the negative effects of these experiences.

The child welfare system, and its policymakers and practitioners, must ensure safe and stable family environments for children in foster care. Ensuring that each foster child receives a permanent home is a major step toward this goal, but it is not sufficient. The implementation of high-quality programs that document effectiveness in promoting positive family experiences for foster children is essential. In order to create "harm-free, effective environments" for foster children, child welfare systems must provide support and training to foster parents, establish a well-specified model of care to promote child well-being, focus on the positive behaviors of caregivers and children, and create consumer-oriented services that respond specifically to child and family needs.[89]

Although the field continues to debate the relative merits of foster care for children, the fact remains that upwards of half a million American children experience this social service at any given time. As adults who are responsible for the protection and nurture of the young of our species, we have an obligation to ensure that this very vulnerable group of children has the needed opportunities for developmental progress. This should be achieved through appropriate child-centered interventions, as well as through support for the families who care for foster children, whether they are biological parents or relatives, or foster or adoptive caregivers. To paraphrase the eloquent words of Bronfenbrenner, children's development is dependent upon reciprocal activity with others with whom they have a strong and enduring bond, and who are engaged in their developmental progress.[90] The system of child welfare can be engaged in no better developmental enterprise than enhancing its support of these strong, enduring relationships with the ultimate goal of optimizing the development of both children and families in the foster care system.

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# Safety and Stability for Foster Children: The Policy Context

MaryLee Allen and Mary Bissell


## SUMMARY

Even though federal laws have had a major influence on foster care and child welfare policy for more than 40 years, additional reforms are needed to ensure safe and stable families for children in care. This article describes the complex array of policies that shape federal foster care and observes:

- A number of federal policies addressing issues such as housing, health care, welfare, social security benefits, taxes, and foster care reimbursement to the states, form the federal foster care policy framework.
- The Adoption and Safe Families Act significantly altered federal foster care policy by instituting key changes such as defining when it is reasonable to pursue family reunification, expediting timelines for making permanency decisions, recognizing kinship care as a permanency option, and providing incentives to the state for increasing the number of adoptions.
- Courts play a key and often overlooked role in achieving safety and permanency for children in foster care. Efforts to improve court performance have focused on increasing the responsiveness and capacity of courts.

The article concludes with policy recommendations that are needed to improve the lives of children in foster care, such as increasing investments in children and families, redirecting funding incentives, addressing service gaps, and enhancing accountability.


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The national policy framework that influences the placement, care, and protection of children in foster care, and that helps ensure that these children end up in safe and stable families, continues to evolve after more than four decades of development. The foster care policy framework, as discussed here, includes the complex constellation of federal and state laws, regulations and administrative guidance, and the funding structure that impacts how these policies are implemented. The framework is influenced by how courts and agencies interpret laws and regulations and how grassroots advocates, lawyers, and other key stakeholders see these laws and regulations fitting into larger systemic reforms. In assessing the many pieces of the policy framework and their impact on safe and stable homes for children in foster care, it is especially important to look at the interaction of these various componenets.

The purpose of this article is to describe the policy framework that shapes foster care, its impact on key decisions about safe and stable homes for children, and the major policy carriers that remain to improving foster care. The article concludes with a discussion of what further policy reforms are needed to keep maltreated children in safe and stable homes.

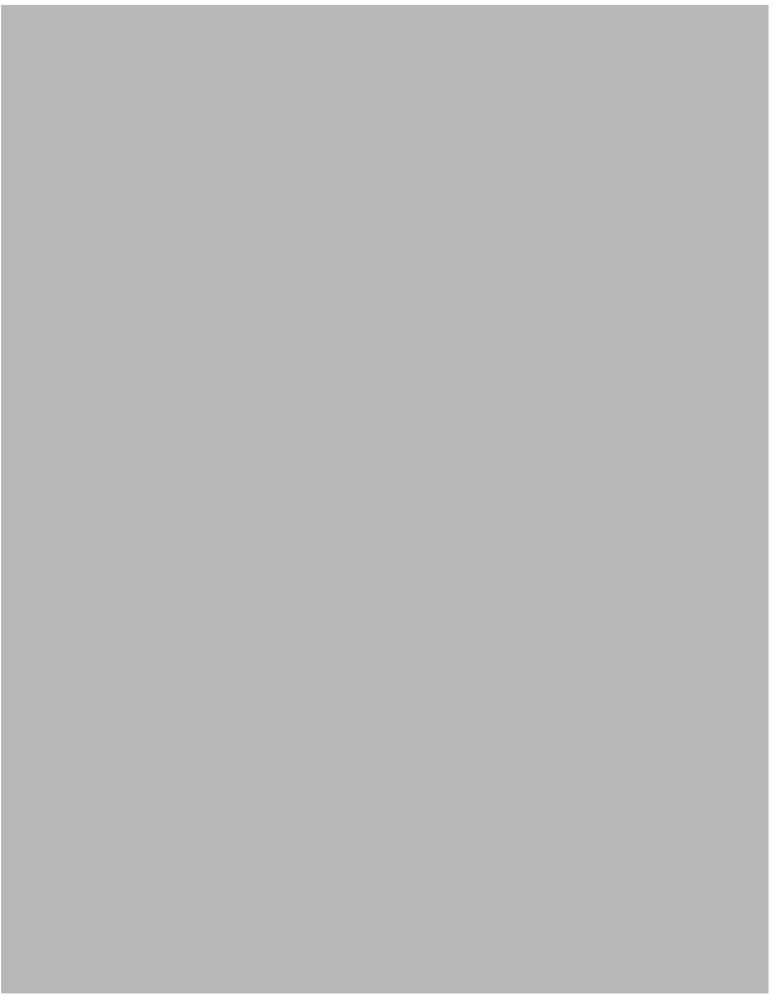
## The Current Policy Framework

Federal law has had a major influence on the foster care and child welfare policy framework for more than 40 years.[1] But there was no federal foster care program until 1961, when the Aid to Families with Dependent Children (AFDC) Foster Care Program was established to care for children who could not safely remain with their families receiving AFDC.[2] Nearly 20 years then passed before Congress undertook a comprehensive look at the general structure of federal funding for children who were abused and neglected. Congress was responding to both national and state reports documenting the crisis in child welfare systems and the disincentives in federal law to maintain or find new permanent homes for children and to hold states accountable for the care children received.[3] Up until that time, there had been only perfunctory case reviews of children in care and little attention to tracking the progress of children. But in 1980, a new framework for foster care was created with passage of the Adoption Assistance and Child Welfare Act (AACWA). Since then, several pieces of legislation building on this basic framework have been enacted—most notably, the Adoption and Safe Families Act of 1997 (ASFA). (See the Appendix at the end of this article for a chronology of major child welfare legislation.)

### Establishing the Principles

The federal policy framework creating foster care, as it is known today, was established through AACWA in 1980.[4] That act continued federal funding for foster care for children from AFDC-eligible families, with enhanced protections to help ensure that children entered foster care only after "reasonable efforts" to prevent placement were made. The act also required agencies to place foster children in the least restrictive, most familylike setting appropriate to the child's special needs, to periodically review children's care and make "reasonable efforts" to reunify children with their families, and to hold dispositional hearings to help move foster children to permanent families in a timely fashion. Children eligible for federal foster care also automatically became eligible for federal adoption assistance payments and for assistance under the Medicaid program. This assistance was particularly significant for children in foster care because it removed fiscal disincentives for state child welfare agencies to move children to adoption and allowed states to continue medical and other assistance for them.

AACWA was preceded by several other child welfare laws, which filled in pieces of the framework. For example, in 1974, the Child Abuse Prevention and Treatment Act required states to mandate reporting of suspected child abuse and neglect cases to child protective service agencies.[5] In 1978, the Indian Child Welfare Act made it more difficult to remove an Indian child from the birth family and place him or her in foster care.[6] Other early legislation also reinforced the need to prevent the inappropriate institutionalization of children and to promote less-restrictive placements. For example, the Juvenile Justice and Delinquency Prevention Act of 1974 prohibited the placement of abused and neglected, dependent children and/or status offenders (children charged with offenses that would not be crimes if they were adults) in juvenile



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detention or correctional facilities.[7] At or around the same time, legislation was enacted addressing the rights of children with disabilities. (See the Appendix at the end of this article.)

The principles established by federal law in the mid- to late 1970s and early 1980s still shape the protections offered to children in foster care today. They also encourage states to improve the quality of foster care placements and to provide more appropriate alternatives for children who cannot remain with their families. After AACWA was passed, for example, most states enacted legislation requiring case plans and periodic reviews for children in care, specifying that reasonable efforts had to be made to prevent placements in foster care, and promoting reunification and other permanency options in a timely fashion.

## Building on the Past

From the mid-1980s through the 1990s, the federal government took important steps to confront the challenges facing children in foster care. Some of these advances fixed problems caused by earlier policies. Others addressed concerns that had not even been recognized when the earlier legislation was enacted. For example, between 1984 and 1999, child welfare legislation built upon prior foster care policies to place more attention on older youths, services to prevent children from entering or remaining in care unnecessarily, and the unique permanency challenges faced by children of color in foster care.

### Older Youths

In 1986, Congress passed the Independent Living Initiative, which offers help to young people aging out of foster care, a group whose needs had been barely recognized up until that time.[8] In part, congressional attention to the specific needs of teenagers in foster care was prompted by the passage of AACWA. The regular agency reviews of foster care cases required by the act highlighted the unmet needs of older youths, finding that these youths frequently left care without appropriate housing, education, and vocational supports to help them transition into adulthood.

The Independent Living Initiative was gradually expanded, until it was replaced in 1999 by the John H. Chafee Foster Care Independence Program.[9] The Chafee program was seen as a catalyst for broader policy reforms on behalf of these young people.[10] Funding was increased and, for the first time, a portion of the federal independent living funds could be used for room and board for young people ages 18 to 21 who were leaving foster care. Young people formerly in foster care played an important role in the enactment of the Chafee program and continue to be involved in getting it implemented in the states. (See the article by Massinga and Pecora in this journal issue.)

### Preventive Services

Gaps in preventive services also gained attention in the 1990s. Until that time, only limited funding had been provided to support families before they came into contact with the child welfare system; to offer alternatives to placement for families in crisis, when children could be kept safely at home; or to assist with safe

**For the first time in federal law, ASFA made explicit that a child's health and safety must be paramount in decision making....**

reunification for children who were placed in foster care. In 1993, in response to claims that the open-ended federal funding for children in foster care actually created an incentive to place children in foster care and keep them there, Congress created the Family Preservation and Support Services Program.[11] In addition to offering services to help keep children safely at home and prevent unnecessary foster care placements, the program offered services to assist both children in foster care and those moving to adoptive families.[12] Under the program, states were required to engage the community in a broad-based planning process to determine the right mix of services and supports for children and families. In an attempt to further increase preventive services, the next year Congress authorized the Child Welfare Waiver Demonstration Program, which gave states the flexibility to use existing federal funding streams for prevention.[13]

### Race and Ethnicity

Concerns about delays in permanence for children of color, and controversy over transracial adoptions, resulted in passage of the Multiethnic Placement Act (MEPA) in 1994.[14] Until then, debates about national foster care policy had paid relatively little attention to racial discrimination (except regarding American Indian children). MEPA codified federal court interpretations of civil rights laws, which protected children being served by federally assisted child welfare programs from discrimination based on race and national origin. MEPA prohibited agencies that receive federal funding and are involved in foster care or adoptive placements from discriminating in such placements. It prohibited them from categorically denying any person the opportunity to become an adoptive or foster parent "solely" on the basis of race, color, or national origin, and from delaying or denying the placement of a child "solely" on the basis of the race, color, or national origin of the adoptive or foster parent, or the child, involved. MEPA clarified that in determining a child's best interests, however, agencies may consider the child's cultural, ethnic, or racial background and the capacity of the foster or adoptive parents to meet the needs of a child of this background. In other words, race, ethnicity, and culture could be a factor, but not the sole factor, in individual placement decisions.

Subsequently, in 1996, Congress repealed several provisions of MEPA when it enacted the Interethnic Adoption Provisions.[15] These amendments prohibited the consideration of race, ethnicity, and culture in determining a child's best interests. They also subjected states and other entities to specific fiscal penalties if they discriminated, and they retained a MEPA provision that allowed individuals to sue states or agencies if they believed they were victims of discrimination. Despite these changes, Congress maintained MEPA's provision requiring child welfare service programs to diligently recruit potential foster and adoptive families that reflected the ethnic and racial diversity of those children needing foster and adoptive homes (although specific funds for this purpose have never been provided).

## Adoption and Safe Families Act of 1997

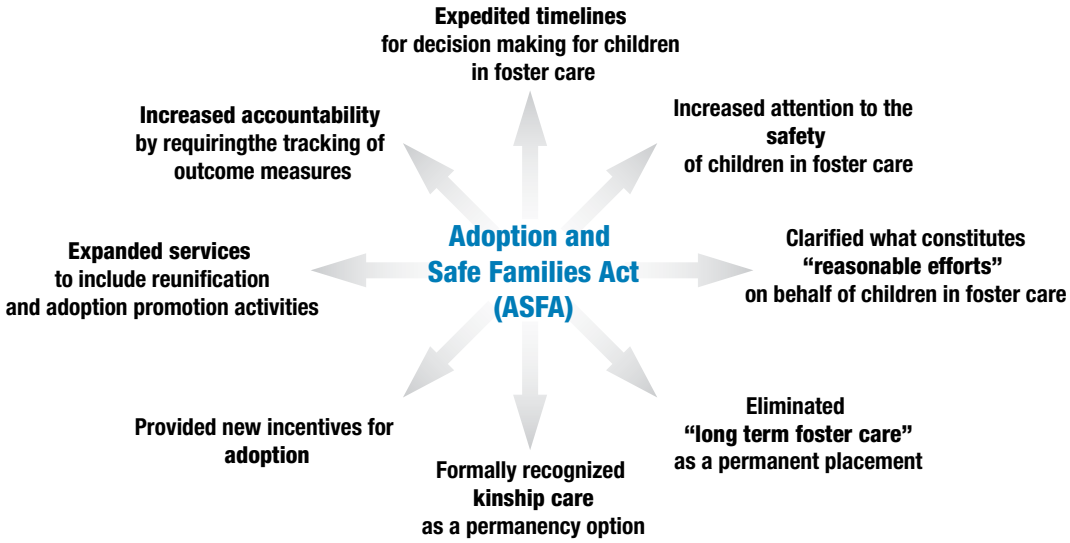
Increased concerns about children languishing in foster care without permanent families, and failed attempts in 1995–96 to block grant federal child welfare programs, prompted Congress to seek better ways to comprehensively address the many problems plaguing child welfare systems. Shortening children's stays in foster care and reducing the number of children waiting to be adopted were Congress's key concerns. The resulting legislation, ASFA, once again highlighted the importance of permanence for children and underscored that foster care should be only a temporary alternative for abused and neglected children.[16] ASFA influenced foster care in several specific ways described further below. (See Figure 1.)

### Expedited Timelines for Decision Making

ASFA emphasized that foster care is intended to provide a safe and temporary way station while children prepare for permanent homes. The act required permanency hearings to be held no later than 12 months after a child entered foster care (6 months earlier than was required under the prior law). With certain exceptions, it also required states, for the first time in feder-

## Figure 1

### Changes in Foster Care Resulting from the Adoption and Safe Families Act of 1997




al law, to initiate termination of parental rights proceedings when a child had been under state responsibility for 15 of the previous 22 months.

The exceptions to this expedited timeline included: 1) when the child was in the care of a relative; 2) when the state agency documented a compelling reason why filing the petition for termination of parental rights was not in the best interests of the child; and 3) when the state agency had not provided to the child's family, consistent with the time period specified in the case plan, the services the state deemed necessary to safely return the child home. Subsequent ASFA regulations emphasized that these exceptions could be invoked only on a case-by-case basis and that the permanency efforts had to be continued, even when such exceptions were invoked for termination of parental rights.[17] ASFA required the continued scrutiny of permanency plans until the child was in a permanent home.

#### Attention to Safety

For the first time in federal law, ASFA made explicit that a child's health and safety must be paramount in decision making about the initial removal of the child from the home, his or her return home, and the care received in foster care or in another permanent family. Specific provisions to ensure the safety of children in foster care included requiring states to develop standards to protect the health and safety of children in foster care and requiring that states check the criminal records of both foster and adoptive parents as a condition of federal foster care and adoption funding. The law also required that foster parents and other caregivers be given an opportunity to speak at any court hearings involving children in their care. This requirement was specified, in part, to allow caregivers to challenge the quality of services provided by agencies to children in care. In an attempt to comply fully with ASFA requirements and to ensure that children in relative foster care receive the same protection as other children, the regulations clarified that states cannot receive federal reimbursement for children in foster homes until and unless those homes are fully licensed.[18]

#### Clarification of "Reasonable Efforts"

ASFA clarified that nothing in federal law requires a child to remain in or be returned to an unsafe home, and the act included examples of when it might be

"unreasonable" to reunify children with their families.[19] ASFA also specifically required that, when a child cannot be reunified safely with family members, reasonable efforts must be made to place the child in a timely manner in accordance with the child's permanency plan. The law also sought to expedite permanence by clarifying that such reasonable efforts to place a child for adoption or with a legal guardian may be made concurrently with efforts to reunify a child with both parents.

**Elimination of Long-Term Foster Care**

In ASFA, Congress eliminated the earlier statutory reference to "long-term foster care" as a permanency option for a child. The act specified that appropriate permanent options should include placements with a fit and willing relative, a legal guardian, or in another permanent living arrangement, in addition to safe return home or adoption. Subsequent ASFA regulations underscored the importance of statutory requirements for permanency options beyond long-term foster care.

**Formal Recognition of Kinship Care**

ASFA explicitly recognized placements with "fit and willing relatives" or legal guardians as acceptable permanency options for children in foster care. As mentioned earlier, it also allowed the state to exempt a child living with a relative from the requirement for initiating termination of parental rights proceedings. In addition, ASFA required a report on kinship care. The report, prepared by the secretary of the U.S. Department of Health and Human Services (DHHS) in consultation with a national Kinship Care Advisory Panel, recognized the importance of relative caregivers in caring for children in foster care and in expediting children's exit from foster care.[20]

**New Incentives for Adoption**

ASFA authorized funding for incentive payments to states to increase the number of adoptions of children in foster care. States that increase their adoptions over an established baseline are eligible for $4,000 for each child who is adopted from foster care and $6,000 for each child with special needs who is adopted from foster care, but only for adoptions above the baseline.[21] More than 230,000 children were adopted from foster care from 1998 to 2002, more than the previous two years combined.[22] To date, every state in the country has received an incentive payment for at least one of the years in which the adoption incentive has been offered. Unfortunately, the dollars that Congress appropriated for the incentive payments have not kept up with the increases in adoptions, and as this article goes to press, changes in the adoption incentive program, which has to be reauthorized, are pending before Congress.[23]

**Expanded Services**

In addition to the family support and family preservation services states were already providing to foster and adoptive parents, as well as birth families, ASFA and accompanying guidance specifically required states to expand their services to two additional categories—time-limited reunification services and adoption promotion activities—and to spend at least 20% of their funds from the newly named Promoting Safe and Stable Families Program on each of these categories.[24] At the same time, funding for the overall program was increased only slightly. As a result, many communities perceived the new focus on adoption to undercut the earlier emphasis on family support and prevention, even though funds in each of the categories could be used for services for children in foster care. Unfortunately, until now it has been difficult to know just how these program funds are being used, especially given the overlapping definitions of the four program activities. Beginning in 2003, however, DHHS is required to submit a biennial report that includes funding levels and effectiveness, by program category.[25]

**Increased Emphasis on Accountability**

ASFA required DHHS to establish outcome measures to track state performance in protecting children, to issue an annual report on state performance, and to develop a performance-based incentive system to provide federal child welfare, foster care, and adoption-assistance payments. Three annual reports on outcomes have been issued,[26] but challenges remain in establishing outcomes that can be measured accurately and in assessing states' progress in meeting them. For example, some child welfare administrators and researchers have criticized the fact that outcome performance measures are assessed based on point-in-time data that biases the results and could lead to solutions with little real benefit to the children involved. They

maintain that cases must be tracked using comparable data over time to accurately gauge progress.[27] Further attention is needed to improve both the outcomes used and the manner for assessing them.

ASFA also prompted DHHS to move forward with an important new initiative for reviewing states' performance: the Child and Family Service Review. In 1994, Congress had mandated a review of states' performance in the delivery of services to children and families who come to the attention of the child welfare system. Under ASFA, it was clarified that the goal of this review process is to assess states' actual outcomes for children and families and to determine states' conformity with federal legal requirements using a more comprehensive, hands-on assessment process than was previously required (see Box 1).

The reviews are to be conducted over three years, with 32 states completed by the end of 2002 and all states completed by March 31, 2004.[28] To date, no state has been found in conformity with all outcomes and/or systemic factors, and all are developing program improvement plans.[29] A number of states that already have had reviews have maintained the teams and the processes used in the reviews in order to provide ongoing assessments of their child welfare activities.

## The Role of the Courts

In the policy framework discussed above, the courts play an important and often overlooked role in helping achieve safety and permanence for children in foster care. The courts are called upon to review the status of children in foster care, hold dispositional hearings, and promote permanent placements. The

## Box 1

### The Child and Family Service Reviews

The Child and Family Service Reviews, mandated by Congress in 1994, provide a comprehensive look at a state's ability to deliver services that lead to improved outcomes for children and families consistent with federal law. The reviews provide an opportunity to assess state performance broadly with input from a range of stakeholders and enhance states' ability to assist children and families to achieve safety, permanency, and well-being outcomes.

The reviews include a statewide assessment and an in-depth review of up to 50 cases of children in the state's child welfare system. The process includes reading case records and interviewing children and families, caseworkers, foster parents, service providers, and other key stakeholders involved with the children and families. After both parts of the review are complete, the U.S. Department of Health and Human Services determines whether a state has achieved substantial conformity on a series of outcomes and systemic factors. States that are approved will be reviewed again in five years, unless problems are identified earlier. States that are not operating in conformity with federal law are given the opportunity to develop a program improvement plan (PIP) to address the problem areas. States have up to two years to address problems before any fiscal penalties are imposed. States can get federally supported technical assistance for the development and implementation of PIPs.

A number of the outcomes examined in the reviews specifically address the status of children in foster care. For example, reviews look at the stability of foster care placements and the frequency of children's reentry into foster care. They also assess the continuity of family relationships and connections that are preserved for children in foster care. Specific indicators include the proximity of the foster care placement to the child's home, placement with siblings, visits with parents and siblings, and other ways to preserve family and community connections and relationships. Reviews look at the educational, physical, and mental health needs of children in foster care. They also examine systemic factors that impact children in foster care, such as statewide information systems; case reviews; quality assurance; training; services and community responsiveness; and licensing, recruitment, and retention of foster parents.

Source: 45 CFR 1355.31-37. For more information about the Child and Family Service Reviews, visit the Children's Bureau Web site at http://www.acf.hhs.gov/programs/cb/cwrp/cfsr.htm.

nature and quality of the hearings and legal representation of the parties; the timelines; the thoroughness of decisions; and court staffing, technology, and training all profoundly influence whether existing laws are appropriately implemented to meet the individual needs of children and families. Often, the extent of the services a child and family receive and how quickly a child achieves a successful return home or placement in another permanent setting depend most heavily on the courts. Because of the courts' key responsibilities in ensuring safety and permanency for children, policymakers have increasingly recognized the importance of increasing the capacity of child welfare courts to carry out already-established legislative goals. Moreover, individual court decisions and impact litigation intended to bring about broader systemic reforms have played a formative role in the development of national foster care policy.

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## Increasing the Capacity of the Courts

AACWA envisioned a major role for the courts in reviewing the status of children in foster care, holding dispositional hearings, and promoting permanent placements, but it provided no funds directly to the courts. Recognizing the importance of enhancing the capacity of the courts to help support both safety and permanence for children in foster care, various initiatives followed.

After AACWA was passed, the National Council of Juvenile and Family Court Judges established the Permanency Planning for Children Project, which conducted extensive training on the act and helped establish permanency planning task forces in many states.[30] Then in 1993, for the first time, Congress provided targeted funding for court improvements as a set-aside in the Family Preservation and Support Services Program, which has continued to the present.[31] In the Court Improvement Program, funds are specifically intended to help courts conduct assessments of their effectiveness in implementing federal child welfare statutes and improving the handling of the cases of children involved in foster care and adoption. Funding of $5 million was provided for the first year and $10 million a year for subsequent years; additional discretionary funds were subsequently provided.[32] Currently, all 50 states, the District of Columbia, and the Commonwealth of Puerto Rico participate in the Court Improvement Program.[33]

In a number of states, the funds for courts have stimulated important activities that have made courts more responsive to children who enter foster care and need services and permanent placements.[34] For example, in Colorado, the Court Improvement Program has focused on the implementation and evaluation of the Expedited Permanency Planning Program, which requires that permanency planning hearings for children under six years of age be held within six months of placement. Colorado achieved statewide implementation in 2001 and has found that the program's approach toward expedited permanency has had a beneficial effect on permanency not only for targeted children under age six but for older children as well. In the District of Columbia, funds from the Court Improvement Program were used to complete a child protection mediation program for child abuse cases. The program has since been expanded to include neglect cases, and courts presently assign half of all cases to mediation. Also, in Cook County, Illinois, a Parent Education Program was created to inform parents involved in the dependency system about court procedures.

Other efforts to improve the courts are also underway. For example, with funding from the Child Victims Act, 25 model courts have been established to improve the handling of abuse and neglect cases.[35] The Strengthening Abuse and Neglect Courts Act included provisions to strengthen courts' ability to

track cases and to address the backlogs of children in care, although it has been a struggle to get these provisions funded.[36] Finally, the passage of ASFA reinforced the idea that, if the goals of ASFA are to be realized for children in foster care, courts and child welfare agencies must collaborate more closely. ASFA leaves to the courts the final determination of when it is or is not reasonable to provide preventive and reunification services to families and whether and when termination of parental rights is in the best interest of the child. Similarly, in order for states to qualify for ASFA adoption incentive payments, courts must act to finalize adoptions so that the adoptions can be counted in a state's consideration for ASFA's adoption incentive payments.

## Impact of Court Decisions and Reform Litigation

Federal and state case law has helped define the boundaries of the rights of children in foster care, as well as those of their birth parents, foster parents, and relative caregivers. Legal advocates have also relied upon the courts to enumerate the specific responsibilities of the state agencies that oversee children in foster care and, increasingly, to maintain continuing judicial and administrative oversight over state child welfare agencies that have systematically failed to meet these children's needs. Although some of these legal challenges have clarified roles and strengthened the obligations of states, others have not.

### Parental Rights

Recent statutory and administrative emphasis on expediting permanence for children in foster care must be understood in the context of a constitutional framework that was largely designed to protect the rights of parents. Decisions about the circumstances under which children may be removed from their parents and placed in state-supervised foster care raise constitu–tional as well as policy questions. The Due Process Clause of the Fourteenth Amendment provides that no state shall "deprive life, liberty, or property without due process of law."[37] The Supreme Court has long established that the Due Process Clause provides "heightened protection" against government interference with certain fundamental rights and liberty interests,[38] the oldest of which is the fundamental liberty interest of parents "in the care, custody, and control of their children."[39]

Parental rights are not absolute, however. The Supreme Court has held that a state may interfere with parental and other fundamental rights, but only when there is a "compelling government interest" in doing so.[40] The court has defined a sufficiently compelling interest to include state intervention to prevent serious harm to children.[41] Although the specific procedures for a child's removal and foster care placement have been left largely to the states, federal law requires certain protections for those children who are eligible for federally funded foster care and related services.[42] As the court recently explained, "so long as a parent adequately cares for his or her children (i.e. is fit), there will normally be no reason for the state to inject itself into the private realm of the family to further question the ability of that parent to make the best decisions concerning the rearing of those children."[43]

### System Reform

Over the past 20 years, legal advocates in many states have used litigation in the form of class-action suits and other legal challenges against child welfare agencies to try to bring about more systemic changes for children in foster care. Such litigation has often resulted in highly specific court remedies and, in some cases, ongoing judicial oversight of the agencies administering the court orders. Class-action litigation has challenged almost every aspect of foster care and the child welfare system generally,[44] including:

- the grounds for a child's removal and placement in foster care,[45]
- the state's failure to assign workers to foster care cases in a timely manner,[46]
- the state's failure to develop and implement a level-of-care assessment for appropriate foster care placements,[47]
- the state's use of race as a criteria in placement,[48]
- the state's failure to provide adequate services to children and families in foster care,
- the length of time children spend in care,[49]
- visitation procedures for children in foster care, including appropriate visitation with siblings[50] and biological parents,[51] and

**The need to track the health status of children in foster care is another challenge that has yet to be comprehensively addressed in national policy efforts.**

- the state's failure to address the needs of special populations of children in care, including children living with kin,[52] children with disabilities in foster care,[53] children in institutional foster care,[54] undocumented children in foster care,[55] young children in group foster care,[56] and children entering foster care from families where there has been domestic violence.[57]

Most of the class-action lawsuits have ended in consent decrees, which the attorneys for the children and/or families must then implement together with the state or local child welfare agency staff. It is also increasingly common to bring in a special master or an expert panel to assist with the reforms. While in some states such decrees have helped generate increased resources for reforms and prompted important progress for children, class-action litigation is not without controversy. Some critics argue that the often long-drawn-out legal actions unnecessarily deplete resources for foster care systems that are already in short supply, resulting in even poorer service delivery to children in foster care. They also contend that community leaders and child welfare experts must be brought in to the litigation process early, and that litigation must be used in concert with other advocacy strategies (such as education of birth and foster parents, and agency training) to effectively achieve broader systemic reforms.[58]

## Impact of Other Policy Areas on Foster Care

Given the fact that the foster care system often serves as a last resort for families struggling to meet their children's basic and special needs, it is not surprising that changes in policy areas other than child welfare can have a significant impact on foster care and the children and families the foster care system serves. For example, welfare policy, policies affecting immigrant children, and policies concerning access to health care all have a major influence on the foster care system. A reduction in Medicaid funding could bring about changes in eligibility or benefits that could directly result in more children going into foster care or could impact the services available to those in care. Other policies affecting foster children include those concerning substance abuse, mental health, domestic violence, housing, and taxation.

### Welfare Policy

The welfare reform legislation passed in 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA),[59] has had a mixed effect on the policy framework for foster care. On the positive side, it offered the promise of new funds that could be leveraged to keep children out of foster care. Under a new program, Temporary Assistance for Needy Families (TANF), federal funds can be used for any activities consistent with the program's broad purposes. As a result, a number of states have reported using TANF funds for activities traditionally considered to be child welfare services, such as home visiting programs and other parenting support and prevention programs designed to keep children out of foster care. A number of states have used TANF funds to support kinship care families, so that the children they are raising can stay with them and out of foster care. (See the article by Geen in this journal issue.)

Under the new law, states also are allowed to use TANF dollars for activities previously funded by the Emergency Assistance program, which include foster care as well as a range of crisis intervention services to prevent children from entering care. Unfortunately, some states that have used TANF funds for foster care and other child welfare services have used the funds to replace rather than to expand state child welfare expenditures. This situation has raised concerns about the impact on families and foster care should TANF funds in these states suddenly have to be diverted to assist with growing TANF caseloads.

At the same time changes in the welfare law increased the flexibility of TANF funds and made them more available for child welfare services, these changes also intensified the fiscal pressures already on foster care. For example, the law limited the pool of children in foster

care eligible for federal assistance by basing future eligibility for the federal foster care program on the TANF income and resource rules in place on July 16, 1996, without adjusting for inflation or taking into account future expansions in TANF eligibility requirements.[60] This provision limits federal assistance for foster care to children from very poor families, and states are finding that they have to increase their own contributions to foster care for children who would previously have been eligible for federally reimbursed foster care.

The enactment of TANF also raised concerns that more and more children might need foster care as alternative supports declined and that, without TANF available to support reunification efforts, children would remain in foster care longer. But little is yet known about the interaction between TANF and child welfare. Although initial reports from the states raise red flags, the real impact remains to be seen, as more families lose benefits due to lifetime limits on TANF eligibility, economic conditions worsen, and pressures on families increase.[61]

### Policies Affecting Immigrant Children

PRWORA also substantially restricted the access of many immigrant families to a range of federal public benefits, including federally funded foster care, adoption assistance, and independent living services.[62] Only citizen and "qualified" immigrant children (generally those entering the country prior to August 1996, when the legislation was passed) are now eligible for federal foster care benefits. Although state and local funds may still be used to cover the cost of foster care for those immigrant children who no longer qualify for federal assistance, there is concern that the new limitations have had a chilling effect on immigrant children in foster care and that parents and extended family members may be more reluctant to approach state agencies for help when a child's safety is threatened.[63] Also, advocates are concerned about the quality of services available to immigrant children already in foster care. In some instances, language barriers and cultural differences make communication between immigrant families and their foster care caseworkers challenging. For example, a needs assessment of one community's immigrant families involved in child welfare found that immigrant families were denied access to translators and to basic benefits based on their immigration status, resulting in longer stays in foster care for immigrant children.[64]

### Health Care Policy

The health care needs of children in foster care have been well documented over the years.[65] Children whose foster care is federally reimbursed have been automatically eligible for Medicaid since 1980, and since ASFA, all children in foster care must be provided with health insurance, either through Medicaid or through a state-funded Medicaid replacement program.

Unfortunately, eligibility for health insurance coverage alone is not sufficient to address the health care problems facing children in foster care. A number of enrollment and service barriers that impact all families applying for health insurance under Medicaid may be especially problematic for foster families. These barriers include the difficulty in finding health care providers who will accept Medicaid (due to the program's low payment rates, burdensome administration requirements, and inefficient payment systems) and ensuring continuity of care, especially when foster children are moved frequently from one neighborhood or community to another. A recent study in three large states found that children in foster care had less continuous Medicaid coverage than children receiving Supplemental Security Income (SSI) benefits or adoption assistance.[66] Moreover, the study found that children in foster care were more likely than other children receiving Medicaid to have a mental health or substance abuse condition, making their lack of access to health care particularly detrimental.

Another significant problem for children in foster care has been their inability to retain Medicaid when they leave care, thus leaving their physical and mental health needs unmet. The three-state study mentioned above found that between one-third and one-half of children lost Medicaid coverage when they left foster care. Most likely they were left with no health insurance. Although children who leave foster care to return home have no guarantee of continuing Medicaid eligibility, federal Medicaid regulations require that children who have been categorically eligible for Medicaid (as are most children in foster care) cannot be cut off until a determination is made that they are not eligible for Medicaid under other eligibility guidelines.[67] States also have

the option of providing 12 months of continuous coverage to children enrolled in Medicaid to ensure better continuity of care. In states that choose that option, children in foster care would be eligible for the full 12-month period, even if they were to leave foster care before the 12 months ran out.[68] Some children who leave care may also be eligible for the State Children's Health Insurance Program (SCHIP).[69] In addition, the Foster Care Independence Act of 1999 allows states to extend Medicaid to youths ages 18 to 21 who are transitioning from foster care.[70] As of the end of 2002, however, only eight states had taken advantage of this option.[71]

The need to track the health status of children in foster care is another challenge that has yet to be comprehensively addressed in national policy efforts. Although federal law does specify that a foster child's case plan must include the health records of the child, there is currently no requirement that the information be shared with foster parents or other care providers who are responsible for the daily supervision of children in foster care. Nevertheless, some states have developed progressive ways to track the health care of children in foster care (such as through the use of electronic "health passports"), and others are making creative use of funds from Medicaid and SCHIP to expand assistance to vulnerable children in foster care and their families.[72]

Attention to the special health and other needs of children with disabilities in foster care also continues to be a problem. In 1996, after Congress cut back SSI for children and others with disabilities, the cost of care for large numbers of foster children in some states shifted from the federal SSI program to state foster care budgets. There also have been court challenges to some state laws that allow states that receive SSI for children in foster care to reimburse themselves for the current costs of foster care for these children. In February 2003, however, the U.S. Supreme Court ruled that a state was allowed to use children's SSI benefits to reimburse itself, noting that this allowance increased the likelihood that states would identify children as SSI eligible, pursue SSI for them, and act as representative payees for them when others were not available to play that role.[73]

### Policies on Substance Abuse, Mental Health, and Domestic Violence

Children whose parents abuse drugs and alcohol are almost three times more likely to be neglected than children whose parents do not.[74] An estimated 40% to 80% of children in foster care are from families with substance abuse problems.[75] It is estimated that nationally, 1 in every 10 children and adolescents suffers from mental illness severe enough to cause some level of impairment; yet, in any given year, only 1 in every 5 children receives mental health services.[76] Studies have demonstrated that children in foster care have higher rates of emotional problems than children with similar backgrounds who are not in foster care.[77] Domestic violence is also a serious problem for children in foster care and their families. It is estimated that child maltreatment and domestic violence co-occur in an estimated 30% to 60% of families where there is some additional form of family violence.[78]

Although more attention has been paid to the problems of substance abuse, mental health, and domestic violence over the past several years,[79] targeted legislative initiatives have not been enacted, leaving many states without appropriate screening and assessments, comprehensive treatment, and training for foster care workers and others. Without appropriate services and treatment, children are more likely to be placed in foster care and to stay there for longer periods. The lack of services and treatment stalls permanency decisions in those cases when judges are reluctant to pursue termination of parental rights without such help being offered first. For example, in one recent study, two-thirds of the states reported that the lack of appropriate services provided to the parent soon after the child entered care, particularly substance abuse treatment, was a significant barrier to prompt permanency decisions.[80] In some situations, children are returned home without the proper identification of substance abuse, mental health, or domestic violence problems. When these problems reoccur, children are often returned to foster care.

Currently, there are no federal laws that specifically address links between child welfare and substance abuse, mental health, and/or domestic violence problems, although several laws have been proposed.[81] Nevertheless, a handful of states have used the waiver authority

available under the Child Welfare Demonstration Waiver Program to respond more creatively to these problems.[82] Delaware,[83] Illinois,[84] and several other states are addressing the need for substance abuse treatment. Connecticut and Washington are using waivers to expand treatment options and better coordinate services for youths in foster care with mental health problems.[85] Though not using the waiver, Arizona and Maryland have passed legislation that increases resources for substance abuse and child welfare agencies to jointly seek comprehensive treatment for parents whose substance abuse is a barrier to preserving or reunifying their families. In six communities across the country, federally supported pilot activities designed to strengthen the link between child welfare agencies, domestic violence organizations, and the courts are underway, encouraging these systems to focus together on helping both child and adult victims of domestic violence and child abuse when these problems co-occur.[86]

### Housing Policy

In response to the growing recognition of the link between housing problems and children in the child welfare system, the Family Unification Program was created in 1990 to provide special accommodation, on a small scale, to meet the housing needs of children at risk of placement in foster care due to homelessness or other housing problems.[87] Under the program, a small number of Section 8 vouchers are set aside to allow local housing authorities and child welfare agencies to offer housing assistance to those families whose children are at risk of placement in foster care or are preparing to return to their families from foster care, and for youths aging out of foster care.[88] Unfortunately, however, the Section 8 vouchers that are currently set aside for the program are not nearly enough to serve the growing numbers of families in need.[89]

### Federal Tax Policy

Federal tax policy also impacts the foster care system, as foster parents, relative caregivers, and adoptive parents may be eligible for tax exemptions, deductions, or credits that could help to stretch their incomes. For example, some caregivers will be able to claim the children in their care as dependents, provided their relationship to the child, their living arrangements, and the amount they have contributed to the child's support make them eligible.[90] In addition, tax legislation enacted in 2001 enables some caregivers to qualify for the earned income tax credit (EITC), which provides a tax refund to low-income workers, including those who earn too little to pay income taxes.[91] The 2001 tax legislation also expanded the child tax credit—which provides a $600 credit for each of a taxpayer's qualifying children, including "eligible foster children"—and made a portion of the credit refundable for families with incomes over $10,000.[92] An additional $400 credit was added in 2003.[93] Finally, the 2001 legislation expanded the adoption tax credit to provide extra financial support to offset certain expenses that foster and other families may incur in adopting children.[94]

## Recommendations for Future Policy Reform

The impetus for the reforms in the foster care and the child welfare policy framework has been consistent over the years, with major policy changes being driven by the same four concerns: children languishing in care, child safety, the adequacy of services, and system accountability (see Box 2). Despite improvements, child welfare systems across the country are still in crisis, and barriers to reform remain. Why are more than 550,000 children currently in foster care? Why has there been so little progress in getting children and families the help they need? What are the barriers to real reform for these children? It is difficult to talk about reform of foster care without addressing reform of the broader child welfare system. Foster care is a key piece, but just one of many pieces, in the continuum of services and supports that must be in place as communities work to find safe and stable families for maltreated children.

### Eliminating Child Poverty

Any serious effort to strengthen the policy framework for child welfare and foster care first must acknowledge the overriding importance of eliminating child poverty. Poor children are more likely than higher-income children to be reported as abused and neglected. Because of the enormous stresses on their families, families' difficulties in obtaining appropriate services such as health care and housing, and families' increased interaction with public systems, these children are more likely to come to the attention of the child welfare system. Poor children are also disproportionately children of color, who are overrepresented in the child welfare

## Box 2

### The Impetus for Reform

- **Children Who Languish in Care.** When the Adoptions Assistance and Child Welfare Act (AACWA) was enacted in 1980, policymakers made frequent reference to evidence that children who remained in care for at least 18 months were likely to remain there for long periods. Policymakers also noted the harms that occur to children when they are denied the stability and sense of permanence that they need. Similarly, as the Adoption and Safe Families Act (ASFA) was being considered in 1997, policymakers voiced great concern about the more than 100,000 children lingering in foster care without permanent homes and the need to expedite permanency decisions on their behalf. At the same time, others criticized the implementation of certain aspects of the earlier law, particularly the "reasonable efforts" provision, which they asserted was hampering efforts to place children in permanent homes.

- **Concerns about Safety.** In enacting AACWA, Congress required that "reasonable efforts" be made to prevent unnecessary foster care placements and to reunify families. In emphasizing "reasonable" efforts, the act maintained that children could nevertheless be removed from their homes immediately—without the prior provision of preventive services, if necessary—to protect them from dangerous situations. Policymakers did not want to put children in situations that would compromise their safety. ASFA codified this policy when it stated for the first time in federal law that a child's health and safety are paramount in any decision made about his or her care and provided examples of when efforts to prevent placements or reunify families might be "unreasonable."

- **Inadequate Services.** Congress has chosen to maintain the original federal design of the foster care system, whereby the bulk of funds are designated for out-of-home-care (and only for eligible poor children). But Congress has made significantly fewer investments in services to keep children safe and to prevent them from unnecessarily entering foster care; in giving children and their families the help they need while children are in foster care; or in offering post-permanency supports to children who are returned home, adopted, or placed permanently with kin. Similarly, there have been no significant investments in the range of specialized services, such as substance abuse or mental health treatment, that many families in the child welfare system need in order to ensure safe, permanent homes for their children.

- **Need for Accountability.** Both AACWA and ASFA created or maintained basic protections for children, such as requirements that states develop individual case plans, conduct periodic reviews of the care individual children receive, and place children in the least restrictive, most familylike setting appropriate to their needs. Both acts also required states to collect the data necessary to track children in care and to maintain some additional mechanisms for monitoring the care children receive. In addition, Child and Family Service Reviews (see Box 1) provide new opportunities to monitor state agency compliance with federal legal protections for children in foster care.

Sources: Maas, H., and Engler, R. *Children in need of parents.* New York: Columbia University Press, 1959; Goldstein, J., Freud, A., and Solnit, A. *Before the best interest of the child.* New York: The Free Press, 1979; *Congressional Record,* 96th Cong., 2nd Sess., 1980. Vol. 126, pt. 2, S6942; and U.S. House of Representatives, Committee on Ways and Means. *Social Services and Child Welfare Amendments of 1979.* 96th Cong., 1st Sess., 1979. H. Rep. 136.

system and are more likely to stay in the child welfare system for long periods. Advocates, providers, and policymakers must pursue reforms that will eliminate child poverty and provide all children the health care, early childhood experiences, educational opportunities, and safe homes that they need to grow and thrive. Achieving these goals will have a major impact on the challenges facing the child welfare system and the children and families it serves.

With the elimination of child poverty as an overarching goal, the driving force behind any future policy reforms

## "One size fits all" is too frequently the solution, despite a policy framework that encourages more individualized services.

in child welfare must be to establish a policy framework that will support a child-centered, family-focused, community-based approach to keeping children safe and in permanent families. Within such a framework, several additional policy reforms in the broader child welfare system could have a positive impact on the future of foster care, as discussed below.

### Redirecting Funding Incentives and Increasing Funding Levels

Major alterations in current funding patterns are needed to support important reforms such as enhanced safety and permanence for children. Although federal and state dollars are generally available to keep children in foster care, the dollars often are not there to support children safely within their own families and prevent foster care placements, to serve children in foster care and their families, or to move children into permanent placements in a timely fashion. Consequently, as noted by the Urban Institute, which regularly reviews child welfare spending, "The federal system is not in alignment with the goals of protecting children and providing stable, permanent placements."[95]

The federal foster care program provides open-ended funding for the room and board of certain eligible children in foster care, but only very limited funding for the development of alternative services for abused and neglected children and their families, both before a child must be placed in foster care or after a child returns home following placement. As a result, out-of-home care is often the easiest option for workers besieged with large caseloads and few other resources. Moreover, because funding under the federal foster care program is generally restricted to room and board, it is often difficult to give even those children placed in foster care the services and treatment they need.

According to a recent Urban Institute report, almost three times more funds were spent on maintenance payments and other services for children in out-of-home placements than were spent on other services to children and families served by child welfare in the home in 2000.[96] At the federal level, at least $5.2 billion was spent on out-of-home placements, whereas only $1.8 billion was spent on preventive and other services. State funding followed a similar pattern.

Though there is agreement about the significance of this barrier, there has not been agreement as to how to adequately address it. Proposals have ranged from converting the federal foster care program to a block grant and merging it with other federal child protection programs to allowing open-ended federal funding for a wide range of alternative services for vulnerable children and families. Under the Child Welfare Demonstration Waiver Program, Congress gave states the opportunity to use their foster care dollars more flexibly, and Congress expanded this flexibility even further under ASFA. Nevertheless, states generally have not opted for waivers for these purposes, in part because of complex federal requirements for evaluations and a mandate that the initiatives be cost-neutral.

Further efforts are needed to redirect the funding incentives within foster care. The lack of sufficient funding at both the federal and state levels for ongoing services for children at risk of entering foster care, those in foster care, or those preparing to leave foster care makes it impossible for states to fully comply with the expedited timelines required by ASFA. Changes must involve both increased resources for states and Indian tribal organizations and increased flexibility. Any new funding patterns must accomplish at least three goals:

- Expanded services to keep children safely at home, to facilitate more timely decisions about reunification or other permanent placements, and to prevent children from returning to foster care after they are returned to their families, adopted, or placed permanently with kin.
- Expanded permanency options for children in care through federal support for subsidized guardianship programs and enhanced adoption assistance payments.
- Eligibility for federal foster care funding and related services based on children's risk of abuse or neglect rather than their parents' financial status.



### Improving the Quality of Care for Children and Families

In too many states, neither the child welfare agencies nor the courts have the trained staff, skills, or resources necessary to make decisions about the care and treatment that is appropriate to meet the individual needs of children and their families. A recent General Accounting Office report on the implementation of ASFA found that judges and other court staff were in short supply, training was not available, and judges were somewhat reluctant to move forward as quickly as required under the law. In particular, the lack of appropriate substance abuse treatment programs was identified as a barrier to meeting the ASFA timelines for parents.[97]

Some of the biggest service gaps are in the areas of treatment and services for the substance abuse, mental health, and domestic violence problems that so often bring children to the attention of the foster care system and keep them there. These gaps exist because of both the lack of funding for specialized services and the lack of coordination among child-serving systems. They are exacerbated by the failure of agencies to engage families and communities as partners in their mission to protect children. In one national survey, about one-third of state agency administrators cited the lack of resources as a barrier to meeting ASFA's time frames.[98] The lack of substance abuse treatment for parents and the fact that child welfare agencies were dependent on outside agencies for needed services were noted as particular problems. Often, families are not asked what they need or are not treated as partners in helping to keep their children safe. Caseloads are overwhelming, procedural timelines are tight, and families' needs are complex. "One size fits all" is too frequently the solution, despite a policy framework that encourages more individualized services.

Services and supports needed to find adoptive families for children in foster care and to ensure that adoptions are permanent are also lacking. With ASFA's new emphasis on termination of parental rights, there is

serious concern that many more children may end up as "legal orphans." For example, as of September 30, 2000, some 131,000 children in foster care were waiting to be adopted; 75,000 of these children had had their parental rights terminated and had waited an average of almost two years for adoption.[99] Once children are adopted, there is continuing concern that they will bounce back into foster care without adequate postadoption services to ensure that their needs are met. Although some states, such as Illinois, have comprehensive services in place to address these barriers, many others do not.[100]

Expanded opportunities are needed to improve the quality and appropriateness of the services and the care that children and families receive. This improvement will require attention to the preparation and quality of staff, as well as new approaches and resources for getting children and families what they need. At a minimum, specific changes to promote improvements in this area should include the following:

- Expanded eligibility for federal foster care training dollars for staff in private child welfare agencies, courts, and related service agencies that assist children and families who come to the attention of the child welfare system.

- Expanded training for foster parents and other caregivers so that they understand their roles in preparing children for permanent families, whether they will help children return home, care for them permanently, or assist in finding other permanent caregivers for them.

- Fiscal incentives for states to develop and implement successful strategies for improving the recruitment and retention of staff.

- Support for joint agency initiatives to develop and implement screening and assessment methods and comprehensive services and treatment for families who come to the attention of the child welfare system and who are struggling with substance abuse, mental health problems, or domestic violence.

- Approaches designed to engage families and communities in partnerships with child welfare agencies to develop support networks for children in communities.

### Increasing Accountability for Children and Families

The child welfare system has had to struggle with the constant tension between state discretion, federal accountability, and the need for enforcement of basic protections for children. AACWA included numerous protections for children, but beginning in 1989, Congress imposed a series of moratoriums prohibiting DHHS from imposing penalties for noncompliance with the protections and other provisions in the law. This followed a period of dissatisfaction on all fronts with the quality of the reviews being conducted.

It was not until 1994 that Congress mandated the development of a new system to review states' conformity with the child welfare protections and other requirements in federal law,[101] but the new system was not implemented in the states until 2001. Between 1989 and 2001, no regular program monitoring took place to ensure that states were appropriately caring for children. In 2001, however, the new system of Child and Family Service Reviews, with its unique comprehensiveness, inclusiveness, and corrective-action requirements, got underway. This system has potential to increase states' accountability in ensuring the safety and permanence of children in the child welfare system, but it is not clear that states will have the resources or broad buy-in from the community for real change to occur.

A lack of public will continues to hamper efforts to improve the care of these most vulnerable children and families. Front-page headlines of horrors done to children do little to maintain public confidence in the child welfare system. Policymakers are hesitant to "put money into a black hole" or to take the political risks that may accompany true reform. Members of the broader public brush their hands, shake their heads, and decide to leave the mess to child protective services agencies. The lack of public outrage and demand for appropriate care for these children is also likely reinforced by the community's broader lack of attention to the needs of the families in the system, who are disproportionately families of color, poor, female-headed, and often suffering from numerous complex problems. Even when members of the community want to step forward, they are not clear how they can help.

Increased accountability is needed. It should build on the Child and Family Service Reviews and give states incentives to increase protections for children; improve services and supports for children and families, including those children in foster care; and promptly provide permanent families for children through reunification, adoption, or permanent placements with kinship caregivers. Specific changes should include:

- Funding for Program Improvement Grants to states that are committed to achieving the goals in their Program Improvement Plans and are engaging parents; foster and adoptive parents; advocates; and representatives of the courts, multiple service agencies, and other stakeholders in their program improvement efforts.

- A requirement that states document the steps they are taking with increased funds to improve outcomes for children; enhance the recruitment, retention, and training of staff; alter their service-delivery strategies to partner with families and engage communities in new ways; and address the disproportionate placement of children of color in foster care.

- Incentives for states to develop improved administrative data systems to track the movement of children in and out of care. Such systems will help states monitor children in care over time and know more about who the children are, how long they are staying, what help they are getting, and what they really need to move on to permanent settings without returning to foster care.

- External review bodies in the states, such as foster care review boards, child protection review committees, and courts, to report regularly to DHHS about barriers to safety and permanence that they see facing children in foster care and the child welfare system and to recommend solutions for addressing the barriers.

In its efforts to address specific concerns facing children in the child welfare system, Congress has repeatedly failed to fully understand the complexity of the system and the external and internal services and supports needed to fully realize its intended goals for children and families. A policy framework has been established, but significant gaps remain in services and funding levels and in balancing fiscal incentives. As we look forward to improving the quality of life for children and ensuring them safe and stable families, we must constantly assess what we are doing and what we still need to do to overcome the barriers to reform and to implement real change.

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## ENDNOTES

1. For a detailed discussion of early child welfare policy, see Allen, M., and Knitzer, J. Child welfare: Examining the policy framework. In *Child welfare: Current dilemmas, future directions.* B.G. McGowan and W. Meezan, eds. Itasca, IL: F.E. Peacock Publishers, Inc., 1983.
2. *Aid to Families with Dependent Children-Foster Care Program of 1961*, Public Law 87-31, 75 Stat. 75 (1961).
3. See, for example, Knitzer, J., Allen, M., and McGowan, B. *Children without homes: An examination of public responsibility to children in out-of-home care.* Washington, DC: Children's Defense Fund, 1978; and Vasal, S. *Foster care in five states: A synthesis and analysis of studies from Arizona, California, Iowa, Massachusetts and Vermont.* Washington, DC: U.S. Department of Health, Education and Welfare, Office of Human Development, 1976.
4. *Adoption Assistance and Child Welfare Act*, Public Law 96-272, 94 Stat. 500 (1980), codified as amended, 42 USCA § 670 et seq.
5. *Child Abuse Prevention and Treatment Act*, Public Law 93-247, 88 Stat. 4 (1974), codified as amended, 42 USCA § 5101 et seq.
6. *Indian Child Welfare Act*, Public Law 95-608, 92 Stat. 3069 (1978), codified as amended, 25 USCA § 1901 et seq.
7. *Juvenile Justice and Delinquency Prevention Act*, Public Law 93-415, 88 Stat. 1109 (1974), codified as amended, 42 USCA § 5601 note.
8. The federal Independent Living Initiative was approved as part of the much larger *Consolidated Omnibus Budget Reconciliation Act of 1985*, Public Law 99-272 § 12307(a), 100 Stat. 82, 294 (1986), codified as amended, 42 USC 677 note.
9. *Foster Care Independence Act*, Public Law 106-169, 113 Stat. 1822 (1999), 42 USCA § 677 note.
10. Allen, M., and Nixon, R. The Foster Care Independence Act and John H. Chafee Foster Care Independence Program: New catalysts for reform for young people aging out of foster care. *Clearinghouse Review: Journal of Poverty Law and Policy* (2000) 34:197–216.
11. *Family Preservation and Support Services Act*, enacted as part of the Omnibus Reconciliation Act, Public Law 103-66, 107 Stat. 312 Part I § 13711 (1993), codified as amended, 42 USCA § 629 et seq.
12. The program's definition of "family support services" included "services to promote the safety and well-being of children and families designed to increase the strength and stability of families (including adoptive, foster, and extended families)." "Family preservation services" were defined as "service programs designed to help children, where safe and appropriate, return to families from which they have been removed; or to be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be safe and appropriate for a child, in some other planned, permanent living arrangement." See note 11, 629a (a)(1), (2).
13. The Child Welfare Waiver Demonstration Program was approved as part of the *Social Security Amendments of 1994*, Public Law 103-432, and was amended in 1997 to allow up to 10 states per year to conduct programs in each of Fiscal Years 1998 to 2002 in Public Law 105-89 codified as 42 USC § 1320 a–g. As this article went to press, this program was awaiting reauthorization.
14. *Multiethnic Placement Act*, enacted as part of the *Improving America's Schools Act*, Public Law 103-382, 108 Stat. 4056 (1994), codified as amended, 42 USCA § 602, 1320A-2.
15. The Inter-Ethnic Adoption Provisions were approved as part of the *Small Business Job Protection Act*, Public Law 104-188 § 1808, 110 Stat. 1904 (1996), codified as 42 USCA § 671 (a)(18).
16. *Adoption and Safe Families Act*, Public Law 105-89, 111 Stat. 2115, codified as 42 USCA § 1305 note.
17. 45 CFR § 1356.21 (d).
18. 45 CFR § 1356.71 (g).
19. Although it defers to the discretion of judges in individual cases, ASFA includes specific examples of situations where it might be "unreasonable" to reunify children with their families and encourages states to outline additional examples in state law. The situations specified in ASFA in which reasonable efforts are not required (but not prohibited) include a court determining that a parent has committed murder or voluntary manslaughter of another of his or her children or a felony assault that resulted in serious bodily injury to his or her child; a parent subjecting the child to aggravated circumstances as defined in state law; and the parental rights to a sibling of the child having been involuntarily terminated.
20. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. *The report to the Congress on kinship foster care.* Washington, DC: DHHS, June 2000. Available online at http://aspe.hhs.gov/hsp/kinr2c00/full.pdf.
21. ASFA provides bonuses to states only for adoptions that represent an increase over the number of adoptions achieved in a previous established base period. The previous number used to calculate the increase is called the baseline. DHHS calculates the individual baseline for each state by averaging each state's number of finalized adoptions of children in foster care for 1995, 1996, and 1997. The baselines calculated for states in Fiscal Year 2001 can be found at www.acf.dhhs.gov/programs/cb/dis/adoptbase.htm.
22. Fostering Results. Nation doubles adoptions from foster care. Press Release. Children and Family Research Center at the School of Social Work, University of Illinois at Urbana-Champaign, October 2003. The full study is available online at http://cfrcwww.social.uiuc.edu/.
23. H.R. 3182, the Adoption Promotion Act of 2003, was passed in the House of Representatives on October 8, 2003, and sent to the Senate. S. 1686 (an identical bill) and S. 1439 have been introduced in the Senate.
24. 45 CFR § 1357.15 (s); U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau. Program Instruction, Log No. ACYF-PI-CB-98-03. Washington, DC: DHHS, ACYF, Children's Bureau. March 5, 1998. Available online at http://www.acf.hhs.gov/programs/cb/laws/pi/pi9803.htm.
25. This provision was added in the *Promoting Safe and Stable Families Amendment of 2001*, Public Law 107-133, 115 Stat. 2413 (2001), 42 USCA § 629h (c).
26. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. *Child welfare outcomes 1998: Annual report.* Washington, DC: DHHS, September

2000; and U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. *Child welfare outcomes 1999: Annual report.* Washington, DC: DHHS, February 2002. The most recent report is U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau. *Child welfare outcomes 2000: Annual report.* Washington, DC: DHHS, 2003. Available online at http://www.acf.dhhs.gov/programs/cb.

27. See, for example, Courtney, M., Needell, B., and Wulczyn, F. National standards in the child and family service reviews: Time to improve on a good idea. Paper prepared for the Joint Center for Poverty Research Meeting on Child Welfare Services Research and its Policy Implications. Washington, DC. March 20–21, 2003.
28. U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau. Information Memorandum, Log No. ACYF-CB-IM-02-02. Washington, DC: DHHS, ACYF, Children's Bureau. May 1, 2002. Available online at http://www.acf.dhhs.gov/programs/cb/laws/im/im0202.htm.
29. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. *Child and family services reviews: State final reports.* Washington, DC: DHHS, 2003. Available online at http://www.acf.dhhs.gov/programs/cb/cwrp/staterpt/index.htm. Program improvement plans may be posted on the Web sites of the state child welfare agencies.
30. Edwards, L.P. Improving implementation of the federal Adoption Assistance and Child Welfare Act of 1980. In *Resource guidelines: Improving court practice in child abuse and neglect cases.* Reno, NV: National Council of Juvenile and Family Court Judges, 1995, Appendix C.
31. 42 USCA § 629h, 629f (b)(2). See note 11.
32. In 2001, additional discretionary funding for the Promoting Safe and Stable Families Program (the renamed Family Preservation and Support Services Program) was authorized, specifying that 3.3% of any increased funds would be set aside for the Court Improvement Program. For Fiscal Years 2002 and 2003 combined, this meant an additional $3.3 million for the program. See note 25.
33. The American Bar Association's National Child Resource Center on Legal and Judicial Issues has prepared annual reports on the progress of participating state courts since 1998. See Lancour, R., and Rauber, D.B. *Court improvement progress report 2002.* Washington, DC: American Bar Association Center on Children and the Law, 2002.
34. See note 33, Lancour and Rauber, pp. 92–126.
35. The U.S. Department of Justice administers the model courts with technical assistance from the Permanency Planning Department of the National Council of Juvenile and Family Court Judges. See Anonymous. Status report 2002: A snapshot of the Child Victims Act model courts project. Reno, NV: National Council of Juvenile and Family Court Judges, Permanency Planning for Children Department, 2003.
36. *Strengthening Abuse and Neglect Courts Act of 2000*, Public Law 106-314, 114 Stat. 1266. SANCA authorizes $10 million for grants to improve data collection systems, $10 million to reduce the backlog of children waiting to be adopted, and an additional $5 million to expand Court Appointed Special Advocates (CASA) programs in underserved areas. In Fiscal Year 2002, a total of $2 million was appropriated for all three activities; no funds were appropriated for Fiscal Year 2003. The report is available online at http://thomas.loc.gov/cgi-bin/cpquery/T?report=hr278&dbname=cp107.
37. US Const, Amend XIV, § 1.
38. *Washington v. Glucksberg*, 521 US 702 (1997); see also *Reno v. Flores*, 507 US 292 (1993).
39. *Meyer v. Nebraska*, 262 US 390 (1923); see also *Pierce v. Society of Sisters*, 268 US 510 (1925).
40. *Prince v. Massachusetts*, 321 US 158 (1944).
41. See note 41, *Prince v. Massachusetts.*
42. 42 USCA § 622(b), 671(a).
43. *Troxel v. Granville*, 530 US 57 (2000).
44. *Angela R. v. Clinton*, 999 F2d 320 (8th Cir. 1993).
45. *Ana R. v. New York Department of Social Services*, 90 CIV-3863 (SD NY, filed June 7, 1990).
46. *Suter v. Artist M.*, 503 US 347 (1992).
47. *Bohler v. Anderson*, 987660 (San Francisco Superior Court, filed June 24, 1997).
48. *Committee to End Racism in Michigan's Child Care System v. Mansour*, 85 CV 7438 DT (E.D. Mich., filed September 23, 1985).
49. *Children A-F v. Chiles*, 90-2416 CIV (SD Fla., filed October 1990).
50. *Aristotle P. v. McDonald*, 721 F Supp. 1002 (ND Ill. 1989).
51. *Bates v. McDonald*, 901 F2d 1424 (7th Cir. 1990).
52. *Budreau v. Hennepin County Welfare Board*, #94-15706 (Minn. D Ct, 4th District, filed October 6, 1994).
53. *E.F. v. Scaffidi*, 851 F Supp. 249 (SD Miss. 1994).
54. *Emily J. v. Weicker*, #393CV1944 (filed October 25, 1993).
55. *Jane Doe v. Towey*, 94-1696-CIV-Ferguson (SD Fla. 1994).
56. *Jones-Mason v. Anderson*, #982959 (Cal. App. Department Superior Court, filed December 4, 1996).
57. *Nicholson v. Williams*, 203 F Supp. 2d 153 (2002).
58. Borgersen, E., Shapiro, S., and Stangler, G.L. A case-study in court-ordered child welfare reform. *Journal of Dispute Resolution* (1997) 2:189–214.
59. *Personal Responsibility and Work Opportunity Reconciliation Act*, Public Law 104-193, 110 Stat. 2105, codified as amended in scattered sections of 42 USCA.
60. Most states have expanded their TANF eligibility requirements since 1996. Some have adjusted their earnings disregards; most have increased the TANF resource limits above what they were in AFDC; and most also have increased their vehicle asset levels. However, these more generous levels cannot be used to determine eligibility for federal foster care because PRWORA (see note 59) based eligibility on AFDC rules in place on July 16, 1996.
61. For a discussion of the impact of the TANF changes on child welfare, see Hutson, R.Q. *Red flags: Research raises concerns about the impact of "welfare reform" on child maltreatment.* Washington, DC: Center for Law and Social Policy, 2001, and Stoltzfus, E. *Child welfare and TANF implementation: Recent findings.* Washington, DC: Congressional Research Service, 2002.
62. Fortunately, other federal programs that provide services to families, such as service programs under Title IV-B of the Social Security Act, are not considered benefit programs, and eligibility was not similarly affected.
63. See Matthews, M. New guidance on immigrant foster children's eligibility for federal benefits. *Youth Law News* (January/February 1999)

20(1):1–3, for a discussion of the impact on immigrant children. Available online at http://www.youthlaw.org/immfc99.pdf.

64. Earner, I., Weeks M., and Thompson, K. *Invisible walls: Immigrants in the New York City child welfare system.* New York: National Resource Center for Foster Care and Permanency Planning, March 2001.

65. See, for example, Simms, M.D., and Halfon, N. The health care needs of children in foster care: A research agenda. *Child Welfare* (1994) 73(5):505–24.

66. See Rosenbach, M. *Children in foster care: Challenges in meeting their health care needs through Medicaid.* Princeton, NJ: Mathematica Policy Research, Inc., 2001.

67. 42 CFR 435.930.

68. 42 CFR 435.201.

69. See *Healthy ties: The grandparent's and other relative caregiver's guide to health insurance for children.* Washington, DC: Children's Defense Fund, 2001, for a discussion of state Medicaid and SCHIP eligibility requirements.

70. 42 USCA § 1396a(a)(10)(A)(ii); § 1396d.

71. English, A., Morreale, M.C., and Larsen, J. Access to health care for youth leaving foster care: Medicaid and SCHIP. *Journal of Adolescent Health* (2003) 32(6 Suppl):53–69.

72. Woolverton, M. *Meeting the health care needs of children in the foster care system: Strategies for implementation.* Washington, DC: Georgetown University Child Development Center, 2002; McCarthy, J. *Meeting the health care needs of children in the foster care system: Summary of state and community efforts.* Washington, DC: Georgetown University Child Development Center, 2002.

73. *Washington State Department of Social and Health Services v. Keffeler*, 537 US 371 (2003).

74. Jaudes, P., and Voohis, J. Association of drug and child abuse. *Child Abuse and Neglect* (1995) 19(9):1065–75.

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76. U.S. Department of Health and Human Services, Office of the Surgeon General. *Report of the surgeon general's conference on children's mental health: A national action agenda.* Washington, DC: DHHS, January 2001.

77. See English, A., and Grasso, K. The Foster Care Independence Act of 1999: Enhancing youth access to health care. *Clearinghouse Review* (July–August 2000) 34:218–23; and McCarthy, J. *Meeting the health care needs of children in the foster care system: Summary of state and community efforts.* Washington, DC: Georgetown University Child Development Center, September 2002, pp. 1–2.

78. Edelson, J.L. The overlap between child maltreatment and woman battering. *Violence Against Women* (February 1999) 5(2):134–35. In addition, two states, Massachusetts and Oregon, reviewed a sample of their child welfare caseloads and found domestic violence present in 43% to 48% of the identified cases. See Allen, M., and Larson, J. *Healing the whole family: A look at family care programs.* Washington, DC: Children's Defense Fund, 1998.

79. See, for example, note 76, DHHS, Office of the Surgeon General; note 78, Allen and Larson; McCarthy, J., Meyers, J., and Jackson, V. *Exploring the opportunity for collaboration between child mental health and child welfare service systems.* Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center, 2001; Christian, S., and Edwards, K. *Linking child welfare and substance abuse treatment: A guide for legislators.* Washington, DC: National Conference of State Legislatures, August 2000; and see earlier journal issue on domestic violence and children, *The Future of Children* (Winter 1999) 9(3).

80. U.S. General Accounting Office. *Foster care: Recent legislation helps states focus on finding permanent homes for children but longstanding barriers remain.* GAO Report No. 02-585. Washington, DC: GAO, June 2002.

81. For example, the Child Protection and Alcohol Drug Partnership Act, which has been introduced in the 106th, 107th, and 108th Congresses, would provide funds to state child protection and alcohol and drug treatment agencies to jointly address the comprehensive needs of children and families that come to the attention of the child welfare system. The proposed legislation would allow funds to be used to increase comprehensive treatment approaches, improve substance abuse screening and assessment, expand after care, and enhance training. The act is S.614 in the 108th Congress.

82. See note 79, Christian and Edwards.

83. Under a three-year waiver granted in 1996, Delaware used federal foster care dollars to bring substance abuse treatment specialists into its child welfare agency to assure that appropriate treatment is provided to families when children first enter care. The goal of the effort is to reduce the duration of out-of-home placements for children of substance-abusing parents. See note 13.

84. Illinois, using a federal waiver awarded in 1999, provides "recovery coaches" for parents with substance abuse problems who have children in foster care. These coaches help parents complete treatment, avoid relapse, and negotiate the various treatment and service systems. See note 13.

85. See note 79, McCarthy, et al., pp. 35–36.

86. The comprehensive approach in the pilot activities was first outlined in *Effective intervention in domestic violence and child maltreatment cases: Guidelines for policy and practice.* Reno, NV: National Council of Juvenile and Family Court Judges, 1999. The Keeping Children and Families Safe Act of 2003, Sec. 401(C), enacted in 2003, provides for demonstration funds for services and training for children who witness domestic violence and those who work with them.

87. The Section 8 Family Unification Program is authorized by the U.S. Housing Act of 1937, as amended by section 553 of the *Cranston-Gonzalez National Affordable Housing Act of 1990,* Public Law 101-625, 104 Stat. 4128, codified as 42 USCA § 1401 et seq.

88. In 2000, Congress expanded eligibility for the Family Unification Program to include youths aging out of foster care at age 18. See 42 USCA § 1437f(x).

89. No new Section 8 vouchers were set aside for the Family Unification program in 2002 or 2003. However, the U.S. Conference of Mayors, in its 2001 survey on the status of hunger and homelessness in 27 major cities, found that about three-quarters of the cities reported an increase in requests for shelter by homeless families. The survey noted that requests for housing increased overall by 22%, although more than half of the requests remained unmet in 2001. Every city interviewed for that survey reported that it expected the number of housing requests to grow in 2002. See U.S. Conference of Mayors. *The status of hunger and homelessness in America's cities in 2001.* Washington, DC: U.S. Conference of Mayors, 2001.

90. The Casey Family Programs' National Center on Resource Family Support has useful materials available to help foster parents and other resource families better understand how they can maximize

their tax benefits. See, for example, O'Connor, M.A. *Federal tax benefits for foster and adoptive parents and kinship caregivers.* Washington, DC: Casey Family Programs, National Center for Resource Family Support, 2001. Effective 2004, these materials can be accessed through Casey Family Programs at http://www.casey.org.

91. In 2001, the Economic Growth and Tax Reconciliation Act broadened eligibility for the EITC to include certain relative caregivers and foster families caring for children placed with them for a certain period of time by an authorized child welfare agency. Beginning in tax year 2002, a foster child must have lived in the family's home for more than six months, rather than one year as was previously required. See the *Economic Growth and Tax Reconciliation Act*, Public Law 107-16, 115 Stat. 38 (2001), codified as 26 USCA § 32(c)(3)(A) and (B)(iii).

92. See the *Economic Growth and Tax Reconciliation Act*, Public Law 107-16, 115 Stat. 38 (2001), codified as 26 USCA § 24.

93. See the *Jobs and Growth Tax Relief Reconciliation Act of 2003*, Public Law 108-27 § 107 (May 28, 2003), to be codified at 26 USC § 6429 (2003).

94. The law increased the adoption tax credit to $10,000 per eligible child for children whose adoptions were finalized in 2002, including children with special needs, and also raised the income-eligibility limits for families. Beginning in 2003, families who adopt children with special needs will receive an added advantage. If they are otherwise eligible, they can benefit from the full adoption tax credit, regardless of whether their expenses meet the previously established definition of "qualified expenses." This change should help increase the benefit of the credit for families who have some tax liability but have had difficulty benefitting from it in the past. See the *Economic Growth and Tax Reconciliation Act*, 26 USCA § 23.

95. Bess, R., Leos-Urbel, J., and Geen, R. *The cost of protecting vulnerable children II: What has changed since 1996?* Occasional Paper No. 46. Washington, DC: Urban Institute, 2001, p. 29.

96. Bess, R., Andrews, C., Jantz, A., et al. *The costs of protecting vulnerable children III: What factors affect states' fiscal decisions?* Occasional Paper No. 61. Washington, DC: Urban Institute, 2003.

97. Other long-standing barriers identified in the report included difficulties in recruiting adoptive families for children with special needs and obstacles to expediting decision making in certain cases. U.S. General Accounting Office. *Foster care: Recent legislation helps states focus on finding permanent homes for children, but long-standing barriers remain*. GAO Report No. 02-585. Washington, DC: GAO, June 2002, pp. 4, 36, 42.

98. U.S. Department of Health and Human Services, Administration for Children and Families. *National survey of child and adolescent well-being*. Washington, DC: DHHS, June 2001. This survey is based on a national longitudinal study of children in the child welfare system at risk for abuse and neglect.

99. U.S. Department of Health and Human Services, Administration for Children and Families. *AFCARS interim estimates for FY 2000 as of August 2002.* Washington, DC: DHHS, August 2002. Available online at www.acf.hhs.gov/programs/cb/publications/afcars/report7.pdf.

100. See Barth, R., Gibbs, D., and Siebenaler, K. *Assessing the field of post-adoption service: Family needs, program models, and evaluation issues.* U.S. Department of Health and Human Services ASPE Report. April 10, 2001. Available online at http://aspe.hhs.gov/hsp/PASS/lit-rev-01.htm, and Freundlich, M., and Wright, L. *Post permanency services.* Washington, DC: Casey Family Programs, 2003. Available online at http://www.casey.org/cnc/documents/post_permanency_services.pdf.

101. *Social Security Amendments of 1994*, 42 USC § 1122.

# Appendix

## Chronology of Major Legislation Impacting Child Welfare

| Legislation | Provisions Impacting Child Welfare |
|---|---|
| Social Security Act, Title IV-B, 1935 | Provided federal funding to states for a broad range of preventive and protective child welfare services for abused and neglected children. Authorized grants to states for training and for research and demonstration programs on behalf of abused and neglected children. But the focus was broad, and funds dedicated to achieving these general goals were very limited. (Referred to as the Child Welfare Services Progrm, Part 1 of Title IV-B.) |
| Aid to Families with Dependent Children (AFDC)-Foster Care Program, 1961 | Established the first federal foster care program under Title IV-A of the Social Security Act, providing federal funds to states to care for children in families receiving Aid to Families with Dependent Children (AFDC) who could no longer remain safely in their family homes. (In 1980, this program was transferred to a new Title IV-E of the Social Security Act.) |
| Juvenile Delinquency and Prevention Act, 1974 | Prohibited the placement of abused and neglected children and status offenders (children charged with offenses that would not be crimes if the children were adults) in juvenile or correctional facilities. |
| Child Abuse Prevention and Treatment Act, 1974 | Provided limited funding to states to prevent, identify, and treat child abuse and neglect and required states to mandate reporting of suspected abuse and neglect to child protective services agencies. |
| Title XX of the Social Security Act, 1975 | Provided funds to the states for a wide range of social services for low-income individuals, including child abuse and neglect prevention and treatment, and foster care and adoption services. (Became the Social Services Block Grant in 1981.) |
| Developmentally Disabled Assistance Bill of Rights, 1975 | Required states to establish a Protection and Advocacy System to protect the rights of developmentally disabled persons, including children. Required enforcement of specific protections for developmentally disabled persons, including access to appropriate treatment, services, and rehabilitation in the least restrictive setting. Also required case plans and periodic reviews, as would later be required for all foster care children under AACWA (see below). |
| Education for All Handicapped Children Act, 1975 | Afforded the right to a free, appropriate, public education in the least restrictive educational environment possible to all children with disabilities, including abused and neglected children in out-of-home placements. Extended to children in foster care the right to allow surrogate parents to advocate on their behalf in defining their individualized education plans. (Became the Individuals with Disabilities Education Act.) |
| Indian Child Welfare Act, 1978 | Addressed the appropriateness and quality of foster care placements and made it more difficult to remove Indian children from their birth families and place them in foster care. Strengthened tribal governments' role in determining the custody of Indian children by specifying that preference should be given to placements with extended family, then to Indian foster homes. The act was intended to eliminate the risk of Indian children being removed from their families due to cultural biases, to increase the likelihood of placements within tribes, and to involve tribal courts, whenever necessary, in determining an appropriate placement. Like AACWA that followed it, the act spelled out priorities for the placement of children, requiring that a child be placed first with a member of his or her family or extended family; second in a home approved by the tribe; third in an Indian foster home; or fourth in an institution for children approved by the tribe or operated by an Indian organization. |

| Legislation | Provisions Impacting Child Welfare |
|---|---|
| Adoption Assistance and Child Welfare Act, 1980 (AACWA) | Established the federal Foster Care and Adoption Assistance Programs in a new Title IV-E of the Social Security Act. Continued federal funding for foster care for children from AFDC-eligible families, but with enhanced protections to ensure that children entered foster care only after "reasonable efforts" to prevent placement were made. Provided funds to establish programs and procedural reforms in order to serve children in their own homes, prevent out-of-home placement, facilitate family reunification following placement, and help pay adoption expenses for children with special needs. Required foster care placement in the least restrictive, most familylike setting appropriate to a child's special needs. Required periodic reviews of care, "reasonable efforts" to reunify children with families, and dispositional hearings to help move children to permanent families in a timely fashion. Children eligible for federal foster care were made automatically eligible for federal adoption assistance payments and for assistance under Medicaid. (This assistance was particularly significant for children in foster care because it removed fiscal disincentives for state child welfare agencies to move children to adoption.) |
| Independent Living Program, 1986 | Established under Title IV-E of the Social Security Act to assist youths aging out of the foster care system. Provided grants to states to fund a range of independent living services for children age 16 and older to ease the transition from foster care to living on their own. |
| Family Preservation and Support Services Program, 1993 | Established under Part 2 of Title IV-B of the Social Security Act, providing funds to the states for family support and planning and services to help communities build a system of services to assist vulnerable children and families. In addition to preventing unnecessary foster care placements, such services were intended to assist both children in foster care and those moving to adoptive families. The new law required states to engage the community in a broad-based planning process to determine the right mix of services and supports for children and families. Subsequently, under ASFA, the name of the program was changed to Promoting Safe and Stable Families to reflect an enhanced focus on permanency, primarily through adoption. |
| Multiethnic Placement Act, 1994 (MEPA) | Prohibited agencies that receive federal funding and are involved in foster care or adoptive placements from discriminating in such placements. Prohibited them from categorically denying to any person the opportunity to become an adoptive or foster parent "solely" on the basis of race, color, or national origin and from delaying or denying the placement of a child "solely" on the basis of the race, color, or national origin of the adoptive or foster parent, or the child, involved. |
| Child Welfare Demonstration Waiver Program, 1994 | Permitted up to 10 states to use Title IV-B and IV-E funds to alter traditional ways of financing child welfare services to support new policy and practice approaches, provided that the new activities were consistent with the purposes of the programs, maintained current legal protections, and did not cost more than was projected to be spent under the traditional programs. |
| Inter-Ethnic Adoption Provisions, 1996 | Amended MEPA to eliminate the permissible consideration of race, ethnicity, and culture in making foster or adoptive placements and to reaffirm the prohibition against delaying or denying placement on the basis of a child's or prospective parent's race, color, or national origin. Imposed new financial penalties on public and private agencies for violations of the antidiscrimination requirement. |
| Personal Responsibility and Work Opportunity Reconciliation Act, 1996 (PRWORA) | Replaced the AFDC program with Temporary Assistance for Needy Families (TANF), a state-administered block grant to provide time-limited income assistance to needy families. The law limited eligibility to Title IV-E assistance to those children who would have been eligible for AFDC as of July 16, 1996. |

| Legislation | Provisions Impacting Child Welfare |
|---|---|
| Adoption and Safe Families Act, 1997 (ASFA) | Required that a child's safety be the paramount consideration in any decision a state makes regarding a child in the child welfare system. Established new timelines for moving children into permanent homes, either by safely returning them home or by terminating parental rights and moving them into adoptive or other permanent placements. Increased examples of situations where "reasonable efforts" might not be required. Reauthorized the Family Preservation and Support Program, changing its name to the Promoting Safe and Stable Families Program. |
| Foster Care Independence Act, 1999 | Established the John H. Chafee Foster Care Independence Program to offer new services and supports to children aging out of foster care and to increase state accountability for their outcomes. Included a requirement that foster parents be adequately prepared to care for the older children placed with them. Increased funding levels for independent living activities and, for the first time in federal law, specified that a portion of these funds could be used for room and board for young people ages 18 to 21 who were leaving foster care. Gave states the option of providing Medicaid coverage to young people between the ages of 18 and 21 who were in foster care on their 18th birthdays. Increased the amount of assets a young person in foster care could have in order to have continued eligibility for Title IV-E funding. |

# Meeting the Challenges of Contemporary Foster Care

**Sandra Stukes Chipungu and Tricia B. Bent-Goodley**


## SUMMARY

Over the past two decades, the foster care system experienced an unprecedented rise in the number of children in out-of-home care, significant changes in the policy framework guiding foster care practice, and ongoing organizational impediments that complicate efforts to serve the children in foster care. This article discusses the current status of the foster care system and finds:

- Agencies often have difficulty providing adequate, accessible, and appropriate services for the families in their care.
- Children of color, particularly African-American children, are disproportionately represented in foster care, a situation which raises questions about the equity of the foster care system and threatens the developmental progress of children of color.
- Foster families can find the experience overwhelming and frustrating, causing many to leave foster parenting within their first year.
- Organizational problems such as large caseloads, high staff turnover, and data limitations compromise efforts to adequately serve and monitor families.

The challenges before the foster care system are numerous, however the authors believe promising policies and practices aimed at strengthening families, supporting case workers, providing timely and adequate data, and infusing cultural competency throughout the system, can move the foster care system forward in the coming years.


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The foster care system faces serious challenges in the twenty-first century. Major societal problems such as high rates of child and family poverty, homelessness, unemployment, substance abuse, HIV/AIDS, unequal education, family and community violence, and racism have a deleterious effect on families and directly impact child well-being and the child welfare system. According to the U.S. Department of Health and Human Services, "These factors have contributed to the development of large caseloads of families that have multiple and complex needs. The child welfare system must respond to these needs, while protecting the rights of children and families and ensuring the safety of children."[1]

The primary goal of foster care is to ensure the safety and well-being of vulnerable children. In that spirit, the principal provisions of the Adoption and Safe Families Act (ASFA) were developed to decrease the time to permanent placement, increase the incidence of adoption and other permanency options, enhance states' capacity for reaching these goals, and establish performance outcome measures to increase accountability.[2] (See the article by Allen and Bissell in this journal issue.) The foster care system is expected to meet these goals while simultaneously facing a decrease in the number of unrelated foster homes, long waiting lists for substance abuse treatment, a lack of affordable housing and child care, increased unemployment, shortened time limits for public welfare assistance, and heightened public scrutiny.

This article discusses the status of contemporary foster care and the challenges currently faced by the child welfare system. The article begins by discussing some of the factors that lead to children being placed in foster care and provides a demographic profile of foster children. It also explores factors that contribute to the disproportionate representation of children of color in child welfare. The article then discusses the foster care experience from both the child's and the foster parents' perspective, and it explores the institutional challenges in meeting both children's and parents' needs. The article closes with policy and practice recommenda-

tions for improving foster care and the child welfare system in the twenty-first century.

## Major Challenges Facing the Child Welfare System

The child welfare system faces multiple challenges in serving and supporting the families and children in its charge. Throughout the 1980s and 1990s, child welfare caseloads grew substantially. Increasingly, the families and children who come to the attention of child welfare agencies present complex needs requiring the provision of multiple services. However, child welfare agencies do not have control over all the services needed, thus they must develop interorganizational relations with private for-profit agencies, private nonprofit agencies, and other service systems to ensure access for their clients. Children of color are disproportionately represented and receive differential treatment in the child welfare system. Moreover, these challenges must be confronted in light of high staff turnover and difficulties recruiting foster families. These challenges are discussed below.

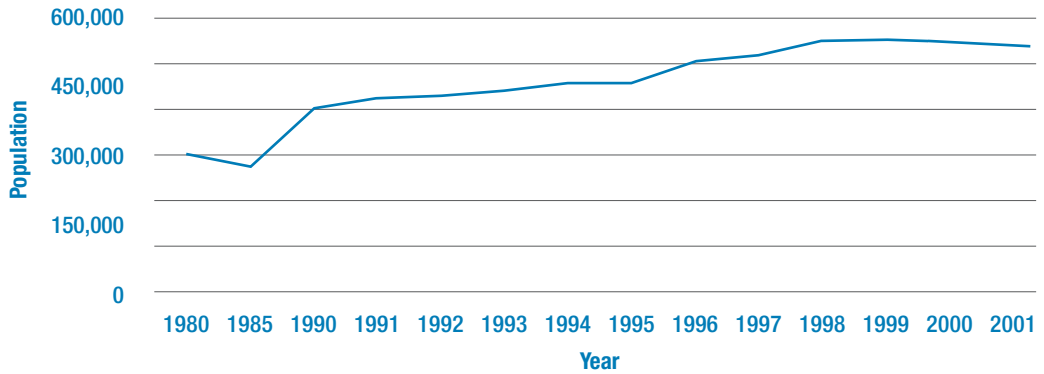
### Expanding Caseloads with Complex Needs

Major increases in the number of children entering foster care occurred in the 1980s and 1990s (see Figure 1). Reasons for the growing number of young children in foster care include an increased number of births, a growing number of incarcerated mothers, and an increased exposure of children to substance abuse. In the 1990s, the number of children entering care began to decline, but as of September 2001, some 542,000 children[3] were still in foster care (representing a decrease of about 5% from 2000).[4] (See Figure 1.)

As illustrated in Figure 2, various aspects of the foster care population are noteworthy. In terms of race, African American children comprise the largest proportion of the foster care population, yet other children of color are also disproportionately represented in the foster care system. In terms of age, although the average age of children in care is 10, increasingly infants and children under age 5 are entering care.[5] Well over one-quarter of all children in the foster care system are under age five.[6] In 2001, nearly one-third of abused children were under age three; children younger than six accounted for 85% of all child fatalities due to child abuse; and approximately 40% of those deaths were babies under age one.[7] In terms of placement type, most children are placed in nonrelative foster homes, but substantial numbers are also placed with relatives or in group homes or institutions. Finally, in terms of those exiting care, most are reunited with their birth parents or primary caretakers or are adopted (see Figure 2).

## Figure 1

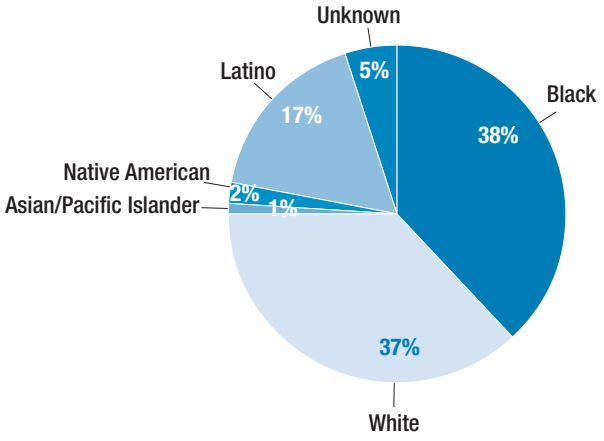
### Foster Care Population 1980–2001



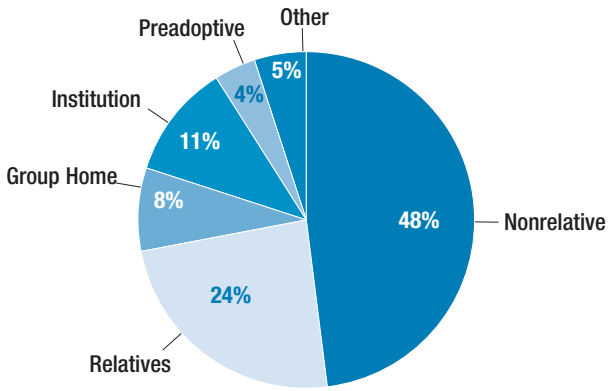

Sources: U.S. House of Representatives. *2000 green book: Overview of entitlement programs.* Washington, DC: Government Printing Office, 2000; U.S. Department of Health and Human Services. *AFCARS, Report #6.* Washington, DC: DHHS, 2001; and U.S. Department of Health and Human Services. *AFCARS, Report #7.* Washington, DC: DHHS, 2002.

## Figure 2

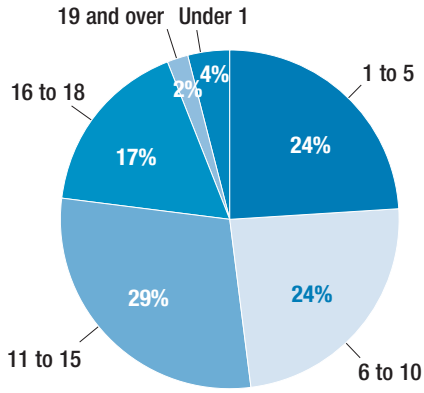
### Race



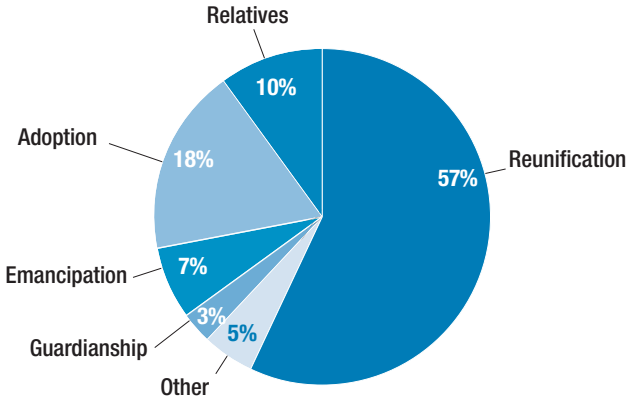

### Placement Type




### Age




### Exit Type




Note: Some totals may not equal 100 due to rounding.

Source: U.S. Department of Health and Human Services. *The AFCARS report: Preliminary FY 2001 estimates as of March 2003.* Washington, DC: DHHS, 2003. Available online at http://www.acf.hhs.gov/programs/cb/publications/afcars/report8.htm.

Families who come to the attention of the child welfare system are vulnerable families with complex needs. The parents experience multiple stressors that weaken their ability to appropriately parent. According to the National Child Abuse and Neglect Data System (NCANDS), American Child Protective Services (CPS) agencies received 3 million referrals concerning the welfare of approximately 5 million children in 2001.[8] Of these, approximately 903,000 children were found to be victims of child maltreatment. Nationally, it is estimated that more than 275,000 children were placed in foster care as a result of child abuse investiga-

tions or assessments. The most common reason for entering foster care is neglect.[9] Maltreatment deaths were associated with neglect (35%) more than any other type of abuse.[10]

Almost two-thirds of child victims suffered from neglect, thus a child is more likely to enter care due to neglect than due to physical abuse, sexual abuse, and psychological abuse combined.[11] However, neglect is often used as a catchall category, and the underlying reasons that may lead to parental neglect are often not accurately recorded. Children who come into state care often live in fragile family systems experiencing multiple stressors such as poverty, substance abuse, mental illness, physical illness, and domestic violence. Societal and familial problems such as parental incarceration and HIV/AIDS can also lead to involvement with the foster care system, yet our understanding of these connections is limited (see Box 1). Moreover, these family challenges tend to coexist and interact, presenting a complex family dynamic and a complicated set of service needs. Strengthening fragile families is a major challenge. Any efforts to stem the flow of children coming into foster care must provide comprehensive and coordinated support to these families.

Securing the appropriate kind and level of resources for children and families is an ongoing challenge for child welfare agencies for several reasons, however. Often, there is a mismatch between services offered and what families actually need to resolve their difficulties. For example, birth parents may be offered parent training classes or counseling when concrete services such as housing assistance or child care are needed more critically. Moreover, the challenges birth families face are often overlapping, complicated, and multifaceted, and public child welfare agencies do not have control over the numerous resources needed to serve these families. Often, agencies must develop cooperative agreements and mutual understandings with numerous public and private agencies to provide needed services, making for a complicated service-delivery network. Negotiating a fragmented service-delivery system can be confusing and frustrating for birth and foster families, as well as social workers.

## Disproportionate Representation of Children of Color

Racial disproportion is a major challenge facing the child welfare system. Although studies have documented that "there are no differences in the incidence of child abuse and neglect according to racial group,"[12] African American and Latino families are more likely than white families under similar circumstances to be reported for child abuse and neglect and to have children removed from the home.[13] High poverty rates among children of color exacerbate this trend. As a result, children of color, who comprise 33% of the child population in the United States, constitute more than 55% of children in foster care placement. African American children are most seriously affected by disproportionality, composing only 15% of the child population yet 38% of children in care. American Indian children compose 2% of the foster care population, nearly double their rate in the general population. According to official data, Latino children are slightly overrepresented in child welfare, with Latino children composing 12.5% of the child population and 17% of children in care. However, there are indications that Latino children are coming into care at faster rates than other children.[14]

Equally disturbing, despite situational similarities, children of color are treated differently at critical points in the child welfare system. Once in care, children of color receive fewer familial visits, fewer contacts with caseworkers, fewer written case plans, and fewer developmental or psychological assessments. They tend to remain in foster care placement longer.[15]

Several key dimensions of the challenge of disproportional representation—including reasons for differential treatment, unique developmental needs of children of color, and the important role of communities and culturally competent workers in addressing these needs—are explored below.

### Factors That Contribute to Disproportionality

Poverty and poverty-related challenges, structural inequality, and racially biased decision making are some of the factors that have contributed to the disproportionate representation of children of color in child welfare.[16] More than 40% of African American and Latino children and 38% of American Indian children live below the poverty line.[17] African American children are more likely to live in poverty longer than white children and are three times as likely to come from families with "incomes too low to meet even the adults'

## Box 1

### Factors That Affect Entry into the Foster Care System

**Poverty**

Poverty remains the largest risk factor for poor health and well-being outcomes for children, and for entry into the foster care system. Poor children are twice as likely as nonpoor children to have developmental delays and mental disabilities; three times as likely to be hospitalized for chronic illness; five times more likely to die from a physical illness,[a] and more likely to suffer from a lack of resources, such as adequate housing and proper nutrition. Poor children are also far more likely than middle-class children to be reported for abuse and neglect. "Children in families with incomes below $15,000 are 45 times more likely to be victims of substantiated neglect than children in families with incomes above $30,000."[b] Poor children are also at higher risk for physical and sexual abuse than children from middle-class families.[c]

**Substance Abuse**

Due to inconsistencies in data collection, estimating the number of children who come into care due to parental substance abuse is difficult. However, evidence suggests that a high percentage of children in foster care are there because of parental substance abuse.[d] Child welfare agencies tend to focus their attention on infants and very young children of substance abusers, particularly children who have been prenatally exposed to illicit drugs. As a result, children from families with substance abuse problems tend to come into the system at a younger age and remain in care longer, and they are more likely to be adopted than other children.[e]

**Domestic Violence**

Domestic violence and child welfare are inseparably connected. It is estimated that domestic violence takes places in at least one-third of homes where child abuse exists,[f] however, specific data on the number of children in foster care due to domestic violence are scant. Again, families experiencing domestic violence are often experiencing other difficulties, such as substance abuse, thus the removal may be subsumed under the general category of child neglect, and the problem of domestic violence may not be initially recognized. Notably, children of color appear to be removed from the home at greater levels than white children when domestic violence is involved.[g]

**Parental Incarceration**

The number of parents in prison has doubled since 1986; 1.5 million children have an incarcerated parent, and more than 7 million children have a parent under some form of correctional supervision.[h] However, it is unclear how many children in foster care are there because of parental incarceration. In 1999 it was estimated that 1.8% of men and 9.6% of women in state prisons had children placed in foster care. However, the actual numbers are like-

needs in the family."[18] Providing adequate care and supervision for children while living within the constraints associated with acute poverty is extremely difficult. Even though most low-income parents do not abuse their children, poor children are more likely to enter the child welfare system, often for child neglect, than are children from higher-income families.

Racially biased decision making and structural inequities, such as a lack of community-based services, negatively interact and lead to more children of color entering foster care and fewer parents able to obtain the help they need to get them back. For example, many more white women than women of color, including pregnant women and parents, use illicit drugs.[19] However, studies have shown that African American children prenatally exposed to illicit drugs are much more likely than white children to be reported to child protective services[20] and are more likely to be placed in foster care, even after taking into account factors such as a family's previous child welfare involvement, the physical health of the child, and other related factors.[21] Despite the large numbers of children of color in care due to parental substance abuse, there are few treatment programs available to serve communities of color. Limited substance-abuse and mental health services in communities of color are examples of structural inequalities that result in differential treatment based on race. Moreover, the lack of appropriate and accessible community-based services decreases the likelihood of successful family reunification.

## Box 1

## (Continued)

ly higher.[i] Growth in the female inmate population portends a growth in the number of children placed in foster care, as children with incarcerated mothers are more likely to come into care than those with incarcerated fathers.[j]

**HIV/AIDS**

It is estimated that 125,000 to 150,000 children have lost mothers, their primary caregivers, to AIDS. Yet the number of children in foster care as a result of losing a parent to the AIDS epidemic is not clear.[k] Approximately 28% of children from families in which a parent has died of AIDS enter care, however, there is great variation in rates from state to state.[l] "Nearly 8 percent of all infants who are abandoned in hospitals are reported to be HIV infected," and they eventually end up in foster care.[m] Although 43 of the 50 state child welfare agencies have policies on HIV/AIDS, this issue is in dire need of empirical investigation and documentation.

[a]Berrick, J.D., Needell, B., Barth, R.P., and Jonson-Reid, M. *The tender years: Toward developmentally sensitive child welfare services for very young children.* New York: Oxford University Press, 1998; Golden, R. *Disposable children: America's child welfare system.* Belmont, CA: Wadsworth, 1997; and Lewit, E.M., Terman, D.L., and Behrman, R.E. Children and poverty: Analysis and Recommendations. *The Future of Children* (1997) 7(2):2–24.

[b]Lindsey, D., and Klein Martin, S. Deepening child poverty: The not so good news about welfare reform. *Child and Family Services Review* (2003) 25(1–2):165–73.

[c]See note b, Lindsey and Klein Martin.

[d]Although states have begun reporting numbers of children whose parental alcohol or substance abuse is a factor in placement to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS), there is wide variation across states in recording and reporting this data. Semidei, J., Feig Radel, L., and Nolan, C. Substance abuse and child welfare: Clear linkages and promising responses. *Child Welfare* 80(2):109–28.

[e]U.S. Department of Health and Human Services. *Blending perspectives and building common ground: A report to Congress on substance abuse and child protection.* Washington, DC: U.S. Government Printing Office, 1999.

[f]Fleck-Henderson, A. Domestic violence in the child protection system: Seeing double. *Children and Youth Services Review* (2000) 22(5):333–54.

[g]Edelman, M. *Families in peril: An agenda for social change.* Massachusetts: Harvard University Press, 1989.

[h]Bilchik, S., Seymour, C., and Kreisher, K. Parents in prison. *Corrections Today* (2001) 63:108–12; and Mumola, C.J. *Incarcerated parents and their children.* Washington, DC: Bureau of Justice Statistics, 2000.

[i] See note h, Mumola. Inmates are not always willing to give information about their children; some inmates do not know they have fathered a child; and not all correctional facilities collect information on the children of inmates.

[j]Johnson, E.I., and Waldfogel, J. Parental incarceration: Recent trends and implications for child welfare. *Social Service Review* (2002) 76:460–79.

[k]Carter, A.J., and Fennoy, I. African American families and HIV/AIDS: Caring for surviving children. *Child Welfare* (1997) 46:107–26; and Stein, T.J. *The social welfare of women and children with HIV and AIDS: Legal protections, policies and programs.* New York: Oxford University Press, 1998.

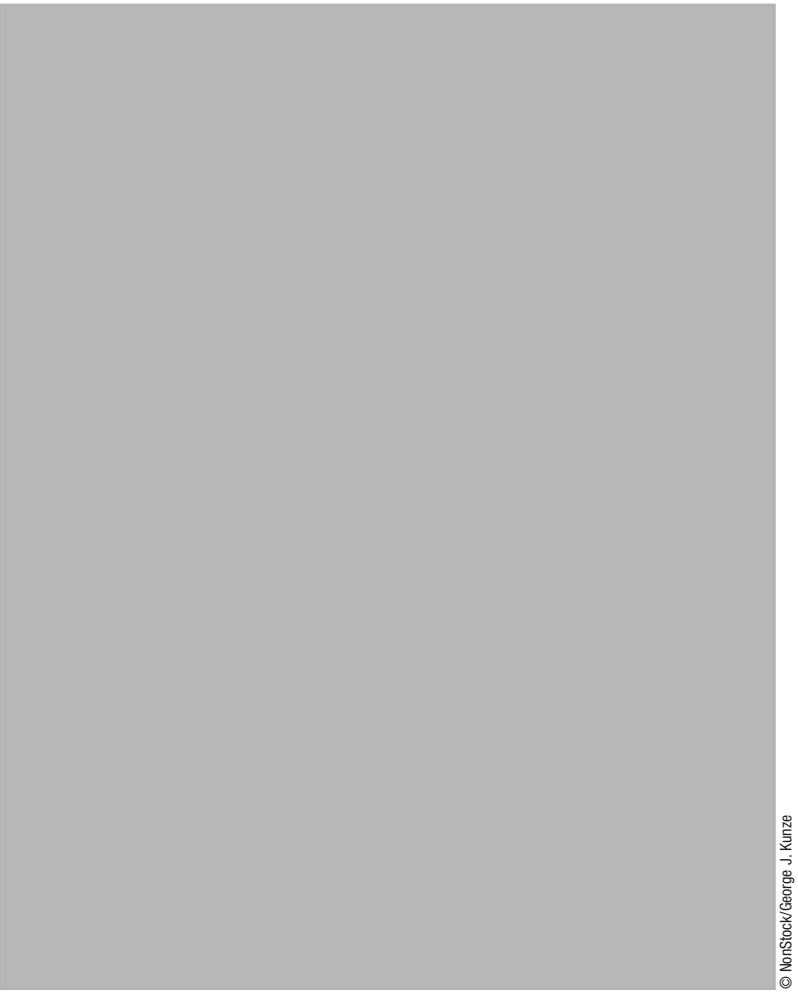
[l] Downs, S.W., Moore, E., McFadden, E.J., and Costin, L.B. *Child welfare and family services: Policies and practice.* 6th ed. Boston: Allyn and Bacon, 2000.

[m]See note a, Berrick, et al., p. 6.

### Unique Developmental Needs

The disproportionate number of children of color in foster care is particularly problematic because of the unique developmental issues these children face. From infancy through adolescence, culture and ethnicity play a significant role in facilitating the healthy development of children of color.[22] For example, infants of color may exhibit specific hereditary factors, such as advanced psychomotor and sensorimotor skills, including coordination skills and the ability to manipulate objects, which caretakers must consider to be responsive to children's needs during this vulnerable stage of development.[23] Beginning as early as age two, children of color are aware of differences in skin color and culture, and racial and ethnic labeling.

As children progress through early and middle childhood, they become increasingly aware that these differences have social meaning. During the middle stages of development, children often encounter their first prejudicial experiences, become aware of social inequities based on race, and are at risk of developing a negative self-image or even self-hate. It is also during the middle childhood years that differences in learning styles start to emerge. Children of color whose learning styles diverge from the mainstream may be labeled "disinterested" or "disobedient" and risk being inappropriately placed in special education or left back a grade.[24] This situation is particularly problematic for children of color in foster care, who face the additional barrier of moving from school to school, often with-



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out anyone assuring that their educational needs are being met.[25] As children move into adolescence, developing a sense of self and positive identity becomes paramount. Adolescents are acutely aware of social differences and inequities. Faced with what can seem like insurmountable racial barriers, adolescents of color may experience feelings of anxiety, hopelessness, and despair.[26]

**The Role of Culture and Communities**

The impact of racism and discrimination, and the need to develop skills for negotiating a sometimes hostile social world, distinctly shape an individual and cannot be discounted. For example, the ability to function "biculturally"—that is, within the larger society as well as within a specific community—is an important survival skill for children of color. Communities of color teach children how to negotiate being bicultural in a healthy and safe manner.[27] The skill can be significantly difficult to acquire outside the community.

Learning to live biculturally is particularly important when cultural conflicts emerge. For example, many communities of color place significant emphasis on communalism, collective consciousness, and responsibility to extended family. These traditions may conflict with "American" cultural values, which have traditionally emphasized independence, self-reliance, and autonomy.[28] Consequently, although the foster care system focuses on preparing children to become independent, communities of color generally emphasize the importance of social obligation and connections to the family and larger community. This difference can pose developmental confusion for children of color in a foster care system whose objectives may conflict with their cultural heritage.

A culturally sensitive environment can provide a nurturing and protective foundation that children can draw upon in times of distress. For example, an engaged spiritual life is often an important characteristic of people of color and may provide stability and cultural continuity for children of color in care. Spiritually focused family rituals such as naming ceremonies and rites of passage emphasize principles such as communalism, social responsibility, interdependence, and racial pride, and place children within a family and community system that connects them to a larger historical and contemporary experience.[29] Such connectedness provides a stable force that can foster resilience for a child during tough times.

The impacts of migration and immigration status on family dynamics are also critical cultural factors for children in either documented or undocumented families.[30] Migration can add stress to a family unit, such as the frustration of not being able to understand or accept one's new culture.[31] This situation can cause intergenerational stress, as "biculturality" may be easier for children than for their parents. Without a family and community that are sensitive to this dilemma and able to facilitate a healthy transition, a child could become confused about his or her identity. Immigration status can also affect a family's willingness to interact with the child welfare system. Undocumented immigrants may be wary of the child welfare system

**A culturally sensitive environment can provide a nurturing and protective foundation that children can draw upon in times of distress.**

due to fear of deportation or arrest. Documented immigrants may have similar concerns, particularly if they are associated with someone who is undocumented. Previous experiences with public officials in a country of origin may discourage an immigrant's willingness to share information. This history colors a person's experience and can create justifiable anxiety, fear, and mistrust of child welfare workers.[32]

### High Staff Turnover

One of the most pressing concerns of child welfare agencies is recruiting, training, and retaining competent staff. Ninety percent of state child welfare agencies report difficulty in recruiting and retaining workers.[33] Exceedingly high numbers of caseloads, poor working conditions, high turnover rates, and a poor public perception of the child welfare system are widely recognized as problems that contribute to the difficulty of attracting high-quality, innovative, and committed staff.[34] Increasingly, the public is demanding better results from beleaguered child welfare agencies, and these demands are reflected in policy changes that emphasize measuring outcomes and documenting processes leading to reunification or adoption. As a result, workers are spending an increasing amount of time meeting paperwork requirements rather than providing counseling, support, and encouragement to clients. Recruiting the most skilled social workers to work with the most vulnerable children and families is difficult under these circumstances. Moreover, only one-third of child welfare workers are trained social workers.[35] Providing adequate training, compensation, and institutional support for social workers could address some of these concerns.[36]

### Difficulties Recruiting Foster Parents

Foster parenting is one of the most demanding jobs a person can assume. Foster parents are expected to provide for the day-to-day needs of children; respond to their emotional and behavioral needs appropriately; arrange and transport children to medical appointments, mental health counseling sessions, and court hearings; advocate on behalf of foster children with schools; and arrange visits with birth parents and caseworkers. Given these high demands, it is not surprising that child welfare agencies often experience difficulty recruiting and retaining foster parents. Moreover, once recruited, foster parents face additional challenges as they endeavor to care for children with complex needs.

A decline in the number of nonrelated foster families has moved child welfare agencies to carefully consider the motivations for becoming a foster parent and to adopt innovative means of recruiting and retaining potential families. Individuals are compelled to become foster parents for a variety of reasons, most based on altruism and social responsibility. Most individuals become foster parents out of a sense of social obligation and a desire to enhance the life chances of a child. Other reasons cited are the desire to fulfill a societal need, religious reasons, the need for supplemental income, foster care as a step toward adoption, increased family size, and substitution for a child lost through death.[37]

Commonly used recruitment tactics include advertisements in mass media, personal contacts, flyers posted in churches and civic organizations, and targeted recruitment efforts. In a survey of foster parents, the majority heard about foster parenting from other foster parents, mass media, or other sources.[38] Recruitment through faith-based organizations and targeted recruitment using race and residence as variables are most effective.[39] Targeted recruitment efforts identify specific groups that may have an interest in foster parenting and develop recruitment strategies rooted in an understanding of the culture and customs of local communities, as well as the groups themselves. Consequently, there is an increase in the likelihood of securing participation. Recently, there has also been an emphasis on utilizing market research to identify prospective foster families.[40] As opposed to utilizing limited resources to engage individuals known to be resistant and unwilling, the market research approach capitalizes on resources by focusing on those most willing or open to the notion of becoming foster parents and then con-

nects them with children in need of foster parents. For a profile of who becomes a foster parent, see Box 2.

Despite innovative efforts to recruit foster parents, the number of non-kin foster homes continues to decline, even as the placement of children in foster care is increasing.[41] In the 1970s and 1980s, non-kin families provided care for most children in foster care; however, by 1999, an estimated 142,000 licensed foster families cared for less than half (48%) of the children in care.[42] Although the number of children in foster care increased by 68% between 1984 and 1995, the number of foster parents decreased by 4%.[43] The poor public image of the foster care system is one factor that makes it difficult to recruit and retain non-kin foster parents. Other considerations, such as the high cost of housing, changing family structures, and increasing numbers of women working outside the home, also make it difficult to become a foster parent. For example, potential foster parents, and particularly relative providers, may find themselves unable to meet strict housing requirements in their current homes and unable to obtain new housing or needed modifications. Consequently, these individuals may be ruled out as foster parents, when in fact the core issue is really poor housing options, not the quality or ability of the person to parent. At the same time, available families are underutilized by agencies: One-third of licensed foster parents have no children in the home at any given time.[44]

The challenges facing the child welfare system are numerous. A growing caseload of children and families with multifaceted needs tests the capacity of child welfare agencies to secure and provide appropriate and adequate services. The disproportionate representation of children of color in the child welfare system is particularly troubling given the history and contemporary practice of systematic inequality. Additionally, most child welfare agencies report difficulties in recruiting and retaining staff and foster families. Recommendations for addressing these challenges will be discussed in the concluding sections of this article.

## Box 2

### Who Becomes a Foster Parent?

- More than three-quarters of non-kin foster parents are married and white, and less than 20% of non-kin foster parents are African American.
- The average age of both foster mothers and fathers is approximately 45.
- More than 50% of foster parents have incomes below $29,999.
- More than 30% of foster mothers and 80% of foster fathers are employed full-time.
- Nearly one-quarter of foster parents have a high school diploma, and more than 30% have some professional training or college education.
- More than three-quarters of foster parents have at least one birth child, and 30% have adopted at least one child.
- Forty percent of foster parents live in suburbia, 36% live in urban communities, and 24% live in rural neighborhoods.
- On average, foster parents have 6.6 years of fostering experience.

Source: National Survey of Current and Former Foster Parents (NSCFFP). Conducted in 1991, this is the only nationally representative sample of foster families. Approximately 660 non-kin foster parents were surveyed. Cox, M.E., Orme, J.G., and Rhodes, K.W. Willingness to foster special needs children and foster family utilization. *Children and Youth Services Review* (2002) 24:293–317; and Cuddeback, G.S., and Orme, J.G. Training and services for kinship and nonkinship foster families. *Child Welfare* (2002) 51:879–909.

## The Foster Care Experience

Living within the foster care system can be trying for both children and foster parents. From a child's perspective, the foster care experience can be emotionally traumatic, and it is associated with detrimental developmental outcomes and lower educational achievement. Foster parents are often expected to care for children, many with special needs, with inadequate financial support, minimal training, and limited access to respite care. The foster care experience from the perspectives of both children in care and foster parents is discussed below.

### The Child's Perspective

Children who are removed from their homes and placed in foster care often experience detrimental short- and long-term effects. Researchers estimate that 30% to 80% of children in foster care exhibit emotional and/or

behavioral problems, either from their experiences before entering foster care or from the foster care experience itself.[45] Children entering foster care may experience grief at the separation from or loss of relationship with their natural parents. Children in care also face emotional and psychological challenges as they try to adjust to new and often changeable environments. Within three months of placement, many children exhibit signs of depression, aggression, or withdrawal. Some children with severe attachment disorders may exhibit signs of sleep disturbance, hoarding food, excessive eating, self-stimulation, rocking, or failure to thrive.[46] (See the article by Jones Harden in this journal issue.)

Children in foster care are also placed at greater risk educationally. In New York City, 3,026 foster care alumni were interviewed about their experiences in foster care. More than 40% stated that they did not start school immediately upon entering foster care, and more than 75% stated that they did not remain in their schools once placed in foster care. Nearly 65% reported that they transferred in the middle of the school year.[47] More than half of the young people who responded reported that they did not feel prepared to support themselves after leaving foster care, and an equal number were not satisfied with the quality of education received while in foster care.

The perceptions of foster care alumni regarding the inadequacy of their educational experiences are corroborated by a study of private foster care agencies.[48] Researchers in this study found that more than one-third of children in care had written language skills below grade level and that close to one-third had math and reading skills below grade level. Thirty to forty percent of youths in foster care are in special education.[49] Due to placement changes, children in foster care are often forced to change schools. This situation places them at a great disadvantage. They often have difficulty forming peer networks and support systems, feel stigmatized due to their foster care status, and are forced to resolve different curricula and varying educational expectations without continuity of instruction or services.[50]

Retrospective studies examining the outcomes of young adults who were in foster care as children provide additional insights into the foster care experience. For example, one study found that children who remained in foster care appeared to have greater feelings of insecurity than those who were adopted from foster care.[51] Moreover, many youths leaving foster care end up in jail or on public assistance, or otherwise represent an economic cost to the community.[52] A study of employment outcomes for youths aging out of foster care found that many were underemployed and progressing more slowly in the labor market than other low-income youths, and only half had any earnings in the two years after aging out of care.[53] At the same time, studies also find that providing support services for youths transitioning out of foster care significantly improved outcomes.[54] (See the article by Massinga and Pecora in this journal issue.)

In addition, some research indicates that foster care can have a positive impact on children. One study of children ages 11 to 14 found that, although placement caused severe disruption because of the need to blend into new neighborhoods, schools, and families and to make new friends, the children described their lives and circumstances positively.[55]

### The Foster Parents' Perspective

Once committed to the care of children, foster parents are confronted with a number of challenges as they try to attend to the complex needs of the children in their care with limited support. Historically, foster parents have been reimbursed at low rates and have been expected to subsidize children's care with their own funds. In 2000, the average monthly foster care reimbursement was $387 for a 2-year-old, $404 for a 9-year-old, and $462 for a 16-year-old.[56] Low rates of compensation make it difficult for foster parents to meet the needs of young people in their care while simultaneously caring for the rest of the family.[57] Inadequate financial support can prove to be a disincentive to the most willing and desirable foster parent.[58] Moreover, foster children have seven times the developmental delays of similar children who are not in foster care placement.[59] As a result, foster parents are often required to give extra care and attention to address foster children's needs, but without any extra resources, support, access to respite care, or training.[60]

Recent efforts to incorporate foster parents' perspectives into the planning and decision-making processes for the children in their care create additional expecta-

**. . . less than one-third [of foster parents] report being well prepared, and often there is no reinforcement of what is learned in the training once the child comes home.**

tions on top of the already enormous demands placed on foster parents. Historically, foster parents, preadoptive parents, and relative caregivers have not been viewed as active participants in these processes. Agencies tended to focus on the temporary nature of foster care, with little emphasis on the role that foster parents and relatives could play as members of a team committed to the safety, well-being, and permanence of children. However, in the current practice environment, caregivers are more often seen as playing multiple roles. In addition to nurturing children and promoting their healthy growth and development, they are expected to advocate for children, mentor birth parents, and provide members of the team (including social workers, lawyers, and judges) with key information about the well-being and permanency of children.[61] Provisions in ASFA underscore the greater formal role foster parents are expected to play in caring for foster children by specifying that foster parents, preadoptive parents, and relatives who care for children in the custody of public child welfare agencies are to receive timely notice of permanency hearings and six-month periodic reviews, and must be afforded an opportunity to be heard.

To meet these challenges, foster parents not only need better financial support, they also need better case management support.[62] Foster parents report feeling devalued by workers and stress the importance of respecting foster parents.[63] Lack of trust between workers and foster parents can arise from poor service integration, lack of service coordination, and the inaccessibility of workers to support foster parents. Foster parents find workers are often unavailable, even though the expectations to meet children's needs are rigorous.[64] To manage the tensions of competing demands, foster parents stress the need for workers to return their phone calls, keep them informed, better articulate what is expected of them, and be more readily available.[65]

In addition, further efforts are needed to ensure foster parents' input is actively sought and valued in the decision-making process. For example, despite provisions in the federal law, focus groups in California indicated that, in the previous two years, one-third of caregivers had not received any written notices of court hearings involving children in their care.[66] When notified, caregivers typically attended all court proceedings for the children in their care. However, focus groups with social workers, attorneys, and judges showed that they were ambivalent or opposed to foster parents being involved in court hearings and decision making regarding the children in their care. Social workers who were interviewed did not want caregivers involved in case planning, nor were they enthusiastic about the idea of having caregivers attend court hearings. Children's attorneys were open to the idea of caregivers attending court proceedings. Attorneys representing other stakeholders were not, however.[67]

Finally, making better training available to foster parents is essential. Foster parents often complain about receiving inadequate training; less than one-third report being well prepared,[68] and often there is no reinforcement of what is learned in the training once the child comes home.[69] Effective foster parent training models exist, but they are not used consistently across local child welfare organizations.[70] For many foster parents, the fragmentation and irregularity of support can be traumatic.

For these reasons, many certified foster families become dissatisfied with their experiences as foster parents and quit fostering within the first year of service.[71] Although better training is not the sole solution, it is one way to enhance the experience of foster parents and to motivate them to continue to serve.[72] When foster parents receive quality training, they are more likely to retain their licenses, have greater placement lengths, and provide more favorable ratings of their experiences as foster parents.[73]

## Ensuring Safe, Stable, and Supportive Homes for Children

Improving service operations to ensure the safety and well-being of children in foster care, given the current

policy constraints, requires multiple strategies and significant creativity. A discussion of some of the measures that can lead to a more responsive and responsible child welfare system follows.

### Responding to Children's Developmental Needs

Child welfare systems and services must be designed with the developmental needs of children at the forefront. For example, infancy and early childhood are acknowledged as the most fragile stages of development, yet increasingly, more children in these age groups are being placed in foster care. Some might argue that the increase in out-of-home placements for children in these age groups is warranted, given that this is a fragile developmental stage and child abuse rates for this age group are relatively high. However, placing children outside the home during this stage can be particularly harmful for their development. When safety can be assured, every effort should be made to either maintain children in their homes with the proper supports or to place them in a kinship community setting. The developmental literature tells us that "placement with a relative has psychological advantages for a child in terms of knowing his or her biologic roots and family identity.[74] When possible, prioritizing and utilizing kinship care may provide additional protective supports to the very young. (See the article by Geen in this journal issue.)

Child welfare workers should also work to ensure the positive developmental health of children. Developmentally sensitive child welfare practices would include conducting a comprehensive pediatric assessment within 30 days of placement; creating and coordinating centralized medical files and creating "health passports" for children; identifying a medical home and a health plan for each child; and creating standardized measures for developmental and psychological screening.[75] Foster parents and child welfare workers need training on the connections between developmental delays, culture, and environmental influences, and how to proactively identify possible difficulties. Additionally, greater collaboration between professionals and the creation of holistic developmental assessment tools, including psychosocial connections, are equally important to foster practices that encourage the healthy development of children in care.

Finally, developmentally sensitive child welfare policies must build on the existing strengths of children in foster care and their families. These strengths must be acknowledged when work with the child and birth parents begins. Acknowledging children's strengths and building upon them through appropriate direct interventions, administrative decisions, and public policies are critical for children's healthy development and well-being.

### Addressing Disproportionality and Differential Treatment

The disproportionate removal of children of color and poor children from their homes should be acknowledged as a crisis in child welfare warranting immediate action. Discriminatory and differential treatment is evidenced throughout the child welfare system. Advocates for children should not dismiss these phenomena as either coincidence or a consequence of increased rates of abuse. Empirical studies have alerted child welfare advocates to the realities of poor children and children of color and their increased likelihood of being removed from home. Addressing racism, discrimination, and differential treatment is critical for better serving and improving the experiences of families and children of color. However eliminating race-based decision making is also important for better serving those white children who go without protection because they are not properly assessed and removed from abusive homes.

### Diffusing Cultural Competence Throughout the System

Cultural competence must be infused into the child welfare system throughout the decision-making process.[76] This effort must go beyond hiring a bilingual staff member, adding a music component to a program, or hosting an international potluck dinner. As one researcher explains, "Cultural competence denotes the ability to transform knowledge and cultural awareness into health and/or psychosocial interventions that support and sustain healthy client-system functioning within the appropriate cultural context."[77] In child welfare, cultural competence is demonstrated when "an agency is aware of and accepts differences, promotes cultural knowledge, [and] has the ability to adapt practice skills to fit the cultural context of children,"[78] families, and communities. Cultural competence includes administrative and managerial teams

that reflect the clients being served and that support cultural adaptation of recruitment strategies, assessment tools, interventions, and evaluative methods. Appraisals and performance evaluations must include assessments of workers' abilities to engage in cultural competence. Supporting the development and substantiation of culturally competent models is a direct form of cultural competence, and establishing policies and procedures that are culturally rooted is necessary to guide practice on all levels.

### Strengthening Families

Supporting and strengthening families is essential if we are to protect and nurture this nation's most vulnerable children. Alleviating the effects of poverty on fragile families can help reduce the numbers of children coming into foster care. When placement is necessary, extending the appropriate services and supports to birth families can help them resolve their difficulties and acquire the tools needed to get their children back. Moreover, actively involving birth parents in developing their own case plans can help them take ownership, and this process has been shown to increase compliance.

Increasing supports for foster parents, through enhanced communication with child welfare workers, increased financial support, enriched ongoing training, and respite care, can facilitate the retention of foster parents. The poor support currently offered may be a factor in the decreasing number of non-kin foster homes and the difficulty in recruiting and retaining foster parents. Emphasis must be placed on ensuring that foster parents are provided with respite care. When a prospective foster family resides in inadequate housing, rather than being ruled out as ineligible, efforts should be made to help the family secure appropriate housing or to make housing improvements in order to meet the specifications of the foster care system. Finally, providing foster parents with relevant training and a greater understanding of what to anticipate will increase their ability to meet the needs of foster children.

### Ensuring Competent Staffing

Staff competence does not rest solely on the individual but involves the entire child welfare organization. The best and brightest social work schools have to offer are unlikely to join the ranks of child welfare, despite bonuses and pay increases, when conditions continue to be poor and systems unresponsive to needed changes. Developing systems that support workers must be a priority, despite contemporary constraints. Strong supervisors with both clinical and managerial skills are critical for providing effective support to staff and ensuring that less-seasoned workers receive the direction they need.[79] Skilled supervisors assigned to manage a small number of staff will offer greater opportunities to fully enhance the experience and competence of child welfare workers.

Regular and ongoing trainings that provide continuing education credits toward professional degrees can also enhance staff and aid in retention. Training curricula should be based on sound data that support the needs of staff. Workers who do not see the connection between what they do, how to improve practice, and training curriculum will not be motivated to attend trainings. Bringing in experts with practical experience in the child welfare system will assist in shaping trainings that are grounded in the needs of staff.

### Improving Data Collection and Accountability

News reports of foster children being abused while in care or "lost" in the system are all too frequent. Protecting children in care by developing structures and measures for establishing agency accountability is a paramount public concern. Again, adequately training and supporting staff is a critical element for establishing accountability, but careful analysis and utilization of administrative data can also be a powerful tool for diagnosing problems, identifying emerging issues, and monitoring agency efforts.

Child welfare agencies regularly collect administrative data on such variables as reason for removal, characteristics of children in care, placement type and duration, and exit outcome. Although there are limitations to administrative data, federal funding incentives to develop Statewide Automated Child Welfare Information Systems (SACWIS) and the availability of computerized, longitudinal administrative data give child welfare agencies tools with which to assess agency performance. Agencies can use this data to promote agency accountability, as well as to reward improved performance and to recognize workers and units that excel. Further, this data can be used to complement other

measures to insure that the quality of work is at the desired level.

For administrative data to be an important diagnostic and evaluation tool, however, improvements in state and local data collection are urgently needed. Currently, child neglect operates as a catchall category that obscures the underlying reasons for placement. This category needs to be further broken down so that reasons for placement such as parental substance abuse, mental illness, incarceration, or death can be properly documented. More detailed and accurate data would allow states to better plan programs for children in their jurisdictions and would illuminate the root causes of entry into foster care. States also need to stop relying on data that documents only what is occurring at a particular point in time and better utilize the data in administrative databases for analyses and planning. For example, administrative data can be used to identify children placed with relatives or nonrelatives, or to analyze the disproportionate representation of minorities in care. This information can be further used to determine where such phenomena exist, down to the county or city level, and can provide the basis for better practice. Finally, better data is needed on services provided. Better data collection and ongoing analyses will allow policymakers, planners, administrators, and workers to do a better job serving children and families.

### Experimenting with Innovative Models

Innovative models of family foster care that recognize the relational nature and community context of foster

## Box 3

## Innovative Foster Care Models

**Family to Family**

First introduced in Alabama, Maryland, New Mexico, Ohio, and Pennsylvania, Family to Family is now operating or under consideration in seven other states. In this model, recruitment efforts target those communities where foster parents are needed most. Foster parents are paid not only to care for children but also to develop a mentoring relationship with birth parents. Ideally, foster parents, birth parents, social workers, and community liaisons work together to reunify families.[a]

**Shared Family Care**

The Shared Family Foster Care (SFFC) model involves the planned provision of out-of-home care to parents and their children. In this model, parents and host caregivers simultaneously share the care of children and work toward independent, in-home care by parents.[b] Typical shared family care arrangements include residential programs for children that also offer residence and treatment for their parents; drug and alcohol treatment programs for adults that also offer treatment for children; drug treatment programs for mothers and children; residential programs for pregnant and parenting mothers; and foster family homes that offer care for parents and children.[c] Monthly SFFC costs are generally higher than those of basic family foster care placements, but because SFFC placements are typically shorter in duration the program appears to be, at a minimum, cost neutral. SFFC shows promise in protecting children and preserving families. However, it is not appropriate for everyone. Parents must demonstrate a real desire to care for their children and a readiness to participate in a plan to improve their parenting skills and life situations. Experience suggests that parents who are actively using drugs, involved in illegal activity, violent, or severely mentally ill (and not receiving appropriate treatment) are unlikely to benefit from this program. Parents in recovery, those with developmental disabilities, those who are socially isolated, and those with poor parenting skills are good candidates for SFFC.

[a]Miller, C. Fostering community. *Children's Advocate* (March/April 2000), p. 8. Available online at http://216.173.248.173/news/300ftf.htm.
[b]Barth, R.P, and Price, A. Shared family care: Providing services to parents and children placed together in out-of-home care. *Child Welfare* (1999) 78(1):88–108.
[c]Barth, R.P. Shared family care: Child protection and family preservation. *Social Work* (1994) 39(5):515–25.

care hold promise for reinventing foster care. Two particularly promising models, Family to Family and Shared Family Foster Care, encourage social workers and foster families to reach out to birth families with the mentoring, community support, and services they need to reunify with their children, while simultaneously providing out-of-home care for children (see Box 3).

There are also a number of culturally competent interracial adoption programs that can serve as models for cultural competence in foster care more generally. These programs and organizations have worked successfully with children, foster and adoptive parents, and child welfare workers, and they provide an example of how to use cultural competence in working with each stakeholder in the foster care system (see Box 4).

## Conclusion

The challenges facing the foster care system are daunting. Yet there are promising practices and models for addressing the needs of foster children. The system must acknowledge the interconnection between the multitude of factors that lead to children being placed in foster care and must develop a comprehensive and holistic array of services to serve fragile families. Providing foster families with the incentives and supports to facilitate their success is a primary issue for foster care's longevity as an option for children. Addressing the underlying racism and discriminatory treatment of poor people and people of color is both a social and a moral necessity.

Good child welfare practice depends on diligent and dedicated social workers, innovative service systems, effective policymaking, strong advocacy, and family and community partnerships. Organizational reforms that develop accurate and meaningful measures of performance while ensuring that staff members receive the support and training they need to optimize their working environment and achieve their long-term goals are critical to success. Although there are pressing challenges in contemporary foster care, there are also recognized solutions that, if honestly incorporated, could make a difference for these fragile yet promising children.

### Box 4

### Models for Infusing Cultural Competency into Foster Care

Several successful cultural competency models utilized in the adoption process hold lessons for infusing cultural competency into the foster care system more generally. For example, ROOTS, Inc., an African American adoption agency in Atlanta, has a successful record of using culturally competent techniques to recruit and retain adoptive families. Specializing in placing hard-to-place children, ROOTS has been able to find permanent homes for children of color with racially matched families by using formal and informal networks. The Institute for Black Parenting (IBP), the first licensed adoption agency of color in the state of California, is another example of a culturally competent child welfare organization. IBP has been able to effectively recruit and retain families of color by training all staff in cultural competence, working with communities and churches, and maintaining flexible hours, along with other techniques. These programs provide evidence that success emanates from culturally competent practice.

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# Family Reunification

**Fred Wulczyn**


## SUMMARY

Reunifying children placed in foster care with their birth parents is a primary goal of the child welfare system. Yet, relatively little is known about the reunification process. This article analyzes new data on trends in family reunification and discovers:

- Although most children still exit foster care through family reunification, exit patterns have changed over the last 8 years. Currently, reunification takes longer to happen, whereas adoptions happen earlier.
- A child's age and race are associated with the likelihood that he or she will be reunified. Infants and adolescents are less likely to be reunified than children in other age groups, and African-American children are less likely to be reunified than children of other racial/ethnic backgrounds.
- Although many children who are reunified exit the system within a relatively short period of time, reunifications often do not succeed. Nearly 30% of children who were reunified in 1990 reentered foster care within 10 years.

The principle of family reunification is deeply rooted in American law and tradition, and reunification is likely to continue as the most common way children exit foster care. Thus, greater efforts should be made to ensure that reunifications are safe and lasting. The article closes with a discussion of changes in policy and practice that hold promise for improving the safety and stability of reunified families, such as instituting better measures of state performance, and continuing to provide monitoring and supports for families after a child is returned home.


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For children in foster care, reunification with birth parents is often the primary permanency goal and the most likely reason a child will leave placement. About one-half of children placed in foster care will go back home to their parent(s) following what is often a relatively brief period in foster care. Within the larger context of child welfare policy and practice, the fact that most children go back to their birth parents after placement reflects the central importance of reunification as an outcome of foster care placement.

This article discusses family reunification policy and practice. It begins with a discussion of the legal framework shaping family reunification policy and practice. It then assesses what is known about the factors that can affect the likelihood of children successfully reunifying with their birth parents. Next the article examines reunification within the broader context of child welfare outcomes and the problem of unsuccessful reunification—when children are reunified with birth parents only to later reenter the foster care system. Finally, the article concludes with a discussion of implications for policy and practice, with a focus on the key issues to be addressed if we are to improve the likelihood of children successfully reunifying with their birth parents.

## Family Reunification in Law, Policy, and Practice

Family reunification can be viewed from multiple perspectives, such as the body of law that delineates parental rights and the implications of the law on public policy, the practices and decision-making processes child welfare agencies engage in when deciding whether to return children to their birth parents, and child and family factors that may affect the possibility of successful reunification. The following sections discuss family reunification in all of these contexts.

### Law

The bedrock assumption underlying child welfare policy is that children are better off if raised by their natural parents.[1] This preference for the role of natural parents is codified in law and provides the rationale for retaining reunification as a core outcome for children placed in foster care.[2] Parents have the fundamental right to direct the care, custody, and control of their children, and it is presumed that, until or unless proven otherwise, they will act in a child's best interest.[3]

Although the U.S. Supreme Court has long recognized the autonomy of the natural family and grants wide latitude to parents, the court does acknowledge the interest of the state to protect and promote children's welfare and to assure that children have permanent homes.[4] The exercising of this authority emphasizes that a child is not the absolute property of a parent, although state action is limited to situations in which parents are proven unfit or unwilling to perform parental duties and obligations.[5] Because the presumption favoring parents has to be set aside before any other caregiving arrangements are pursued (assuming the parents do not consent), reunification has to remain the primary goal of child welfare services until a permanent decision regarding parents' abilities to carry out their responsibilities can be made.

Parental rights regarding children are frequently construed as a bundle of rights and responsibilities pertaining to custody, medical treatment, educational and religious decision making, physical and emotional care, and financial support. Generally, the parent's rights are comprehensive and predominate over those of the child and third parties, including the state and relatives of the child. However, the bundle is divisible, and some rights can be conveyed to others for a limited duration, even as natural parents retain other rights. For example, parents can convey guardianship of a child to a third party during a planned absence. The guardian assumes day-to-day responsibility for the child (food, clothing, and shelter), but parents retain the right to make certain decisions on behalf of the child. Only in the extreme circumstance of termination of parental rights do the natural parents totally relinquish the bundle.

For a court to challenge a parent's fundamental right to the custody of his or her child, there must be a showing of parental unfitness. Even when parental unfitness is demonstrated, with few exceptions there is a residual presumption that it is in the child's best interests to be in the custody of the parent. Thus, subsequent to the determination of parental unfitness, the court conducts a separate best interests analysis, deter-

mining whether it would be in the best interest of the child to remain with the parent or to be placed out of the home. The legal standards for unfitness and best interests of the child are neither clearly defined nor exact. A court must balance competing interests (parents, children, and third parties) and examine various factors as it weighs the facts of an individual case in making its determination.

## Policy

Generally speaking, the legal framework for thinking about child rearing creates a strong presumption in policy that favors parents' rights to raise their children.[6] This attitude is reflected in three major pieces of social legislation governing the nation's child welfare system: the Indian Child Welfare Act of 1978, the Adoption Assistance and Child Welfare Act of 1980, and the Adoption and Safe Families Act of 1997.[7]

Of the three acts, the Indian Child Welfare Act of 1978 (ICWA) contains the strongest language in favor of family preservation. ICWA requires proof by clear and convincing evidence for any temporary foster care placement and proof beyond a reasonable doubt for termination of parental rights.

The major goals of the Adoption Assistance and Child Welfare Act of 1980 (AACWA) were to prevent the removal of children from their own homes by requiring states to make reasonable efforts to maintain them there or, if children had to be removed for their safety, to reunite them expeditiously with their parents.[8] AACWA required a judicial determination that reasonable efforts had been made or offered to prevent placement or to enable the return of children to their homes. It also contained fiscal incentives for states to avert and shorten foster care placements and to encourage permanency planning for children.

Although the Adoption and Safe Families Act of 1997 (ASFA) specifically authorizes funding for time-limited reunification services, the focus on family preservation and reunification shifts somewhat to efforts to achieve permanency and stability for children through adoption.[9] The act's major features are a change in the time frame for the dispositional review (also called the permanency planning hearing) from 18 months to 12 months and allowing states to plan reunification and

**Reunifying a child . . . is not a one-time event . . . it is a process involving the reintegration of the child into a family environment that may have changed significantly from the environment the child left.**

adoption concurrently by seeking adoptive homes for children. Significantly, ASFA requires the state to petition the court to terminate parental rights or to support the petition filed by a third party for children in foster care for 15 of the most recent 22 months. Exceptions to this mandate include children in the care of relatives, children whose best interests are not served by adoption (justified by the state in writing), and children for whom the state has not made reasonable reunification efforts. Lastly, ASFA clarifies reasonable efforts requirements: States are not required to provide reunification services when a parent has killed another child, when the child is the victim of serious physical abuse, or when parents' rights vis-à-vis other siblings have already been terminated. (See the article by Allen and Bissell in this journal issue for a full discussion on ASFA.)

Although some critics claim that ASFA makes it easier to set aside parental rights, signs of a substantially weakened set of parental rights are hard to see. For the most part, ASFA provides some additional guidance to states by clarifying the reasonable efforts standard and creating a new presumption for the termination of parental rights. Of course, whether poor parents can adequately represent themselves is an important question in its own right.[10] Overall, federal policy regarding permanency demonstrates a strong preference for returning children to live with their birth parents or for adoption by surrogate parents.[11]

## Practice

Due in large part to the legal and policy framework protecting parental rights, family reunification remains the primary permanency goal for most children who come into the child welfare system. According to the Adoption and Foster Care Analysis and Reporting System (AFCARS), reunification was the stated permanency planning goal for 44% of children in care.[12] At the same time, in an effort to expedite children's placement into permanent families, many agencies concurrently plan for family reunification and an alternative permanency option, such as adoption or kinship care, should reunification not be achieved within the set timelines defined under ASFA. As of 2002, 37 states had statutes detailing their concurrent planning policies.[13]

The concurrent planning process typically involves assessing which children are least likely to reunify and thus would most benefit from an alternative permanency plan. Under an alternative plan, a child is more likely be placed with a foster or kin family that is willing to adopt should reunification not be possible, and birth parents are made to understand that should reunification not be achieved, the child will be placed permanently with the foster or kin family.

The available research on the effectiveness of concurrent planning, while limited, suggests that the practice has been helpful in finding permanent homes for children in a timely manner.[14] However, some critics have raised concerns that concurrent planning practices may undermine family reunification efforts. Some argue that concurrent planning leads case workers to work less vigorously toward family reunification.[15] Another concern is that birth parents may have difficulty working with case workers when they know alternative permanency options are being actively pursued. To date, there are no rigorous evaluations of the relationship between concurrent planning practices and the likelihood of family reunification. However, proponents of concurrent planning argue that appropriate training, careful implementation, and quality communication between social workers, birth parents, and foster caregivers can address and alleviate many of these concerns.[16]

### The Decision to Reunify

Although family reunification is the most common exit type for children in care, relatively little is known about reunification decision making and the process of reintegrating children into their families. However, the available research suggests that greater sensitivity to parent and child characteristics is needed in choosing appropriate permanency options and keeping reunified families intact. Only a few studies have attempted to explore the factors that lead caseworkers to recommend reunification. What can be gleaned from these studies is summarized below.

One study designed to understand why reunifications fail identified the following case activities as essential parts of the reunification process: quality assessments including whether and when reunification should occur, quality case plans, family engagement, service coordination, family compliance with case plans, family readiness, and post-reunification services and monitoring. The study also noted that a history of prior reunifications, ambivalence on the part of parents, and length of placement all played a part in the decision to reunify. Finally, the study linked the provision of post-reunification services to successful reunifications.[17]

Another small, qualitative study involved interviews with nine caseworkers and several child welfare administrators working in three different public child welfare agencies in the Washington D.C. region.[18] Although the small number of participants and the regional focus of this research limit our ability to generalize about these findings, they do offer some insights into the reunification decision-making process.

In the D.C. study, social workers cited four essential issues they considered when deciding to reunify a child. First, most workers were particularly concerned with how well parents had complied with the conditions set out in their case plans. Specifically, workers assessed whether birth parents had actively participated in any service referrals they were given, whether their behavior had changed, and their level of involvement in the daily lives and schooling of their children. Second, assessing the safety of the home was critical in the reunification decision. In addition to assessing necessary changes in the home, workers looked for evidence that birth parents had ceased problematic behavior that might endanger a child and had demonstrated improved parenting skills. Frequency of visitation was another critical factor in the decision-making process. Parents who were unwilling or unable to visit or were inconsistent in their visitation patterns were less likely to be recommended for reunification than were parents who adhered to the visitation schedule. Finally, children's wishes were also a factor in the reunification decision, particularly for older children. It must be emphasized, however, that the lack of research in this area is troubling. Larger studies on factors that affect caseworker decision making are critical to improving the reunification decision-making process.

**Child and Family Factors**

The characteristics and circumstances of children and families also affect the likelihood of reunification. Reunifying a child with his or her birth parents is not a one-time event. Rather, it is a process involving the reintegration of the child into a family environment that may have changed significantly from the environment the child left. During the time apart, both the parent and the child may have encountered new experiences, developed new relationships, and created new expectations about the nature of their relationship. All these factors must be considered and accounted for when facilitating both physical and psychological reunification. Some studies have found that certain child and family characteristics can hinder or help the reunification process.

Some researchers have found that parental ambivalence about the return of children can be a significant barrier to successful reunification.[19] Other studies have found that parents who have multiple problems are less likely to successfully reunify with their children.[20] For example, parents with a combination of substance abuse problems, mental illness, or housing problems, and/or single parents, were less likely to be reunited than parents who did not face a multitude of concerns. Additionally, one study found that the duration and amount of contact families had with child welfare workers were positively related to reunification.[21] Although other factors may be at work in this dynamic, it appears that continued and consistent interaction between reunified families and social workers may facilitate the reunification process. Maintaining contact between parents and child welfare workers may be particularly challenging, as some families may be resistant to maintaining ongoing relationships with the child welfare system—a system they may perceive as coercive, invasive, or threatening—after a child's return. This situation stands in contrast to many foster and adoptive families, who often request more interaction and assistance from the child welfare system.[22]

Children can also experience psychological distress during the reunification process. They may experience feelings of grief, loss, or fear at the prospect of leaving a foster home. A child's psychological health can also affect reunification. One longitudinal study of more than 600 children found that children with behavioral

or emotional problems were less likely to be reunified than were children who did not face these difficulties.[23] Another study found that children experiencing health difficulties and/or disabilities had lower reunification rates than children who were not.[24]

## Trends and Patterns in Reunification

To determine whether recent policy initiatives have changed exit outcomes for children in care, a clear understanding of trends and patterns in family reunification is a necessary first step. The Multistate Foster Care Data Archive is a longitudinal dataset that includes data on approximately 1.3 million foster children in 12 states.[25] This dataset, with its extended follow-up period, allows a glimpse into the experiences of children who exited foster care 10 years ago or more and provides a valuable source of information on reunification. Several key findings have emerged from these data, including that most children are reunified; that age and race/ethnicity matter; that length of stay is linked to exit type; that reunification—not adoption—declined during the 1990s; and that rates of reentry following reunification are high. Each of these trends is discussed in more detail below.

### Most Children Are Reunified

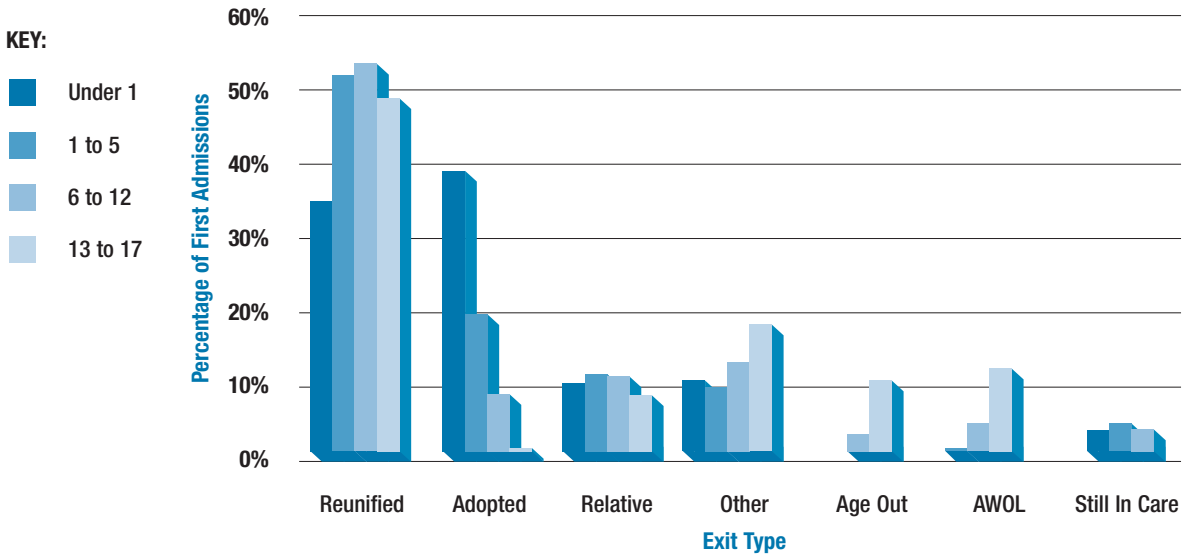
Most children leave the foster care system through reunification with their birth parents. Determining the simple probability that a child will leave the child welfare system through reunification is an important first step in understanding the dynamics of family reunification. As illustrated in Figure 1, for every 100 children admitted to foster care in 1990, more exited through reunification than through any other exit type.[26] With respect to family exits other than reunification, about 10% of children were placed with relatives.

### Age and Race/Ethnicity Matter

Children's experiences with the foster care system vary significantly, depending on their age at placement and their race/ethnicity. For example, among children admitted to foster care after their first birthday,

## Figure 1

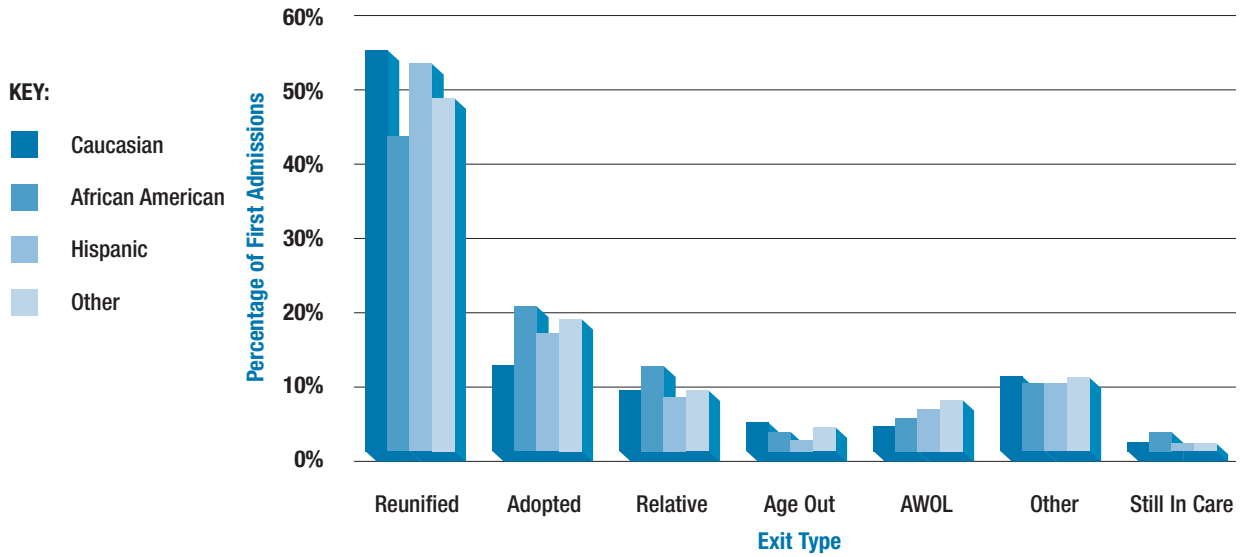
## Exit Type by Age at First Admission, 1990 Entry Cohort




Note: Data taken from the Multistate Foster Care Data Archive, Chapin Hall Center for Children at the University of Chicago, available online at http://www.chapinhall.org/category_archive_new.asp?Ls=66&L3=123.

## Figure 2

### Exit Type by Race/Ethnicity – 1990 Entry Cohort, First Episodes




Note: Data taken from the Multistate Foster Care Data Archive, Chapin Hall Center for Children at the University of Chicago, available online at http://www.chapinhall.org/category_archive_new.asp?Ls=66&L3=123.

reunification was clearly the most common reason for leaving foster care. Slightly more than half of children who left foster care did so because they were reunited with their parents. Among children admitted as babies, however, adoption was the most common exit reason. Adoptions among older children, especially adolescents, were relatively rare. Instead of being adopted, adolescents who didn't go home either aged out of placement, were reported as "absent without leave" (AWOL), were discharged for some other reason (for example, transfer to another child serving-system), or were placed with other family members.

Data illustrate that a child's race and ethnicity are also related to the exit outcome. Among children admitted in 1990, Caucasian children were more likely to be reunited, whereas African American children were more likely to be adopted. This finding contradicts reports suggesting that African American children are both less likely to be adopted and less likely to be reunified.[27] According to the data in Figure 2, 21% of African American children were adopted, compared with 14% of Caucasian children. Among children admitted in 1990, African American children were also more likely to still be in care 10 years after their initial placement.[28]

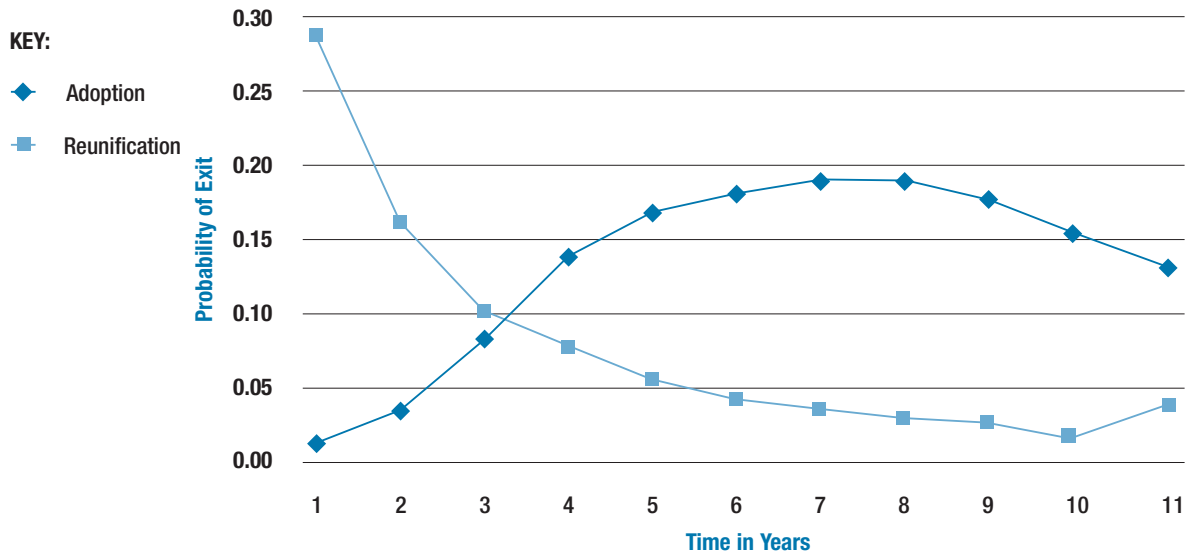
### Length of Stay Linked to Exit Type

The amount of time children spend in foster care varies by type of exit. A child can and often will leave foster care after a brief placement, especially if the child is reunified. Simple measures of placement duration, such as average length of stay, convey little about the differences between adoption and reunification.

Figure 3 charts the likelihood of exiting to reunification and adoption for children admitted to foster care in 1990.[29] The data displayed reflect the likelihood of reunification or adoption in the next year, given how long the child was in care. In brief, these data illustrate that reunification is much more likely to take place early in a placement rather than later. For example, the first year a child is in foster care, the likelihood (or probability) of exit is about 28%. Among

## Figure 3

### Conditional Probability of Exit by Exit Type, 1990 Entry Cohort




Note: Data taken from the Multistate Foster Care Data Archive, Chapin Hall Center for Children at the University of Chicago, available online at http://www.chapinhall.org/category_archive_new.asp?Ls=66&L3=123.

children still in care after one year, the probability of reunification drops significantly over the following year, to about 16%. During each subsequent year, children who remain in foster care face a declining probability of reunification.

The adoption process follows an entirely different trajectory. During the first year following placement, the likelihood of adoption is less than 2%. From a practice perspective, the lower initial likelihood of adoption means that only a few children entering care are readily identified by social workers as children who will be adopted. Although the data do not indicate why adoption is the obvious permanency choice, it may be that the child's parents are deceased, and adoption is the only appropriate permanency plan. After the first year, the likelihood of adoption rises steadily.

The increase in the likelihood of adoption over time makes sense, as the decision to terminate parental rights follows a period during which the public agency should be working with the parents toward reunification. As clinical experience with the family builds, the cumulative evidence might shift the planning process away from reunification and toward adoption. After three years, the likelihood of adoption or reunification is about the same. After four years, a child is more likely to leave foster care through adoption.

Casual observers of the foster care system often believe that children placed in foster care stay there a long time. This perception is reinforced by the notion of "foster care drift"—when children remain in foster care without a plan for discharge, either to their natural parents or some other legally responsible adult. However, the data in Figure 3 demonstrate that the amount of time children stay in foster care is tied to whether they are reunified or adopted. In fact, only a small percentage of children remain in out-of-home care for more than 10 years.[30]

Although the children still in care are a relatively small proportion of the total number of children placed in 1990, their continued presence in the foster care sys-

tem reinforces the need to monitor placements diligently. The experiences of these children also highlight why the underlying processes of reunification and adoption have to be monitored over an extended period before conclusions about the effectiveness of policies and practices can be reached. Meanwhile, periodic judicial and administrative reviews are important tools for evaluating children's ongoing needs and the appropriateness of reunification as a permanency planning goal.

### Reunification—Not Adoption—Has Been Declining

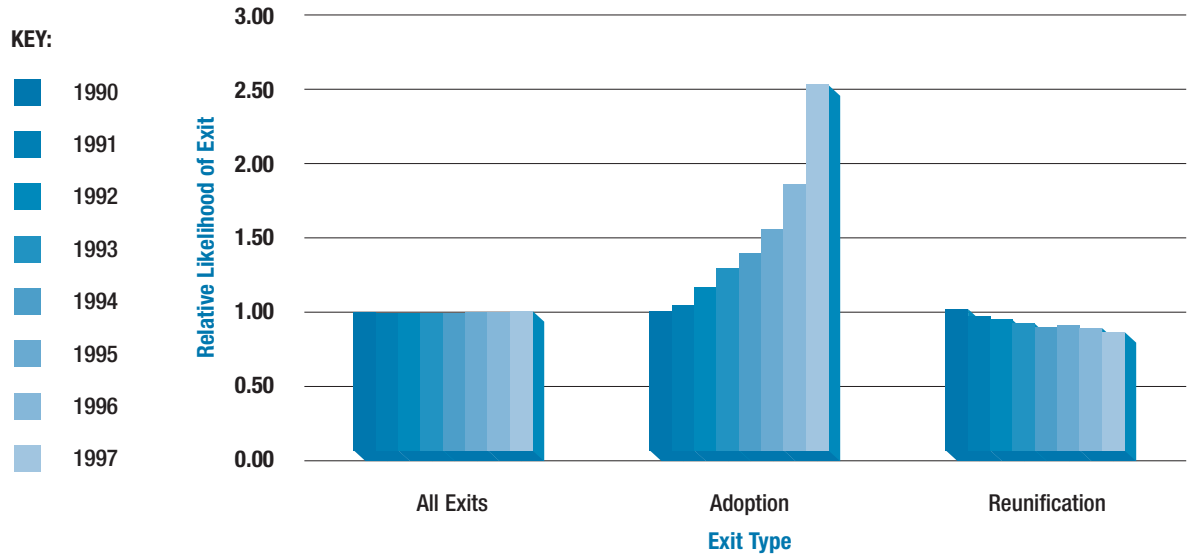
An analysis of reunification and adoption trends since 1990 indicates that contrary to popular conception, the rate of exit to reunification—not adoption—slowed during the 1990s. This particular finding is important because lawmakers at the federal level believed that adoptions were slowing during this period, a concern that led Congress to address the sluggish adoption process as part of ASFA.

The passage of ASFA, arguably the most important piece of federal child welfare legislation passed since 1980, was largely driven by the substantial growth of the foster care population during the late 1980s and early 1990s, and the perception that adoption backlogs were increasing. In 1990, the estimated number of waiting children nationwide was just below 20,000, or about 5% of the total foster care population at that time. Five years later, 38,000 children were waiting to be adopted, representing about 8% of the total foster care population, even though the number of adoptions increased by 31% between 1990 and 1994. It appeared states were losing ground in the effort to expedite permanency, particularly in adoptions from foster care.

However, the data in Figure 4 illustrate that any slowdown in exit patterns most likely involved a reduction in the number of children who were reunified with their parents. These data compare children admitted in 1990 with children admitted in later years (1991 through 1997) to determine whether rates of exit in later years were faster (or slower) than the rates recorded for children who entered in 1990. For instance, if

## Figure 4

## Likelihood of Exit by Exit Type




Note: Data taken from the Multistate Foster Care Data Archive, Chapin Hall Center for Children at the University of Chicago, available online at http://www.chapinhall.org/category_archive_new.asp?L2=66&L3=123.

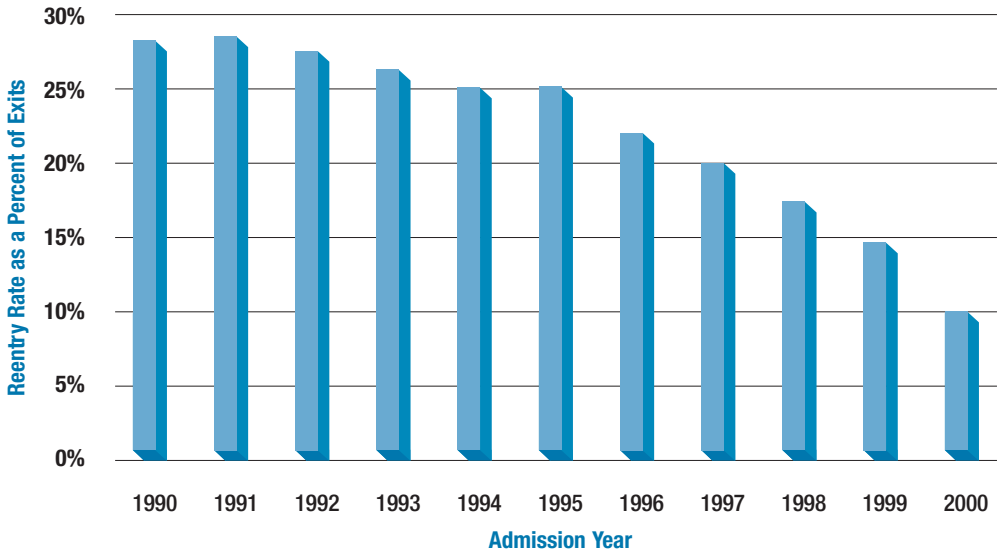
the conventional wisdom of the mid-1990s was accurate, the rate of adoption for children admitted in 1995 would be slower than the rate of adoption for children who started in 1990. In the data displayed in Figure 4, a slower rate of adoption would correspond to a relative likelihood of exit below 1. Faster exits (relative to children admitted in 1990) would correspond to a relative likelihood of exit exceeding 1.[31]

Three different views of the exit data are presented in Figure 4. To the left, the data reflect relative rates of exit for all children admitted between 1990 and 1997, regardless of exit type. These data indicate little overall change in the rate of exit. That is, children admitted in 1995 were about as likely to leave foster care as children admitted in 1990. From this perspective, worries that children were leaving foster care at slower rates appear somewhat unfounded. The second panel examines the same data, except the analysis is restricted to children who were adopted. These data portray a different story: Each successive cohort of children that followed the 1990 admission group moved to adoption at a faster rate than the children admitted in 1990. A more thorough analysis of these trends indicates that during the early portion of the decade (1990 to 1994), adoption rates were unchanged.[32] That is, adoptions were neither slowing down nor speeding up. Near the midpoint of the decade, but before ASFA was passed, adoptions began to accelerate, probably because state initiatives were having an impact. Once ASFA was enacted, the tendency for adoptions to happen faster continued, contributing to the notably faster rate of adoption for children admitted in 1997 compared to children admitted in 1990.

The third panel of data shows reunification trends over the same time period. These data indicate that as adoptions were speeding up, reunification was slowing down. For example, the relative rate of discharge to reunification among children who entered care in 1997 was 0.87, or about 13% slower than similar children admitted in 1990. The decline in rates of exit for children was persistent over the eight-year period. Because more children have reunification than adop-

## Figure 5

## Reentry Rate by Year of Admission




Note: Data taken from the Multistate Foster Care Data Archive, Chapin Hall Center for Children at the University of Chicago, available online at http://www.chapinhall.org/category_archive_new.asp?L2=66&L3=123.

tion as a primary permanency plan and outcome, the net effect of slower reunification canceled the effect of faster adoptions, so that for the caseload as a whole, exit rates were stable.

### Rates of Reentry Following Reunification Are High

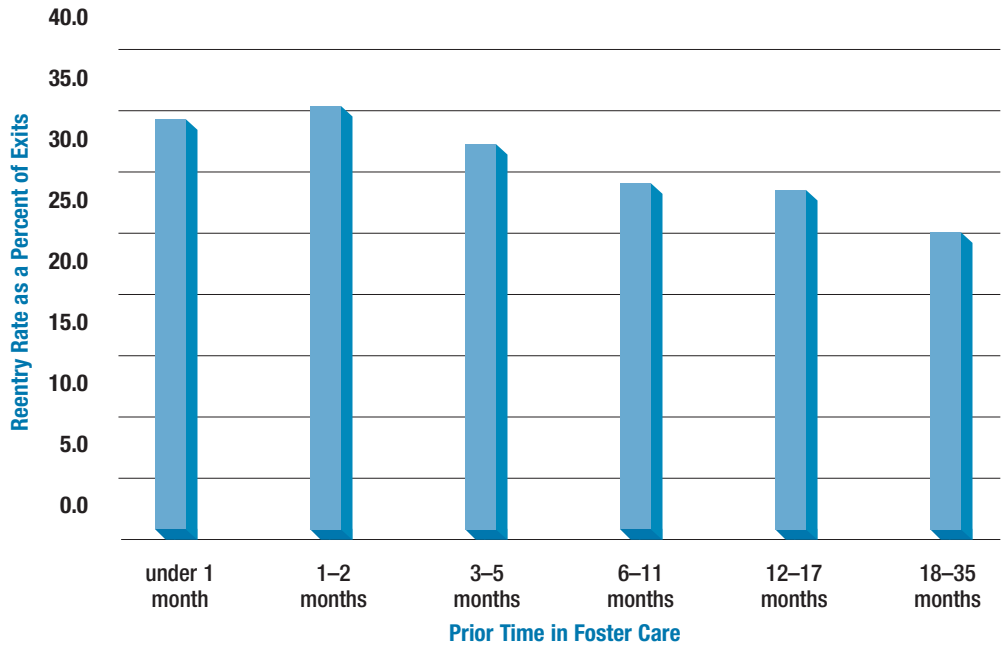
Unfortunately, a significant number of children reenter care within 10 years of being reunified. Figure 5 provides reentry rates for 11 successive groups of children admitted to foster care and reunified with their parents.[33]

The data indicate that approximately 28% of the children admitted in 1990 reentered foster care over the next 10 years. The reentry rates for the 1991 and 1992 groups are about the same, an indication that reentry following reunification is relatively rare after about eight years. Reentry rates for children admitted between 1993 and 1997 were between 20% and 26%. After 1997, reentry rates fall off, but only because of the shorter observation period.

Because policy and practice are geared to reunifying children quickly, the relationship between placement duration and subsequent reentry offers some insight into the difficult decisions facing social workers. For example, as shown in Figure 6, children reunified after short placements are those most likely to return to placement. Children reunified following relatively longer placements appear to have lower reentry rates (25%), but that is not an indication that children should stay in foster care longer in order to lower reentry rates. Rather, the statistic seems to suggest that the ability to sustain a parent-child relationship during a long separation is probably linked to lower reentry rates.

## Figure 6

### Rentry Rate for Children Reunified by Prior Time in Foster Care, 1988–1995 Admission Cohorts




Note: Data taken from the Multistate Foster Care Data Archive, Chapin Hall Center for Children at the University of Chicago, available online at http://www.chapinhall.org/category_archive_new.asp?L2=66&L3=123.

Finally, a majority of children who reenter care after reunification do so within a year. The data in Figure 7 indicate that slightly less than 70% of children who returned to foster care following reunification did so within a year. A more detailed look at the data shows that of the children who returned within a year of reunification, 57% returned within three months. Thus, almost 40% of children who return to care after being sent home to their parents come back to placement within 90 days. One study found that parental problems such as substance abuse, noncompliance with service plans, problematic parenting skills, hostility toward their children, and other concerns were major factors leading to reentry into foster care.[34] Another study found that structural factors such as single parenthood and financial or housing difficulties contributed to reentry.[35]

To summarize, the data from the Multistate Foster Care Data Archive can be used to extend our understanding of reunification. Children who enter foster care tend to leave quickly if they are reunified. However, the likelihood of reunification falls off sharply after the first year. Among children who have been in foster care for more than three years, the likelihood of adoption actually exceeds that of reunification.[36] Moreover, the backlog of children awaiting adoption in the 1990s was due largely to the increase in admissions early in the decade. The pace of adoptions actually increased, whereas reunification rates slowed during this period, a trend that has received little to no attention. Finally, although there are important state and local differences in rates of reentry, these data suggest that one out of every four children who goes home returns to foster care. Perhaps more than any other single piece of data, the likelihood of reentry serves as a reminder that the preference for reunification, absent an investment in families, is no guarantee that children will remain with their parents.

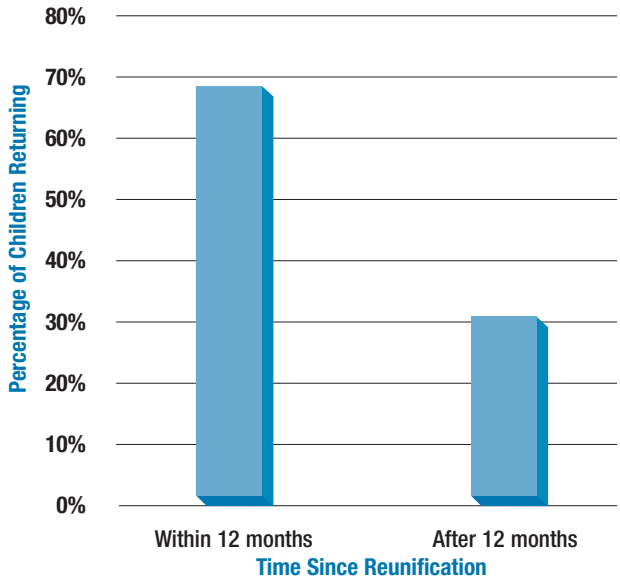
## Policy and Practice Implications

The preference for reunification is rooted in American traditions that afford parents constitutionally protected rights, thus it is rather unlikely that the basic framework for child welfare policy and practice in the United States will change significantly in the years ahead. As states devise strategies to meet the needs of children, the U.S. Supreme Court's words in *Quilloin v. Walcott* are again instructive. The state may not "force the breakup of a natural family over the objections of the parents and their children, without some showing of unfitness and for the sole reason that to do so was thought to be in the children's best interests."[37] Thus, states will continue to turn first to parents when planning a permanent home for a child who has been placed in foster care. Child welfare officials will seek out other caregiving arrangements only if the parent cannot or will not provide adequately for the child.

However, the need to identify workable strategies that reduce time in placement prior to reunification and the likelihood of reentry has never been greater. The federal Child and Family Service Reviews stress reduced time in care and lower reentry rates among other outcomes.[38] If a state fails to achieve substantial conformity with the federal standards, the public child welfare

### Figure 7

### Time to Reentry Following Reunification, 1988–1995 Admission Cohorts




Note: Data taken from the Multistate Foster Care Data Archive, Chapin Hall Center for Children at the University of Chicago, available online at http://www.chapinhall.org/category_archive_new.asp?Ls=66&L3=123.

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agency could face fiscal sanctions. In this last section, the discussion turns to the policy and practice implications that form the challenge ahead.

## Policy Implications

Two areas of federal policy are especially germane to efforts to improve the reunification decision-making processes in state and local child welfare agencies across the country. The first has to do with the federal Child and Family Service Reviews and the way the federal government measures reunification and reentry. The second area has to do with fiscal incentives and federal funding for child welfare services generally and foster care specifically.

### Measuring State Performance

The Child and Family Service Reviews conducted by the Department of Health and Human Services (DHHS) represent a historical milestone in the federal government's efforts to better understand and monitor state child welfare programs. Unlike previous federal efforts that focused on outcomes, the newer standards are focused more squarely on performance, measured in terms directly related to the experiences of children in foster care. Thus, how long children spend in foster care prior to reunification, and reentry into foster care are important indicators of performance. The federal standards pertaining to reunification and reentry are:

- Percentage of children reunified within 12 months of latest removal,
- Percentage of children admitted in a year who reenter care within 12 months of a prior episode.

Of all the issues confronting the child welfare system at this juncture, changing the federal measurement system is quite possibly the most important. In the current plan, DHHS proposes to compare states on these indicators at two different points in time to determine whether the observed changes are consistent with better performance. Although the basic approach is sound, there are fundamental problems with the way DHHS measures performance.[39] For example, the reunification standard is based on all children who have exited care (an exit cohort) through reunification. This group is useful to look at for some purposes, but this view of the foster care population excludes children still in care. Therefore, the federal standard does not measure the likelihood of reunification. Also, members of an exit cohort are a select group of foster children, different in ways directly related to system performance. For example, exit cohorts systematically favor children who leave placement after short stays. This situation leaves the impression that the amount of time children spend in foster care is much shorter than it is when measured using the experiences of all the children placed in foster care. As a result, this view can be misleading. In fact, a state's measured performance could show improvement when in actuality performance is declining. Thus, state actions and federal sanctions based on these measures could be predicated on inaccurate perceptions regarding state performance.

### Fiscal Incentives

The second policy area currently hindering efforts within the child welfare system to improve outcomes for children in foster care has to do with how child welfare services are financed. On the positive side, federal funding for in-home services has increased in recent years.[40] However, as discussed in the article by Allen and Bissell in this journal issue, a large share of federal child welfare revenue goes to support foster care programs allocated through per-diem claims that can be made only if a child is in foster care. If a child is discharged from foster care, the basis for making a federal claim disappears, along with the associated revenue. As it now stands, the harder child welfare service providers try to reduce foster care utilization from current levels—either by lowering admission rates (placement prevention), reducing time in care (earlier permanency for children), utilizing less-restrictive settings, or lowering the rate of reentry—the less federal revenue will be available to provide services, even if the changes in service utilization are predicated on the judgments of professionals who choose alternatives to foster care as a way to meet client needs.

Under the current federal funding structure, agencies have to draw primarily on state and local dollars to provide services to families outside foster care.[41] Without a permanent solution to this structural dilemma, the federal government's fiscal commitment to foster children will diminish over time, as states successfully meet federal reunification standards.

## Practice Implications

Of all the child welfare services studied over the past few decades, reunification services have rarely attracted the kind of attention dedicated to other child welfare services, such as family preservation. Thus, the evidence base for successful reunification programs and practices is especially thin, even by child welfare standards. Some researchers have reported favorable results when they worked to increase collaborative relationships with parents, build family-based strengths, address concrete services, and offer aftercare services. But few clinical programs have been rigorously tested using experimental designs. In their review of reunification programs conducted for DHHS,[42] researchers could find only two examples of controlled studies (studies that used randomized assignment of clients to treatment and control groups) that tested family reunification services: a study conducted in New York State and another conducted in Utah. In the Utah program, members of the treatment group received intensive services featuring skill building, assistance with concrete services, and help with family members. Families in the treatment group experienced higher reunification rates than families in the control group.[43] However, this study also found that reentry into foster care for families in the treatment group approached 27%, comparable to the rate reported in Figure 6.

From a service perspective, it is also important to note that some research, however limited, shows that children in foster care sometimes fare better than their counterparts who were reunified. For example, another study followed a fairly small sample of children in San Diego, looking for well-being differences among children who went home and those who stayed in care.[44] Results indicated that children who went home engaged in more risk behaviors and exhibited more behavioral problems. Because the sample is a small one from a single city, it is hard to generalize to other populations and places. Still, the findings serve to remind us to think very carefully about reunification, the process for deciding when a child is ready for reunification, and the services needed to reintegrate the child within the family and community.

Although studies of reunification services are limited, social services research more generally provides a basis for drawing observations about the features of successful programs. However, because so few tested reunification and aftercare programs exist, the tenor of the discussion leans toward promising practices whose program elements provide the basis for designing reunification services. A discussion of these promising practices follows.

### Strengths-Based Family Services

Identifying, enhancing, and building family strengths into the service plan holds promise as a means of encouraging birth parent involvement, ownership, and compliance. Ideally, a family strengths perspective uses assessment tools to identify the core strengths a family possesses, such as healthy social supports; access to resources such as employment, public assistance, or child care; or a sense of their own empowerment and

**The importance of aftercare services . . . is readily apparent given that more than 25% of children who are reunified later return to foster care.**

agency, and finds ways to incorporate them into the case plan. Family group conferencing,—bringing family members together to decide whether a child should go into placement—is another widely used family-strengths-based approach. However, these types of programs have limited utility if professionals are generally unaware of how family strengths are activated.[45]

**Intensive Family Visitation**

Most researchers agree that visits must be part of a planned process addressing the setting, preparation, and various perspectives of parents, children, foster parents, and social workers.[46] One study found that children whose parents adhered to court-recommended visitation schedules were more likely to be reunified than were children whose parents had not done so. Family visitation is often viewed as the heart of family reunification. Continuing family connections when children are in care increases the likelihood of reunification and may ease the process of reintegrating a child back into a family.

**Cultural Sensitivity**

Children of color, particularly African American children, are disproportionately represented in child welfare. Moreover, the data indicate that African American children are less likely to be reunified than other children. Developing culturally competent practices is a critical step in providing better services to these children and their families. Social workers must be cognizant of cultural differences in the ways families raise children and the ways family members respond to crises within the family circle, to avoid missing signs that a family is ready to bring a child home.

**Developmental Awareness**

In addition to cultural sensitivity, administrators have to allocate resources in proportion to the needs of the children returning home, and social workers must be trained to recognize the age-specific needs of children and families waiting to be reunified. Babies and adolescents are the children most likely to enter foster care. Thus, to be effective, service programs must be geared to the unique service needs of these two populations.[47]

**Comprehensive and Theory-Based Interventions**

Scholars have found that programs that are comprehensive in nature and based on theoretically sound intervention strategies hold promise for effectively addressing the multitude of issues families and children in the child welfare system face. For example, researchers discussing the Multidimensional Treatment Foster Care (MTFC) model state that the intervention "targets multiple settings and determinants . . . is delivered in the community . . . and emphasizes the importance of the parental (or other caretaker) role in providing the youngster with consistent close supervision, limit setting, and emotional involvement and support."[48] Another group of scholars assert that multisystemic therapy (MST) should take place within the natural ecology of the family and the community, with a particular focus on the ability of parents vis-à-vis their role as primary caretakers.[49] Other programs adopt a similar approach to parents and their role within the family. Finally, MST uses a rigorous training protocol that includes orientation, booster training, on-site supervision, and integrity checks. Research indicates that thoughtful implementation of comprehensive and holistic approaches to addressing the needs of family and children in foster care can have positive effects.[50]

**Ongoing Aftercare**

The importance of aftercare services as a component of the service continuum available to children and families is readily apparent given that more than 25% of children who are reunified later return to foster care. Concrete services such as housing assistance or respite care, as well as "soft" services such as counseling, can ease the reunification process. In addition to providing needed services, social workers can assist parents and children as they adjust to family reunification. They can help families understand, anticipate, and appropriately respond to challenges they may face in the reunification process.

Generally speaking, however, federal funding for post-reunification services is quite limited.[51] State expenditures for aftercare services help, but most observers agree that aftercare is the least developed of the services along the child welfare continuum. Results from the National Study of Child and Adolescent Well-Being indicate that less than 60% of the counties surveyed actually mandate aftercare services.[52] In most child welfare agencies, post-reunification services are at first intensive but then taper off to less-frequent contact. Yet some families may need some level of services indefinitely.

## Conclusion

Although the statutory framework that gives structure and purpose to the child welfare system gives clear priority to natural families and reunification, rates of reunification have declined during the 1990s. The simple fact is, over the past 20 years, little progress has been made in defining and implementing meaningful reunification programs. Over that same time period, adoption incentives have been strengthened, and new funds for children leaving by way of independent living have been authorized. Meanwhile, structural incentives favoring placement in foster care have been left largely intact. Although the law says a parent's rights are protected, the burden of proving fitness is in subtle ways the parent's burden, not the state's.

Troubling trends with regard to reunification rates and reentry into care following reunification indicate that reunification practices and programs need specific attention. First, the administrative data indicating slower reunification rates in recent years suggest that overall awareness of the importance of reunification has to be increased. States report that greater attention is being paid to the ASFA milestones (the 15/22-month rule), but it is not clear how states are dividing their attention between adoption and reunification.[53] Adoption likely gets more administrative attention because the burden falls more squarely on the state. In the case of reunification, the burden of action and compliance rests with a family that has diminished credibility. From the state's perspective, adoption incentives are clearer. Overall, a clearer focus on reunification and reentry as outcomes should help restore the importance of reunification.

Federal and state efforts to measure child outcomes will not solve all the problems in the child welfare system, but simply knowing and tracking children as they enter and leave foster care offers a foundation for improving the lives of parents and children.[54] Renewed attention to family reunification is imperative if the child welfare system is to create a more consistent and coherent approach to unifying and supporting families.

## ENDNOTES

1. Portions of this section were adapted from Wulczyn, F., Zimmerman, E., and Skyles, A. *Relative caregivers, kinship foster care, and subsidized guardianship: Policy and programmatic options.* Chicago: Chapin Hall Center for Children, University of Chicago, 2002.
2. The U.S. Supreme Court recognized parents' fundamental-liberty interest in the care and custody of their children in its decision requiring clear and convincing evidence of parental unfitness before termination of parental rights. Moreover, the Supreme Court observed: "We have little doubt that the Due Process Clause would be offended '[i]f a State were to attempt to force the breakup of a natural family over the objections of the parents and their children, without some showing of unfitness and for the sole reason that to do so was thought to be in the children's best interests. *Quilloin v. Walcott*, 434 U.S. 246, 255 (1978).
3. *Troxel v. Granville*, 530 U.S. 57 (2000); and *Parham v. J.R.*, 442 U.S. 584 (1979).
4. As the court noted in *Santosky v. Kramer*, "[W]hile there is still reason to believe that positive, nurturing parent-child relationships exist, the parens patriae interest favors preservation, not severance, of natural familial bonds." *Santosky v. Kramer*, 455 U.S. 745 (1982).
5. In the matter of Michael B., 80 N.Y.2d 299, 590 N.Y.S.2d 60 (1992).
6. According to the *Oxford Dictionary of Law*, a presumption is a supposition that the law either allows or requires. "Some presumptions relate to people, e.g. the presumption of innocence and of sanity. Others concern events, e.g. the presumption of legality (*omnia praesumuntur rite et solemniter esse acta*: all things are presumed to have been done correctly and solemnly). Most relate to the interpretation of written documents, particularly statutes. Almost every presumption is a rebuttable presumption, i.e. it holds good only in the absence of contrary evidence. Thus, the presumption of innocence is destroyed by positive proof of guilt. An irrebuttable presumption is one that the law does not allow to be contradicted by evidence, as, for example, the presumption that a child below the age of 10 is incapable of committing a crime (see *doli capax*)." *Dictionary of law*. Oxford: Oxford University Press, Market House Books, Ltd., 1997.
7. *Adoption Assistance and Child Welfare Act of 1980* (P.L. 96-272); Indian Child Welfare Act of 1978 (25 U.S.C.A. §§ 1901–1951); and the Adoption and Safe Families Act of 1997 (P.L.105-89).
8. Stein, T.J. The Adoption and Safe Families Act: Creating a false dichotomy between parents' and children's rights. *Families in Society* (2000) 81(6):586–92.
9. ASFA includes a requirement that states allocate up to 20% of the Title IV-B, subpart II funds for post-reunification services. However, in the context of total spending for foster care services and the dramatic increase in the number of children going home, the resources are limited by comparison. Also see note 8, Stein.
10. The 15/22-month rule is troublesome for some because the process of rehabilitation can take longer than 22 months, especially when substance abuse is involved. Relapse is part of the recovery process. If a child is placed with a relative, the issue is not so acute, as placement with a relative serves as an exception to the rule. Otherwise, a mother midway through the recovery process might be faced with having her parental rights terminated, a setback that could have deleterious consequences for her.
11. Relative guardianship is another permanency option that states are using more frequently. See the article by Testa in this journal issue for more information.
12. U.S. Department of Health and Human Services, Administration for Children and Families. *AFCARS, Report #8.* Washington, DC: DHHS, August 2002. Available online at http://www.acf.hhs.gov/programs/cb/publications/afcars/report8.htm.
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14. Katz, L. Concurrent planning: Benefits and pitfalls. *Child Welfare* (1999) 78(1):71–87.
15. See note 14, Katz.
16. See note 14, Katz.
17. Hess, P.M. Parental visiting of children in foster care: Current knowledge and research agenda. *Children and Youth Services Review* (1987) 9(1):29–50.
18. Westat and Chapin Hall Center for Children. *Assessing the context of permanency and reunification in the foster care system.* Washington, DC: Department of Health and Human Services, 2001.
19. Littell, J., and Schuerman, J. *A synthesis of research on family preservation and family reunification programs.* Chicago: Westat, James Bell Associates, and the Chapin Hall Center for Children at the University of Chicago, May 1995.
20. See note 19, Littell and Schuerman.
21. See note 19, Littell and Schuerman.
22. Freundlich, M., and Wright, L. Post permanency services. Washington, DC: Casey Family Programs, 2003, p. 47.
23. Landsverk, J., Davis, I., Ganger, W., et al. Impact of child psychosocial functioning on reunification from out of home placement. *Children and Youth Services Review* (1996) 18:447–62.
24. See note 19, Littell and Schuerman.
25. Maintained by the Chapin Hall Center for Children at the University of Chicago. For a more complete description of the Multistate Foster Care Data Archive, see Wulczyn, F., Hislop, K., and Goerge, R. *Foster care dynamics 1983–1988.* Chicago: Chapin Hall Center for Children, 2001. The archive's 12 states (Alabama, California, Illinois, Iowa, Maryland, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, and Wisconsin) account for approximately 55% of children in foster care nationwide. Although the states in the archive are diverse, they are not necessarily representative of the states not included. A more representative sample of states might yield slightly different results.
26. The data in Figure 2 describe how children left their first episode of foster care. Children who return to care for a second episode may exit for other reasons.
27. See Wulczyn, F. Closing the gap: Are changing exit patterns reducing the time African American children spend in foster care relative to Caucasian children? *Children and Youth Services*

*Review* (2003) 25(5–6):431–62; and note 18, Westat and Chapin Hall.

28. Although separate data are not presented here, a discharge analysis of babies admitted in 1990, the children most likely to be adopted, shows that 30% of African American babies were adopted compared to 26% of Caucasian babies.

29. Although other exit types (for example, discharge to other family members) were included in the calculations used to produce Figure 1, comparable data for other exit types are not displayed.

30. According to the archive dataset, about 5% of children admitted prior to their thirteenth birthdays were still in their first placement episode, even though 10 years had passed.

31. Formally, the results presented in Figure 4 are risk ratios produced using a competing-risk, Cox proportional-hazards model. Although the coefficients are not presented separately, the child's age, race/ethnicity, type of placement, state of residence, and urban character of home county are included in the model.

32. Wulczyn, F. *Adoption dynamics: The impact of the Adoption and Safe Families Act.* Chicago: Chapin Hall Center for Children, University of Chicago, 2002.

33. The data for the 1990 group are the most complete in that children admitted that year have the longest follow-up period. Data for later years are more limited in that too little time has elapsed to observe reentry fully; some children are still in care, and other children who have been reunified may yet return to care. The apparent decline in reentry rates depicted in Figure 5 is an artifact of the shorter observation period available for the later cohorts.

34. Festinger, T. Going home and returning to foster care. *Children and Youth Services Review* (1996) 18(4–5):383–402.

35. Jones, L. The social and family correlates of successful reunification of children in foster care. *Children and Youth Services Review* (1998) 20:305–23.

36. The basic pattern is true in all states. However, it is important to remember that state-level differences (and county-level differences within states) are substantial. The state and county variation holds important clues as to the effectiveness of different approaches to reunification and adoption. Very little research examining these differences has been undertaken.

37. The case of relative care, and kinship guardianship specifically, poses an interesting challenge to the stable notions of parental rights and responsibilities. In Indiana, the legislature created a de facto custodian status in an effort to give third parties equal standing with natural parents in custody matters. A "de facto custodian" is defined as: "[A] person who has been the primary caregiver for, and financial support of, a child who has resided with the person for at least: (1) six (6) months if the child is less than three (3) years of age; or (2) one (1) year if the child is at least three (3) years of age. When a de facto custodian has been identified, the court shall consider the following factors in determining the child's 'best interests,' in addition to the usual 'best interests' of the child factors: (1) The wishes of the child's de facto custodian; (2) The extent to which the child has been cared for, nurtured, and supported by the de facto custodian; (3) The intent of the child's parent in placing the child with the de facto custodian; and (4) The circumstances under which the child was allowed to remain in the custody of the de facto custodian, including whether the child was placed with the de facto custodian to allow the parent seeking custody to: (A) seek employment; (B) work; or (C) attend school." However, in an early test, the court of appeals in Indiana overturned a lower court decision granting custody to a *permanent* guardian, largely because the court determined that the natural parent was fit and able to resume responsibilities. In its ruling, the court was unwilling to consider the claims of the guardians without first setting aside the parent's fitness. See *Froelich v. Clark* (In Re L.L.), 745 N.E.2d 222 (2001).

38. For further discussion on this topic, see the article by Allen and Bissell in this journal issue.

39. Courtney, M., Needell, B., and Wulczyn, F. *National standards in the Child and Family Services Reviews: Time to improve on a good idea.* Chicago: Chapin Hall Center for Children, University of Chicago, 2002.

40. The Safe and Stable Families Program, reauthorized in 2002, together with the older Title IV-B program, provides more than $500 million each year for a full range of family-based services, including those targeted to children being reunified. However, it must be noted that most of those funds are allocated at the system's "front end," and the mandate to use the funds for reunification services is relatively weak.

41. The Title IV-E waiver program affords some flexibility in the use of Title IV-E funding, but waiver programs have limited scope and duration.

42. See note 19, Littell and Schuerman.

43. Fraser, M.W., Walton, E., Lewis, R.E., and Pecora, P.J. An experiment in family reunification: Correlates of outcomes at one-year follow-up. *Children and Youth Services Review* (1996) 18(4–5):335–61.

44. Taussig, H., Clyman, R., and Landsverk, J. Children who return home from foster care: A 6-year prospective study of behavioral health outcomes in adolescence. *Pediatrics* (2001) 108(1):E10.

45. Burford, G., Pennell, J., and MacLeod, S. *Manual for coordinators and communities: The organization and practice of family group decision making.* St. John's: Memorial University of Newfoundland School of Social Work, 1995.

46. Browne, D., and Moloney, A. 'Contact Irregular': A qualitative analysis of the impact of visiting patterns of natural parents on foster placements. *Child and Family Social Work* (2002) 7:35–45; Haight, W.L., Black, J.E., Mangelsdorf, S., et al. Making visits better: The perspectives of parents, foster parents, and child welfare workers. *Child Welfare* (2002) 81(2):173–202; Hess, P.M. *What caseworkers consider in developing visiting plans for children in foster care.* Champaign-Urbana: School of Social Work, University of Illinois, 1987; note 17, Hess; and Leathers, S.J. Parental visiting and family reunification: Could inclusive practice make a difference? *Child Welfare* (2002) 81(4):571–93.

47. The article by Brenda Jones Harden in this journal issue examines the importance of child development.

48. Chamberlain, P., and Reid, J.B. Comparison of two community alternatives to incarceration for chronic juvenile offenders. *Journal of Consulting and Clinical Psychology* (1998) 66(4):624–33.

49. Henggeler, S.W., Melton, G.B., Brondino, M.J., et al. Multisystemic therapy with violent and chronic juvenile offenders and their families: The role of treatment fidelity in successful dissemination. *Journal of Consulting and Clinical Psychology* (1992) 65(5):821–33; and Henggeler, S.W., Roland, M.D., Randall, J., et al. Home-based multisystemic therapy as an alternative to the hospitalization of youths in psychiatric crisis: Clinical outcomes. *Child and Adolescent Psychiatry* (1999) 38(11):1331–39.

50. It should be noted, however, that comprehensiveness alone many not be the key to success. Studies of comprehensive child development and mental health programs have found these types of programs disappointing. See Goodson, B.D., Layzer, J.I., St. Pierre, R.G., et al. Effectiveness of a comprehensive, five year

family support program for low-income children and their families: Findings from the Comprehensive Child Development Program. *Early Childhood Research Quarterly* (2000) 15(1):5–39; and Bickman, L., Lambert, E.W., Andrade, A.R., and Penaloza, R.V. The Fort Bragg Continuum of Care for Children and Adolescents: Mental health outcomes over five years. *Journal of Consulting and Clinical Psychology* (2000) 68(4):710–16.

51. See note 9.

52. Kerman, B., Wildfire, J., and Barth, R. Outcomes for young adults who experienced foster care. *Children and Youth Services Review* (2002) 24(5):319–44.

53. See note 18, Westat and Chapin Hall.

54. Brim, O.G. Macro-structural influences on child development and the need for childhood social indicators. *American Journal of Orthopsychiatry* (1975) 45(4):516–24.

# When Children Cannot Return Home: Adoption and Guardianship

**Mark F. Testa**


## SUMMARY

Since the 1970s, finding alternative permanent families for children in foster care who could not return to their birth parents has been a primary goal of the child welfare system. Since that time, significant gains have been made in helping such children find permanent homes through adoption and guardianship. This article analyzes these trends and finds:

- A majority of states have doubled the number of adoptions from foster care over the 1995–97 baselines established by the federal government.
- Legal guardianship initiatives at the state level have been instrumental in helping thousands of children achieve permanence.
- Children who exit foster care to adoption tend to be younger than those who exit to guardianship.
- Postpermanency services and supports are important to the long-term success of these placements.

Innovative efforts to find adoptive parents and legal guardians for children in foster care could transform the nature of foster care if the number of children permanently living with families who receive state subsidies begins to exceed the number of children living in foster care. Looking forward, these changes would require child welfare agencies to think creatively and thoughtfully about how best to serve families and the children in their care.


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Achieving permanence for foster children has been a primary focus of child welfare professionals since the problem of children languishing in foster care ("foster care drift") was first documented in 1959.[1] Most children in foster care will be reunified with their birth families, but for those children who cannot return home, finding an alternative permanent family can provide them with the stability they need to flourish. A home with either birth- or adoptive parents ("natural guardianship") has historically been viewed as the preferred permanency option for children in foster care.[2] However, when such permanency options are not feasible or desirable, legal guardianship by either kin or foster parents willing to raise the child to adulthood is emerging as a promising alternative.

This article examines the evolution of U.S. child welfare policy and practice with respect to permanence when family reunification is not possible. The article begins by briefly discussing factors that have contributed to the current policy framework, and it discusses current strategies and trends for the primary alternative permanency options of adoption and legal guardianship, including a summary detailing the demographic characteristics of children most likely to experience each of these options. Next, the article discusses the stability of these permanency arrangements. The article concludes with a discussion of possible changes that may be in store for public child welfare systems as the numerical balance shifts between children in foster care and children placed in permanent homes.

## Strategies and Trends in Achieving Permanence

Policies and practices to achieve permanence for children in foster care have evolved rapidly in the last two decades. The current consensus supporting permanence for children in foster care began to emerge in the 1970s, as evidence of the negative effects of long-term foster care placement on child well-being began to mount. Several studies documented the detrimental impact of children languishing indeterminately in foster care without a plan for permanence.[3] The research findings reinforced the importance of permanent attachments and relationships for healthy child development and provided a strong evidence base in support of increased efforts to achieve permanence for foster children.[4] Additionally, research funded by the U.S. Children's Bureau demonstrated the feasibility of initiatives to improve an agency's ability to find permanent homes for children who would otherwise have grown up in care.[5] As a result, despite various tensions in determining the optimal permanency arrangement for individual children (see Box 1), the consensus around the importance of a stable family for children continued to grow. The overarching goal of the federal Adoption Assistance and Child Welfare Act (AACWA) of 1980 was to provide services and support to families and children in order to reduce the amount of time children would spend in care.

A decade after permanency planning became the guiding principle in child welfare, optimism over its potential to bring stability and security to the lives of foster children began to fade. Whatever gains may have been made in reducing the numbers of children in out-of-home care following the law's passage, voluntary reporting by the states showed that by the late 1980s, foster care caseloads were again on the rise.[6] By the early 1990s, more than 500,000 children were in foster care—the highest number ever recorded up to that time.[7]

Since the mid-1990s, both the number of foster children adopted and the number discharged to the legal guardianship of kin and foster parents have increased substantially. In part, these increases are outgrowths of the growing number of foster children in need of permanent homes. However, other factors have also played a role. A discussion of specific factors that have contributed to the increased number of children achieving permanence through adoption and guardianship, and the demographic characteristics of the children likely to experience each of these options, follows.

### Encouraging Adoption

The provisions of the Adoption and Safe Families Act (ASFA) of 1997 endorsed adoption as the primary solution for the backlog of children in foster care who could not or should not return home. The act authorized the payment of adoption bonuses to states that increased numbers of adoptions over an established baseline.[8] However, even before the passage of ASFA, social norms regarding adoption practices

## Box 1

### Tensions in Permanency Planning

Conflicts about the importance of biological and community ties in selecting a permanent family for a child, and the optimal degree of legal obligation to ensure permanency, tap into larger societal tensions regarding what types of permanency arrangements are truly in the "best interests" of the child.[a] Two key areas of tension involve the role of social identity and the role of legal constraints.

**Race Matching Versus Interracial Placement**

For some, racially or ethnically matching a child to a permanent family is essential for ensuring the well-being of the child. For others, race matching is secondary to the need to place children with families who can offer them stability and nurturance, regardless of race. This tension is reflected in the differing objectives of federal policy. For example, the passage of the Indian Child Welfare Act (ICWA) in 1978 and the stated preference for placing children with kin in the 1996 welfare reform law illustrate a sensitivity to the benefits of communal and/or familial likeness. Conversely, policies such as the 1996 amendments to the Multiethnic Placement Act (MEPA) expressly forbid the consideration of race, ethnicity, or culture when placing a child.[b]

**Lasting Versus Binding**

A related tension is expressed by two alternative definitions of permanency—one as "lasting" and the other as "binding." In a lasting placement, the goal is to find the foster child a home intended to last indefinitely—one in which the sense of belonging is rooted in cultural norms, has definitive legal status, and conveys a respected social identity.[c] This definition recognizes that while natural guardianship through birth or adoption is the preferred placement choice, legal guardianship may be a more feasible option for some children. With the growing use of subsidized guardianship and other permanent living arrangements with kin, however, some legal advocates have argued that the commitment also needs to be made legally "binding" in order to qualify as truly permanent.[d] This definition demotes guardianship as a permanency goal because it is more easily vacated by the caregiver and is more vulnerable to legal challenge by birthparents than are termination of parental rights and adoption.

The preference for biological or adoptive parenthood over legal guardianship found expression in the federal Adoption Assistance and Child Welfare Act (AACWA) of 1980. In situations where reunification was not possible, the act permitted states to make adoption assistance payments to adoptive parents of foster children with special needs.[e] AACWA also recognized legal guardianship as a permanency option, but it made no special provision for guardianship assistance payments similar to the assistance available to adoptive parents of foster children.

[a] Testa, M. Kinship care and permanency. *Journal of Social Service Research* (2001) 28(1):25–43.
[b] This ban did not affect the application of ICWA.
[c] Emlen, A., Lahti, J., Downs, G., et al. *Overcoming barriers to planning for children in foster care.* DHEW Publication No. (OHDS) 78-30138. Washington, DC: U.S. Government Printing Office, 1978.
[d] Takas, M., and Hegar, R.L. The case for kinship adoption laws. In *Kinship foster care: Policy, practice and research.* R.L. Hegar and M. Scannapieco, eds. New York: Oxford University Press, 1999, pp. 54–67, and Bartholet, E. *Nobody's children: Abuse and neglect, foster drift, and the adoption alternative.* Boston: Beacon Press, 1999.
[e] AACWA defined "special needs" as: "a specific factor or condition (such as the child's ethnic background, age, or membership in a minority or sibling group, or the presence of factors such as medical conditions or physical, mental, or emotional handicaps) because of which it is reasonable to conclude that such child cannot be placed with adoptive parents without providing adoption assistance."

were evolving, and the number of adoptive parents seeking to adopt children from foster care had begun to grow.

### Changing Social Norms

Beginning in the 1970s, social norms began to change, resulting in a lifting of secrecy surrounding adoption and a decline in the number of non–foster care children available for adoption. Both these changes provided an impetus to prospective adoptive parents to adopt children from foster care.

Historically, norms of secrecy surrounding adoption discouraged potential parents from adopting children

who did not appear to be their birth children. People making placement decisions sought to match infants physically with the characteristics of adoptive parents. As a result, children who did not match the physical characteristics of the majority of adoption seekers (who were white), as well as older children and children with physical, mental, or emotional handicaps, were generally stereotyped as "unadoptable."[9] State laws dating back to the 1940s reinforced the secrecy of adoption by shielding adoption records from public scrutiny, permitting adopted children to be issued second birth certificates that substituted the names of adopted parents for birth parents, and concealing the identity of birth parents.[10]

Beginning in the 1970s, however, permanency advocates attacked these stereotypes, arguing that "every child is adoptable." Their efforts encouraged a new group of prospective adoptive parents to step forward, a group seeking to express humanitarian values, provide permanent homes for foster children, or preserve children's ties to kinship, ethnic, or cultural groups.[11] The rise of such "preferential adoptions" (adoptions motivated by reasons other than infertility)[12] helped gradually lift the veil of secrecy from adoption practice and at the same time increased the number of adoptions from foster care.

At about the same time, another shift in social norms had a significant impact on the overall number of children available for adoption. Historically, most children available for adoption were the children of unwed mothers. However, beginning in the 1970s, a reduction in the social stigma associated with illegitimacy and unwed motherhood led to fewer single mothers relinquishing their children for adoption. Responses to the National Survey of Family Growth show that voluntary relinquishment at birth decreased substantially after 1970. Whereas prior to 1973,[13] 19% of children born to never-married white women were relinquished at birth, after 1989 the figure fell to below 2%. Among children born to never-married black women, the comparable percentage of infants relinquished at birth in 1989 virtually vanished from its level of 2% prior to 1973. As the 1990s approached, adoption seekers of all types increasingly turned to the only source of adoptable children that was expanding in the United States: children waiting in foster care.

**Trends in Adoption**

Since passage of ASFA in 1997, the number of adoptions from foster care has continued to grow. According to the Adoption and Foster Care Analysis and Reporting System (AFCARS), there were 36,896 adoptions of children with public child welfare involvement in federal Fiscal Year 1998 (October 1, 1997–September 30, 1998), 46,772 such adoptions in federal Fiscal Year 1999, and 50,722 such adoptions in federal Fiscal Year 2000. As of federal Fiscal Year 2001, 27 states and the District of Columbia had already doubled adoptions over the 1995–97 baseline set in the president's 1996 initiative (Adoption 2002) and ASFA.[14] Hawaii, Idaho, Illinois, Maine, Oklahoma, and Wyoming, were able to triple the number of adoptions. Adding up the peak number of adoptions each state finalized shows that the nation's foster care systems surpassed the president's goal of doubling adoptions by 2002 a year in advance. (See the Appendix at the end of this article for adoption trends in each state for federal Fiscal Years 1995 to 2001.) As a result, public foster care systems have begun to shrink. However, this trend also means that states will have a difficult time increasing adoptions in the future since the pool of children adoptable from foster care is becoming smaller.

*Characteristics of Adopted Children*

According to the latest available data, there appear to be distinct differences between foster care children who are adopted, those who are placed with legal guardians, and those who remain in care awaiting permanent homes.[15] Adopted children tend to be younger than those placed with legal guardians or those waiting in care, and fewer of them are members of a minority race.

The average child adopted from the foster care system in federal Fiscal Year 2000 was 6.9 years old, and the average child awaiting adoption was 8.1 years old.[16] In federal Fiscal Year 2000, the number of children under age six who were adopted from foster care was 28% higher than the number of younger children awaiting adoption. Conversely, the number of children age 11 and older who were adopted was 40% lower than the number of older children awaiting adoption.

A child's race or ethnicity also affects the likelihood of being adopted. Black children constituted the largest

racial category of children adopted from foster care in Fiscal Year 2000, but their proportionate share of total adoptions dropped to 39% from 46% in Fiscal Year 1998 (see Table 1). This decline was due partially to the addition of a multiracial classification and improvements in moving African American children from foster care to permanent homes during Fiscal Year 2000. The impact of these changes can be gleaned by comparing the racial and ethnic distribution of adopted children to children awaiting adoption. Whereas the number of children of African American descent who were adopted during Fiscal Year 1998 was 13% lower than the number awaiting adoption at the end of the fiscal year, by Fiscal Year 2000 this underrepresentation had narrowed to 9%. Because of the increasing number of African American children being adopted, they constitute a smaller share of the pool of foster children awaiting adoption.

*Characteristics of Adoptive Homes*

The increase in adoptions over the 1995–97 baseline and the large gains among African Americans in particular are consistent with the goals of Adoption 2002, ASFA, and related policy initiatives. But the supply of new adoptive homes has not come from the untapped pool of families that federal officials believed could be recruited after the Multiethnic Placement Act[17] cleared away some of the obstacles to transracial adoption. Rather, the major source of new adoptive homes has been relatives who previously were either ignored as an adoptive resource or were not asked to adopt on the mistaken assumption that relatives would not adopt.

Most children adopted out of foster care (almost two-thirds) are adopted by unrelated foster parents. But since 1997, relatives have become the fastest-growing source of new adoptive homes for foster children.

## Table 1

### Selected Demographics of Children Awaiting Adoption and Children Adopted, 1998 and 2000

| | 1998 | | 2000 | |
|---|---|---|---|---|
| | Waiting children | Adopted children | Waiting children | Adopted children |
| Total number | 122,000[a] | 36,000[b] | 131,000[a] | 51,000[b] |
| Age of child | | | | |
| Under 6 | 38% | 48% | 36% | 46% |
| 6–10 | 37% | 37% | 34% | 35% |
| 11 and over | 25% | 16% | 30% | 18% |
| Race/ethnicity | | | | |
| White | 29% | 34% | 34% | 38% |
| Black | 53% | 46% | 43% | 39% |
| Hispanic | 11% | 12% | 13% | 14% |
| Other | 2% | 2% | 3% | 2% |
| Multiracial | Not available | Not available | 2% | 2% |
| Unknown | 5% | 5% | 5% | 5% |

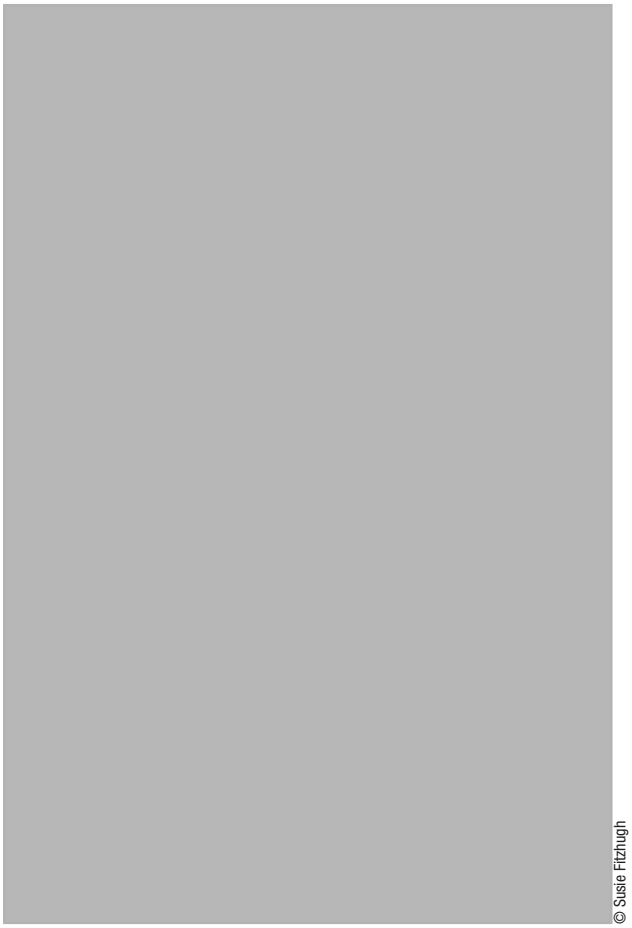
[a]The number of children waiting to be adopted on September 31st of the federal fiscal year, identified as children who have a goal of adoption and/or whose parents have had their parental rights terminated (if under age 16).

[b]The number of children adopted from the public foster care system in the federal fiscal year.

Source: U.S. Department of Health and Human Services, Administration for Children and Families. Adoption and Foster Care Analysis and Reporting System. Reports 3 and 7. Washington, DC: DHHS, April 2000 and August 2002. Available online at http://www.acf.hhs.gov/programs/cb/dis/afcars/cwstats.htm.

Between federal Fiscal Years 1998 and 2000, the number of adopted children who were already related to their adoptive parents prior to finalization almost doubled, from 5,451 to 10,612. As a consequence, the proportionate share of kinship adoptions rose from 15% to 21% of all adoptions from foster care.

The discovery that relatives will indeed adopt if fully informed of their options came about as a result of innovative efforts to create alternative permanency options that built on the cultural traditions of informal adoption and kinship care among African Americans. For example, in 1994 Illinois developed a special foster care status called Delegated Relative Authority (DRA), which gave relative caregivers greater decision-making authority while retaining children in public custody in order to preserve federal eligibility for foster care subsidies. A study of DRA found that 70% of caregivers who preferred a child to stay with them until the child was fully grown reported that they were willing to consider adoption.[18] However, this study also found that the willingness of kin to adopt fell off sharply for children older than 11.



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## The Growth of Kinship Care and Guardianship

The number of kin care providers has increased substantially since the passage of ASFA. However, the growing number of children placed with kin may have inadvertently contributed to the growing backlog of children in long-term foster care because of lingering resistance to the idea of relatives adopting their own family members. In response, many child welfare agencies have rediscovered the utility of legal guardianship as a means of moving children off child welfare rolls, making kinship care arrangements legally lasting, and providing continued financial support to kin caregivers.

### Growing Preference for Kinship Care

Between 1986 and 1990, the number of children placed in formal foster care with relatives rose from 18% to 31% of public placements in the 25 states that were able to supply such information to the U.S. Department of Health and Human Services (DHHS).[19] The growth of kinship foster care after 1986 came in response to two developments: a heightened interest in honoring familial and cultural ties[20] and an inadequate supply of licensable foster homes, particularly in inner-city neighborhoods.[21] As the national foster care population expanded, however, child welfare researchers began spotting connections between caseload growth and the rise in kinship foster care. They noticed that although foster children living with kin tended to have more stable placements than children living with non-kin,[22] their rates of reunification and adoption were much lower,[23] thereby contributing to the backlog of foster children in long-term care. (See the article by Geen in this journal issue for further discussion of kinship care.)

### Rediscovery of Guardianship

The growing number of kin caregivers has been the major impetus for the increased usage of guardianship. Legal guardianship actually predates adoption in American law. Court-appointed legal guardians are legally conferred with "the duty and authority to make important decisions in matters having a permanent

**Legal guardianship is an attractive option for child welfare agencies and kin, as it addresses many concerns expressed about kin adopting their own family members.**

effect" on the life, development, and general welfare of a child.[24] Although legal guardians need not be related to the child, kin make up a substantial proportion of appointed guardians.

Legal guardianship is an attractive option for child welfare agencies and kin, as it addresses many concerns expressed about kin adopting their own family members. When a child is adopted, all ties to the birth family are legally severed and the adoptive parents assume all legal and financial responsibility for the child. Legal guardianship does not require the termination of parental rights, thus children retain legal connections to their birth families, and guardians assume limited financial liability for the upkeep of children in their care. This can be a beneficial arrangement for some children and families. Guardianship, unlike adoption, allows kin to retain their extended family identities as grandparents, aunts, and uncles. Children may retain rights of sibling visitation. Birth parents may still exercise a limited role in their children's upbringing as they hold onto certain residual rights and obligations, such as rights to visitation as well as obligation for child support. Birth parents may also petition the court to vacate the guardianship and return the children to parental custody if their circumstances change.

The inclusion of legal guardianship as a permanency option under ASFA recognizes that termination of parental rights and adoption may not always be in the best interests of foster children. For example, when legal grounds are insufficient to prove parental unfitness, but reunification is still undesirable, private guardianship creates legal certainty and stability in the caregiving relationship that is lacking when the state retains legal custody of the child. Furthermore, a number of aspects of guardianship might better serve not only the interests of the child but also the birthparent, substitute caregiver, and state.[25] For example, private guardianship:

- Makes the caregiver personally responsible for the welfare of the child and relieves the state of the civil liability for inadequate foster care;
- Might help lessen the separation trauma, sense of loss, and identity conflicts that sometimes develop when children are adopted, particularly if they are old enough to remember their parents or cherish their heritage, because private guardianship allows for the continued involvement of birth parents in the lives of their children;
- Is less expensive than foster care because the costs of casework services, public guardianship administration, foster home licensing, and judicial review are no longer incurred when the child welfare case is closed;
- Enables the state to seek to recover some of the costs of the subsidy program, because birth parents remain obligated to provide child support; and
- Is more in keeping with the custom of informal adoption by extended family members.

Support for subsidized guardianship, especially for children in long-term kinship care, grew gradually during the 1990s. The idea was endorsed by nearly every "blue-ribbon committee" convened on the subject of kinship foster care.[26] In 1995 the Children's Bureau invited states to submit applications for subsidized guardianship demonstrations "which would allow children to stay or be placed in a familial setting that is more cost effective than continuing them in foster care."[27] Reunification and adoption were acknowledged as the preferred choices, and terms and conditions established by the federal waiver demonstrations stipulated that guardianship be pursued only when adoption was inappropriate or unavailable as a permanency option. Currently, seven states (California, Delaware, Illinois, Maryland, Montana, New Mexico, and North Carolina) and the District of Columbia have been granted waivers to test the use of guardianship.[28]

### Trends and Characteristics of Children Discharged to Guardianship

The data indicate an increasing preference for guardianship.[29] AFCARS figures show that 10,341 children

exited foster care through legal guardianship during federal Fiscal Year 2000—a 77% increase over Fiscal Year 1998.[30] The best available data on the characteristics of children discharged to private guardianship (commonly called private wards)[31] come from state-funded programs in the eight federal foster care guardianship demonstrations that DHHS has approved since 1997.[32] Despite program and funding differences among state and federal demonstration programs, there are similarities across the states in the characteristics of children discharged to guardian homes as compared to children adopted from foster care.

Table 2 compares the age, race, and ethnicity of private wards with adopted children in the states of California, Illinois, and Washington. The data show that private wards tend to be older and more often members of a minority race than children adopted from foster care. The age difference is consistent with the sentiment that guardianship better accommodates the preferences of older children, who may wish to maintain ties with their biological parents. The racial difference may reflect longstanding Native American, African American, and Hispanic traditions of extended family care that share important similarities with legal guardianship.

In sum, although the preference for adopting younger children continues, significant gains have been made in the number of older children achieving permanence either through adoption or legal guardianship. This trend is largely a result of more kin choosing to adopt and more children exiting foster care through legal guardianship. Moreover, a greater number of African American children are achieving permanence, largely as a result of state policy and administrative reforms that have aggressively promoted adoption and guardianship as alternatives to long-term kinship foster care.[33]

## Table 2

### Selected Demographics of Children Discharged via Legal Guardianship Versus Adoption in Three States, circa 1999

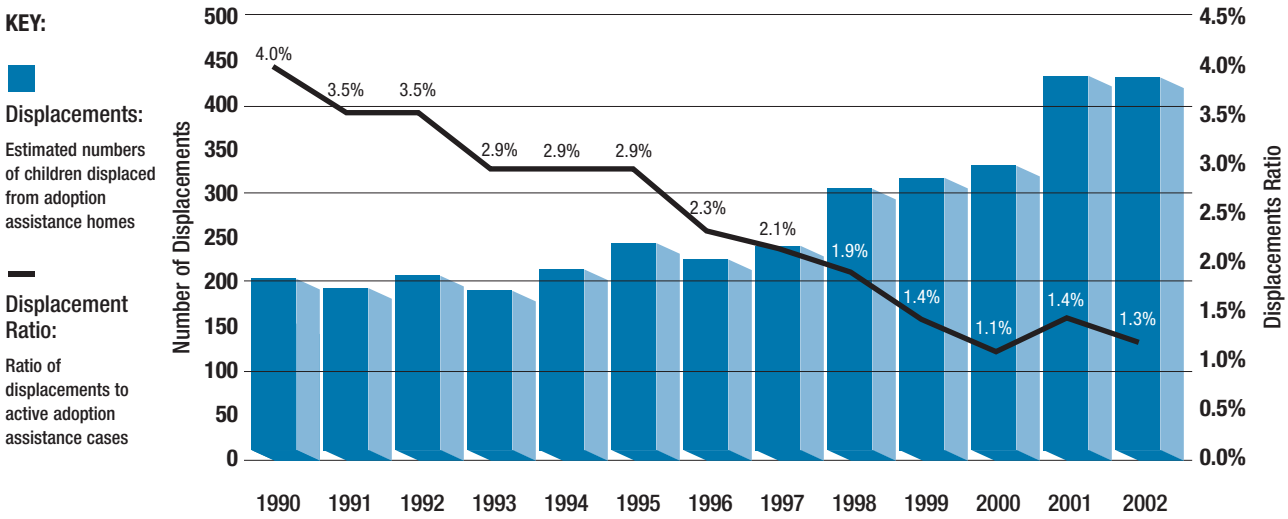
| | California | | Illinois | | Washington | |
|---|---|---|---|---|---|---|
| | Private wards[a] | Adopted children | Private wards[a] | Adopted children | Private wards[a] | Adopted children |
| Total number | 6,230 | 6,251 | 1,953 | 7,028 | 1,894 | 1,047 |
| Age of child | | | | | | |
| Under 6 | 21.5% | 66.0% | 13.7% | 37.1% | 32.0% | 59.2% |
| 6–10 | 41.0% | 27.5% | 37.7% | 41.8% | 38.0% | 31.6% |
| 11 and over | 37.5% | 8.3% | 48.6% | 21.1% | 30.0% | 9.3% |
| Race/ethnicity | | | | | | |
| White | 16.0% | 42.9% | 10.2% | 14.7% | 54.0% | 36.5% |
| Black | 48.0% | 19.5% | 87.4% | 79.9% | 24.0% | 5.4% |
| Hispanic | 33.0% | 31.7% | 2.2% | 4.1% | 5.0% | 5.4% |
| Other | 3.0% | 3.1% | 0.1% | 0.1% | 2.0% | 2.4% |
| Unknown | ___ | 2.8% | 0.1% | 1.2% | 2.0% | 44.9% |

[a]Children discharged to legal guardianship are legally referred to as private wards.

Sources: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. Child welfare outcomes 1999: Annual report. Washington, DC: DHHS, February 2002; Needell, B., Shlonsky, A., Dawson, W.C., et al. KSSP and KinGAP: University, state, county, and advocate partnership for kinship care policy in California. Paper presented at the 23rd annual Association for Public Policy Analysis and Management Conference. Washington, DC. November 1–3, 2001; English, D.J., Ober, A.J., and Brummel, S.C. Report on the Washington state guardianship study. Olympia, WA: Office of Children's Administration Research, Washington State Department of Social and Health Services, March 1999; and Children and Family Research Center. Unpublished data. Urbana, IL: School of Social Work, University of Illinois at Urbana-Champaign, October 2002.

## Figure 1

### Trends in Adoption Displacement in Illinois




Source: Based on data collected by the Children and Family Reseach Center, School of Social Work, University of Illinois at Urbana-Champaign, October 2002.

## The Stability of Permanency Arrangements

The importance of permanent attachments and relationships to healthy child development is widely recognized. At the same time, the push for permanence through adoption and guardianship has raised concerns that families are being forced into making ill-considered commitments that will result in the rupture of placement. However, evidence suggests that ruptures of permanency arrangements are rare.

### Adoption Ruptures

The best available evidence suggests that the percentage of adoption displacements amounts to only a small fraction of entries into foster care. Adoption ruptures are difficult to track because of policies that conceal the identity of a child after finalization of the adoption. Nevertheless, data from AFCARS indicate that only 1.5% of entries into foster care between federal Fiscal Years 1998 and 2000 represented children who had been displaced from adoptive homes.[34] Although the percentage jumped to 2.6% in Fiscal Year 2001, this rise is related more to the drop in foster care entries than to a rise in the incidence of displacements.

The perception that the incidence of adoption displacement is increasing is related to the fact that the ruptures are occurring among a vastly larger pool of completed adoptions. This situation gives the false impression of a growing problem, even though the incidence of displacement is constant or declining. The components of this statistical illusion can be illustrated with displacement estimates from Illinois.[35] Figure 1 shows that the estimated number of adoption displacements doubled in Illinois from 1990 to 2002. This statistic suggests a growing problem. But during this same period, the number of active adoption-assistance cases increased nearly sevenfold, so the ratio of displacements to active adoption cases has declined from 4% of active cases in 1990 to 1.3% in 2002. Thus, although the absolute numbers of displacements are rising, the underlying incidence of displacement is dropping in Illinois.

The small number of adoption ruptures may soon change, however, as a larger share of adopted children

**Although agency involvement after adoption finalization has been discouraged, . . . Surveys of adoptive families reveal the need for postpermanancy services.**

age into early adolescence. Studies indicate that adoption ruptures (including adoptions that end before and after finalization) increase with the child's age at adoption.[36] Research on Illinois adoptions indicates rupture rates of 9% to 12% among foster children adopted between ages 5 and 15.[37] Whether these past displacement rates apply to current adoptions is unclear. In the past, most adoptions were made by families unrelated to the child. Today, many adoptions are made by kin. Research suggests that placement ruptures are two and a half times less likely among kin than among families unrelated to the child.[38]

### Kinship Care and Guardianship Ruptures

In recognition of the greater stability of kinship arrangements,[39] some have advanced the notion that kinship care should be favored as a permanency option in its own right.[40] Indeed, ASFA recognizes placement with "a fit and willing relative" as an acceptable permanency plan. Some jurisdictions routinely discharge foster children to the custody of kin, who merely act in loco parentis, without the full legal authority that adoption or guardianship confers. Although many relatives are willing to step in as substitute parents, either informally or formally, it is important to recognize that kinship care is not an unconditional safety net. Research on the stability of kinship care in states without subsidized guardianship programs suggests that rates of disruption are sensitive to both the level of financial support and the availability of postdischarge services to families. For example, in Texas, which does not have subsidized guardianship and where little in the way of postdischarge services are provided,[41] a study found disruption levels as high as 50% for children discharged from foster care to the physical custody of kin.[42]

In contrast, available data indicate that there are relatively few ruptures when states formally appoint kin as legal guardians and provide families with financial subsidies and postpermanency support services. In Illinois, for example, administrative records show that of the 6,820 children who entered subsidized guardianship starting in 1997, only 3.5% were no longer living in the home of the original guardian as of March 2002. Approximately one-third of the guardianship ruptures were attributable to the death or incapacitation of the guardian. The remaining two-thirds occurred because the caregiver no longer wanted to exercise parental authority, and the guardianship was legally dissolved. In total, only 2% of subsidized guardianships awarded starting in 1997 resulted in dissolutions requiring the reappointment of the Illinois Department of Children and Family Services (IDCFS) as the public guardian.[43] Even though a longer period of observation is necessary to assess the overall stability of guardianship arrangements in Illinois, at the present time, the rates of guardianship ruptures are similar to adoption ruptures, controlling for differing ages at entry.

In Washington state, more than 80% of children interviewed in a guardianship survey indicated that they were happy with their guardianship arrangements.[44] Moreover, administrative data indicated that about 86% of Washington children placed in guardianships remain with their guardians until age 18.

## The Future of Permanency Efforts and Foster Care

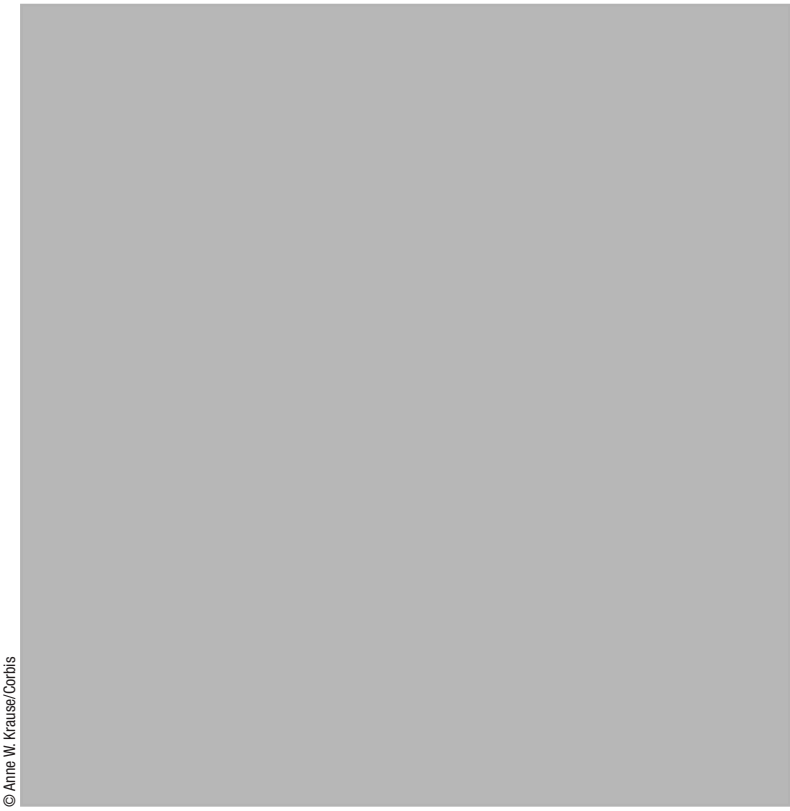
Congressional Budget Office projections show that sometime this decade, the number of children receiving federal adoption-assistance payments will exceed the number of children in federally reimbursed foster care.[45] This important milestone has already been achieved in states like Illinois, where the number of children in subsidized adoptive and guardianship homes surpassed the total number of children in foster care in July 2000. The changing balance between children in permanent homes and children in foster care has had a profound impact on the Illinois system and prefigures possible challenges that other child welfare systems are likely to face in the future in serving a residual population of older foster children with special developmental, educational, and emotional needs.

Efforts to expedite permanence in the past three decades have succeeded in overcoming adoption

stereotypes and moving more children to permanent homes. However, adaptations to existing service systems are required if these successes are to be preserved. Although agency involvement after adoption finalization has been discouraged in earlier adoption practice,[46] because of the vulnerabilities of adolescents and the limitations of existing community resources to address the unique challenges of caring for adopted children with special needs, public authorities will need to take a greater leadership role in this area.[47]

Surveys of adoptive families reveal the need for postpermanency services. Fortunately, most adoptive families (64%) report never experiencing an emergency or crisis concerning any of their adopted children. But many do. Like families in general, most adoptive families facing an emergency or crisis usually turn first to informal systems of support, such as relatives, friends, neighbors, and other adoptive families.[48] When these informal supports are exhausted, families will next turn to physicians, religious leaders, and then former adoption workers. Common postpermanency services requested by adoptive families include respite care (weekend or short-term to alleviate parental stress), camp and other summer activities, support groups for adoptive parents and children, educational support (tutoring, testing, and advocacy), counseling, and assistance with finding and paying for residential treatment.[49] Guardians express many of the same needs.

The changing balance between foster care and legal permanence also has implications for the organization of services to children who stay in the foster care system. Just as the introduction of family preservation and support services increased the likelihood that children with complex needs would enter and stay in the foster care system, permanency planning may also result in the placement of younger children in permanent homes and the development of a residual group of older public wards with special developmental, emotional, and learning needs. This residual population will place additional demands on the system for mental health and remedial educational services that can easily outstrip the capacity of regular foster care in the absence of special wraparound and other support services. Services should also assist all older wards in making a successful transition to independent adulthood,





regardless of whether they age out of the system or find permanence with legal guardians or adoptive parents as adolescents. The recent extension of federal college benefits to wards adopted after age 16 offers a model for ensuring that independence goals complement rather than substitute for permanency plans.

One-half century after child advocates and the federal government enunciated every child's right to guardianship,[50] achievement of this goal is in sight for the majority of children now entering the child welfare system. In time, foster care may become only a brief interlude between living with birth parents and permanence in a new home established through adoption or legally appointed guardianship. Meanwhile, the shifting balance between temporary foster care and legal permanence presents new challenges to the current organization of the child welfare system. Meeting these challenges will require creative and flexible responses to the changing dynamics of foster care and continued vigilance toward achieving permanence for all children in care.

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29. As compared with relative custody, for example. An award of legal custody confers on relatives the right of physical possession of the child and the duty to provide the child with food, shelter, education, and medical care. However, in most jurisdictions, an award of legal guardianship carries greater rights and responsibilities. During federal Fiscal Year 2000, there were 26,300 discharges to the custody of relatives. Although more than double the number discharged to legal guardianship, the number represents an increase of only 12% over Fiscal Year 1998, compared with a 77% increase in legal guardianship, from 5,836 to 10,341 cases, during this same period. See U.S. Department of Health and Human Services, Administration for Children and Families. *Welcome to the Children's Bureau*. Available online at www.acf.hhs.gov/programs/cb. Interim estimates of April 2000 and Fiscal Year 2000 as of August 2002.

30. See note 29, U.S. Department of Health and Human Services. Interim estimates of Fiscal Year 2000 as of August 2002.

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32. See note 28.

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# Appendix

## Adoptions of Children from Public Child Welfare Agencies, 1995–2001

| States[a] | Number of Adoptions | | | | | |
|---|---|---|---|---|---|---|
| | Baseline average[b] | 1998[c] | 1999[c] | 2000[c] | 2001[c] | Percentage Increase[d] |
| Alabama | 139 | 115 | 153 | 202 | 238 | 71.2% |
| Alaska | 108 | 95 | 137 | 202 | 278 | 157.4% |
| Arizona | 357 | •[e] | 761 | 853 | 938 | 162.7% |
| Arkansas | 138 | 258 | 318 | 325 | 362 | 162.3% |
| California | 3,287 | 4,418 | 6,372 | 8,764 | 9,859 | 199.9% |
| Colorado | 417 | 576 | 714 | 691 | 610 | 71.2% |
| Connecticut | 207 | 314[e] | 403 | 499 | 444 | 141.1% |
| Delaware | 39 | 62 | 33 | 103 | 117 | 200.0% |
| District of Columbia | 110 | 139 | 166 | 319 | 230 | 190.0% |
| Florida | 987 | 1,549 | 1,358 | 1,629 | 1,761 | 78.4% |
| Georgia | 493 | 724 | 1,150 | 1,080 | 899 | 133.3% |
| Hawaii | 85 | 301 | 281 | 280 | 260 | 254.1% |
| Idaho | 44 | 57 | 107 | 140 | 132 | 218.2% |
| Illinois | 2,200 | 4,656 | 7,113 | 5,664 | 4,107 | 223.3% |
| Indiana | 495 | 795 | 759 | 1,147 | 878 | 131.7% |
| Iowa | 350 | 525 | 764 | 729 | 661 | 118.3% |
| Kansas | 349 | 419 | 566 | 468 | 428 | 62.2% |
| Kentucky | 211 | 209 | 360 | 398 | 573 | 171.6% |
| Louisiana | 308 | 311[e] | 356 | 476 | 470 | 54.5% |
| Maine | 108 | 125 | 202 | 379 | 364 | 250.9% |
| Maryland | 342 | 478 | 592 | 548 | 815 | 138.3% |
| Massachusetts | 1,116 | 1,100 | 922 | 861 | 778 | -1.4% |
| Michigan | 1,905 | 2,257 | 2,446 | 2,804 | 2,979 | 56.4% |
| Minnesota | 258 | 429 | 633 | 614 | 567 | 145.3% |
| Mississippi | 114 | 170 | 237 | 288 | 266 | 152.6% |
| Missouri | 557 | 640 | 849 | 1,265 | 1,102 | 127.1% |
| Montana | 115 | 149 | 188 | 238 | 275 | 139.1% |
| Nebraska | 185 | •[f] | 279 | 293 | 292 | 58.4% |
| Nevada | 149 | •[f] | 123 | 231 | 243 | 63.1% |
| New Hampshire | 45 | 51 | 62 | 97 | 95 | 115.6% |
| New Jersey | 621 | 815 | 732 | 832 | 1,028 | 65.5% |
| New Mexico | 147 | 197 | 258 | 347 | 369 | 151.0% |
| New York | 4,716 | 4,819 | 4,864 | 4,234 | 3,934 | 3.1% |
| North Carolina | 467 | 882 | 949 | 1,337 | 1,327 | 186.3% |

| States[a] | Number of Adoptions | | | | | Percentage Increase[d] |
|---|---|---|---|---|---|---|
| | Baseline average[b] | 1998[c] | 1999[c] | 2000[c] | 2001[c] | |
| North Dakota | 47 | 111 | 139 | 105 | 145 | 208.5% |
| Ohio | 1,287 | 1,015 | 1,868 | 2,044 | 2,230 | 73.3% |
| Oklahoma | 338 | 505 | 825 | 1,067 | 956 | 215.7% |
| Oregon | 445 | 665 | 765 | 831 | 1,071 | 140.7% |
| Pennsylvania | 1,224 | 1,516 | 1,454 | 1,712 | 1,564 | 39.9% |
| Puerto Rico | •[f] | 317 | 357 | 260 | 257 | Not applicable |
| Rhode Island | 261 | 222 | 292 | 260 | 267 | 11.9% |
| South Carolina | 256 | 465 | 456 | 378 | 384 | 81.6% |
| South Dakota | 56 | 55 | 84 | 94 | 97 | 73.2% |
| Tennessee | 328 | 337 | 382 | 431 | 646 | 97.0% |
| Texas | 880 | 1,602 | 2,063 | 2,040 | 2,318 | 163.4% |
| Utah | 225 | 334 | 369 | 303 | 349 | 64.0% |
| Vermont | 75 | 118 | 139 | 122 | 116 | 85.3% |
| Virginia | 298 | 235 | 326 | 448 | 495 | 66.1% |
| Washington | 607 | 878 | 1,047 | 1,141 | 1,204 | 98.4% |
| West Virginia | 182 | 211 | 312 | 352 | 362 | 98.9% |
| Wisconsin | 467 | 643 | 642 | 736 | 754 | 61.5% |
| Wyoming | 15 | 32 | 45 | 61 | 46 | 306.7% |
| **TOTAL** | **28,161** | **36,896** | **46,772** | **50,722** | **50,940** | |

[a]States are ranked by the percentage increase in adoptions over the baseline average of adoptions from 1995 to 1997.
[b]The data for Fiscal Years 1995 to 1997 were reported by states to set baselines for the Adoption Incentive Program. They came from a variety of sources including the Adoption and Foster Care Analysis and Reporting System (AFCARS), court records, file reviews, and legacy information systems.
[c]Unless otherwise noted, the data came from the AFCARS adoption database. AFCARS adoption data are being continuously updated. They may differ from data reported for the Adoption Incentive Program because adoptions reported for that program are identified through a different AFCARS data element and must qualify in other ways to be counted toward the award of incentive funds. Counts include all adoptions reported as of April 1, 2003. Where appropriate, AFCARS data have been adjusted for duplication.
[d]Percentage calculated based on the increase from the baseline average to the year between 1998–2001 having the greatest number of adoptions.
[e]Data usable for this purpose are not available.
[f]Reported by states as an aggregate number for the *Child Welfare Outcomes Annual Report.*

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. *Adoptions of children with public child welfare agency involvement by state, FY 1995–FY 2001*. Washington, DC: DHHS, October 3, 2002. Available online at http://www.acf.hhs.gov/programs/cb/dis/adoptchild03.htm.

# The Evolution of Kinship Care Policy and Practice

**Rob Geen**


## SUMMARY

Kin caregivers can provide continuity and connectedness for children who cannot remain with their parents. This is one reason kinship care has become the preferred placement option for foster children. However, despite the growing reliance on kin caregivers, kinship care policies have evolved with little coherent guidance. This article examines kinship care and finds:

- Kinship foster parents tend to be older and have lower incomes, poorer health, and less education than non-kin foster parents. As a result, kin caregivers face more challenges as foster parents than non-kin caregivers.
- The links between payment and licensure, and the haphazard evolution of licensing policies and practices, complicate efforts to provide fair compensation for kin caregivers.
- Kinship caregivers receive less supervision and fewer services than non-kin caregivers, thus kin may not receive the support they need to nurture and protect the children in their care, even though their needs for support may be greater.

Kinship foster care questions many traditional notions about family obligation, governmental responsibility, and the nature of permanency for children in care. The article concludes by discussing these concerns, and calls for more thoughtful consideration of the uniqueness of kinship care in developing policies and best practices.


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Historically, kin have often served as alternate or supplementary caregivers when birth parents were unable to care for their children. Surprisingly, however, when the Adoption Assistance and Child Welfare Act of 1980 passed, forming the basis of federal foster care policy, kin were very rarely formally designated as foster parents for related children. Today, child welfare agencies increasingly consider relatives as the first placement choice when foster care is needed and a relative is available to provide a safe home. Once considered an uncertain placement option, kinship care has become central to any discussion of how best to support and nurture children in foster care. The frequent references to kinship care throughout the articles in this journal issue underscore the centrality of kinship care in contemporary child welfare policy and practice (see the articles by Jones-Harden; Allen and Bissell; Stukes Chipungu and Bent-Goodley; and Testa in this journal issue). But kinship care is more than simply a placement option for children who must be removed from their parents' homes. Kinship care influences and is influenced by society's views of what constitutes safe and stable homes for foster children and whether or not kin should be compensated for this care. Moreover, despite the large number of foster children who are placed with kin, our understanding of the effects of kin care on long-term outcomes for children is limited. On the one hand, children placed with kin remain more connected to their birth parents, extended families, and communities than children in unrelated foster care. On the other hand, kinship care providers face a more challenging parenting environment than unrelated foster parents, and the impact of these challenges on child well-being, reunification possibilities, and securing permanency is largely unknown.

This article provides an in-depth analysis of kinship care. It begins by defining kinship care and discussing trends in the use of kinship care for foster children, as well as for children living with kin without the involvement of child welfare agencies. Next, the characteristics of children in kinship foster care and their caregivers are discussed. Licensing policies and practices for kin are critical in determining whether kin caregivers will receive financial compensation and if so, how much. A full discussion of the complexity of licensure is presented, focusing on how licensing standards affect payment. The article concludes by examining federal and state kinship foster care policies and frontline kinship care practices and discussing the unresolved tensions and ongoing debates regarding the increasing reliance on kinship caregivers.

## Understanding Kinship Care

Relying on extended family members for support in child rearing has been a common practice across cultures, yet public agencies have only recently acknowledged the role of kin caregivers as a resource for children who must be removed from their birth parents. To understand the evolution of kinship care policy and practice, an understanding of the underlying factors that have influenced that evolution is needed. Children live with kin under a variety of different circumstances. Therefore, how "kin" and "kinship care" are defined determines what constitutes a kinship care arrangement and the level of interaction between kin caregivers and public agencies. Although documenting the number of children in kinship care is difficult, the available data suggest that kin acting as primary caregivers has become more commonplace. In addition, children in kinship foster care and their caregivers differ from children in non-kin placements on several dimensions, thus child welfare professionals must be particularly aware of and responsive to the unique challenges children in kinship care and their kin caregivers often face.

### Defining Kinship Care

Delineating the various types of kinship care arrangements is critical for understanding how and when kinship care intersects with the child welfare system. Moreover, the way states define kin is important because, as will be discussed later, all states treat kin differently than non-kin. In its broadest sense, kinship care is any living arrangement in which children do not live with either of their parents and are instead cared for by a relative or someone with whom they have had a prior relationship. The word kin is often used interchangeably with relative; however, when defining kinship care, many state child welfare agencies include persons beyond blood relatives—for example, godparents, family friends, or anyone else with a strong emotional bond to a child. A 2001 Urban Institute survey of state kinship care policies found that almost half of all states included only those related by blood, mar-



riage, or adoption in their definitions of kin.[1] However, almost as many states included caregivers whose relationships to children were not based on biological or legal connections in their definitions of kin.[2]

Traditionally, kinship care has been described as either "informal," meaning that caregiving arrangements occurred without the involvement of a child welfare agency, or "formal," meaning that kin acted as foster parents for children in state custody. Unfortunately, the use of the terms "informal" and "formal" to describe the range of kinship care arrangements may be misleading and inaccurate. For example, referring to kinship caregiving outside the purview of the child welfare system as "informal" may incorrectly imply that such arrangements are short-term or tenuous. Some informal kinship caregivers have legal custody of related children through adoption or guardianship, and others have legal decision-making authority through power of attorney. In short, some informal kinship care arrangements are more formal than others.

Likewise, kinship care arrangements designated as "formal" vary in the extent to which they are publicly supported and monitored. Most prior researchers have used the phrase "formal kinship care" to refer to arrangements in which children have been adjudicated as abused or neglected and placed in foster care with kin. However, child welfare may be involved in other kinship care placements. There are instances in which child welfare agencies help arrange the placement of a child with a relative but do not seek court action to obtain custody of the child. For example, during or after a child protective services investigation, a caseworker may advise a parent to place a child with a relative; both the parent and the relative know that if the parent refuses the "voluntary" kinship placement, the agency may petition the court to obtain custody of the child.

Given the limitations of the terms "formal" and "informal," this article refers to all kinship care arrangements that occur without a child welfare agency's involvement as "private kinship care" and all kinship care arrangements that occur with child welfare contact as either "kinship foster care" or "voluntary kinship care."

## Trends in Kinship Care

Overall, the data suggest that kin are the primary caregivers for a significant proportion of children, and the number of foster children living with kin has increased substantially over the past two decades. In 1999,

approximately 2.3 million children lived with relatives without a parent present in the home.[3] More than three-quarters of these children were in private kinship care. Between 1983–85 and 1992–93,[4] the number of children in private kinship care (8.4%) grew slightly faster than the number of children in the United States as a whole (6.6%).[5] The growing number of children living with kin has been attributed to an increase in such social ills as homelessness, drug and alcohol abuse, juvenile delinquency, AIDS, and child abuse and neglect during this period, and the subsequent stress these problems place on the nuclear family.[6] Since 1994, however, both the number and prevalence of children in private kinship care appear to have stabilized, if not slightly declined.[7]

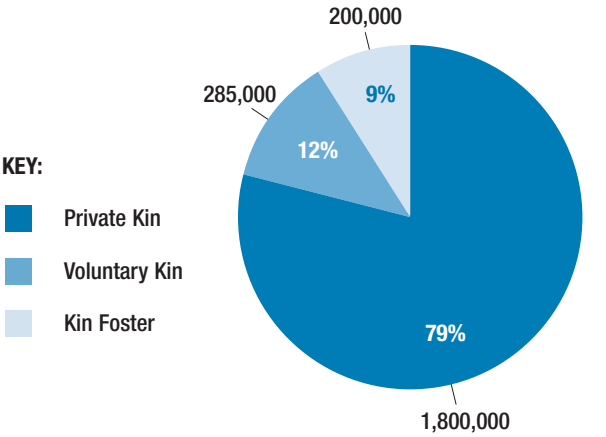
Similarly, the evidence suggests that kinship foster care increased substantially during the late 1980s and early 1990s and may have leveled off in recent years. However, these data are limited because of the difficulty of accurately documenting how many children are placed with kin.[8] Based on data from 25 states, the U.S. Department of Health and Human Services (DHHS) reported that the percentage of all children in state custody placed with kin increased from 18% in 1986 to 31% in 1990.[9] Moreover, evidence suggests that kinship foster care continued to increase through 1993 in California, Illinois, and New York, the three states that accounted for the large majority of the 1986–90 growth.[10] The growth in kinship care arrangements seemed to decline in the late 1990s. From March 1998 to March 2000, the percentage of children in out-of-home care placed with relatives declined from 29% to 25%, and the number of children in kinship foster care decreased from 151,000 to 137,000.[11] However, these data may underestimate the number of foster children in kinship care, as many states cannot identify children in kinship care who are not supported by foster care payments, and other states have difficulty differentiating between kin and non-kin foster care when kin meet the same licensing standards as non-kin. Bearing these limitations in mind, data from the National Survey of America's Families (NSAF) suggest that the number of children currently in kinship foster care may be as high as 200,000.[12]

Even if state use of kin as foster parents appears to be leveling off, this does not necessarily mean that states are not seeking out kin. Rather, they may be using kin in different ways. Almost all states report giving preference to and actively seeking out kin when children cannot remain with their biological parents.[13] However, it appears that child welfare agencies frequently use kin as an alternative to foster care (that is, voluntary kinship care). Data from the NSAF, the only national survey that examined voluntary kinship care, suggest that in 1997 approximately 285,000 children were living with relatives as a result of child welfare involvement but were not in the custody of the state.[14] (See Figure 1.)

Several factors contributed to the growth in kinship foster care. Although the number of children requiring placement outside the home increased (the foster care population has doubled since 1983), the number of non-kin foster parents declined. In addition, child welfare agencies developed a more positive attitude toward the use of kin as foster parents, believing such placements would be less traumatic than placement with strangers. Today, extended family members are usually given preference when children require placement. Finally, several federal and state court rulings have rec-

## Figure 1

### Children in Kinship Care




Sources: National Survey of America's Families, a project of the Urban Institute's Assessing the New Federalism Program, 2002, data available online at http://newfederalism.urban.org.nsaf/; and Ehrle, J., Geen, R., and Clark, R. *Children cared for by relatives: Who are they and how are they faring?* Washington, DC: Urban Institute, 2001.

ognized the rights of relatives to act as foster parents and to be financially compensated for doing so.

In some states, the proportion of foster children in kinship care is far higher than the national average. Nationally, approximately 25% of foster children are living with kin. In California and Illinois, however, kinship care accounts for 43% and 47% of the caseload, respectively.[15] Although kinship care is unevenly used across the states, it continues to be the placement of choice for those states with some of the highest caseloads in the country. Kinship care rates vary across states for many interrelated reasons, including the availability of kin caregivers, the need for kin caregivers due to the scarcity of non-kin foster families, and the preference for kin caregivers among some states. Kinship care is also used substantially in large urban centers where placement rates are high and ethnic diversity predominates.[16]

## Children in Kinship Foster Care

Children in kinship foster care differ in significant ways from children placed with non-kin, in terms of age, race/ethnicity, and parental history. These differences suggest that children in kinship foster care may have different needs than children in non-kin foster care. Prior research has shown that children in kinship foster care are younger than children in non-kin foster care.[17] They are also far more likely to be black than children in non-kin foster care.[18] For example, one study found that 60% of children in kinship foster care were African American, compared to 45% of children in non-kin foster care.[19] In addition, kinship care appears to be far more common in the South than in other regions.[20]

Children in kinship foster care are more likely than children in non-kin foster care to have been removed from their parents' homes due to abuse or neglect, as opposed to other family problems such as a parent-child conflict or behavioral problems.[21] Several small-scale studies have also found that children in kinship foster care are more likely to have been removed due to neglect.[22] Relatedly, children in kinship foster care are more likely to come from homes in which birth parents have drug or alcohol problems.[23] In addition, it appears that the birth parents of kinship care children are more likely to be young and never married than the birth parents of children in non-kin foster care.[24]

## Kinship Foster Parents

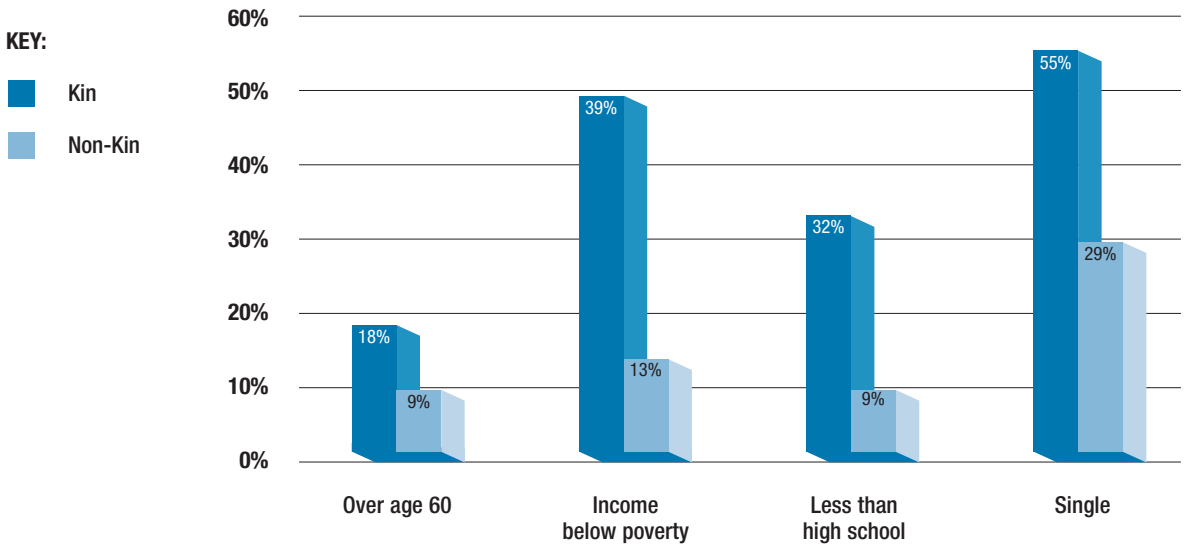
Kinship foster parents differ from non-kin foster parents in several important ways. As a result, kinship foster parents face numerous challenges that most non-kin foster parents do not encounter. These challenges suggest that kinship foster caregivers may require additional supports to ensure the healthy development of children in their care.[25] Kin caregivers tend to be older than non-kin foster parents, with a sizable difference in the number of caregivers over 60 years of age.[26] Between 15% and 21% of kinship foster parents are over age 60, compared to less than 9% of non-kin foster parents.[27] These differences are not surprising given the fact that kin foster parents are most often the grandparents of the children in care.[28] Studies have shown that kinship caregivers are more likely than non-kin foster parents to report being in poor health.[29] In addition, 38% of children who came into kinship care through the child welfare system live with a caregiver with a limiting condition or disability, which may be due to age.[30]

Almost all the studies that have collected data on the income of kinship foster caregivers have found that they are significantly poorer than non-kin foster parents.[31] For example, one study found that 39% of children in kinship foster care live in households with incomes below the federal poverty line, compared to 13% of children in non-kin foster care.[32] A few key factors may contribute to higher levels of poverty among kinship caregivers. First, kinship caregivers have less formal education than non-kin caregivers.[33] Approximately 32% of children in kinship foster care live with caregivers with less than a high school education, compared with only 9% of children in non-kin foster care.[34] Second, kinship caregivers appear to be much more likely than non-kin foster parents to be single.[35] Between 48% and 62% of kinship foster parents are single, compared with 21% to 37% of non-kin foster parents.[36] Finally, one study found that kinship caregivers are more likely to care for large sibling groups, although there was no difference in the number of foster children per home in kinship care arrangements compared to non-kin foster homes.[37] (See Figure 2.)

The research on the employment status of kinship caregivers is conflicting. Some studies have found that kinship caregivers are more likely to be employed or employed full time than non-kin foster parents.[38] In

## Figure 2

### Characteristics of Kin and Non-Kin Caregivers




Note: Percentages were determined by calculating the midpoint of varying ratio estimations.

Sources: Stukes Chipungu, S., Everett, J., Verduik, M., and Jones, J. *Children placed in foster care with relatives: A multi-state study.* Washington, DC: U.S. Department of Health and Human Services, 1998; Gebel, T. Kinship care and non-relative foster care: A comparison of caregiver attributes and attitudes. *Child Welfare* (1996) 75(1):5–18; Ehrle, J., and Geen, R. Kin and non-kin foster care—findings from a national survey. *Children and Youth Services Review* (2002) 24:55–78; Barth, R., Courtney, M., Berrick, J., and Albert, V. *From child abuse to permanency planning.* New York: Aldine de Gruyter, 1994; Beeman, S., Wattenberg, E., Boisen, L., and Bullerdick, S. *Kinship foster care in Minnesota.* St. Paul, MN: Center for Advanced Studies in Child Welfare, University of Minnesota School of Social Work, 1996; Berrick, J.D., Barth, R., and Needell, B. A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review* (1994) 16(1–2):33–63; LeProhn, N. The role of the kinship foster parent: A comparison of the role conceptions of relative and non-relative foster parents. *Children and Youth Services Review* (1994) 16(1–2):65–81.

contrast, other studies have found that kin are less likely to be employed.[39] According to data from the NSAF, approximately 10% of children in voluntary kin care or kinship foster care live with a retired caregiver. Employment status clearly impacts the time a caregiver has available to spend with a child, but it may also affect the resources a caregiver can offer to a child.

In addition to the socioeconomic challenges that many kin foster parents face, kin, unlike non-kin foster parents, usually receive little if any advanced preparation in assuming their roles as caregivers. They may not have time to prepare mentally for their new roles and may not have adequate space, furniture (for example, a crib), or other child-related necessities (for example, toys or a car seat). Because most kinship caregivers are grandparents, they may not have had parenting duties for some time and may be apprehensive about raising a child at this stage in their lives.

Of the limited research on the impact of caregiving on kin, most has focused on differences between custodial and noncustodial grandparents. One study found that 45% of custodial grandparents reported being in fair to poor physical health, compared to 24% of noncustodial grandparents.[40] Moreover, by most measures, the emotional health and life satisfaction of custodial grandparents was lower than that of noncustodial grandparents. Another study found that one-third of its sample of 72 African American grandmothers indicated that their health had worsened since beginning caregiving, and many directly attributed this worsening to their caregiving responsibilities.[41] Finally, in yet another study, caregiving was directly associated with

high levels of depression among grandparent caregivers.[42] At the same time, some researchers have found that caregiving can provide a meaningful role for kin, leading them to feel more useful and productive. Caring for a child may also be intrinsically rewarding.[43]

In sum, kinship caregivers are often required to provide the same nurturance and support for children in their care that non-kin foster parents provide, with fewer resources, greater stressors, and limited preparation. This situation suggests that kinship care policies and practices must be mindful of and attentive to the many challenges kin caregivers face.

## Kinship Care Policy and Practice

Despite recent federal policies that encourage placing foster children with kin, the federal government has given states broad discretion, but limited guidance, as to how to approach kinship foster care. All states have developed policies that treat kinship foster care differently than non-kin foster care; however, there is significant policy variation across states. This variation reflects state efforts to increase the numbers of kin who can act as foster parents while acknowledging kinship care as unique from other forms of foster care. The central policy and practice concerns states have addressed include identifying and recruiting available kin caregivers, developing licensure and payment policies, determining how best to supervise and support kin caregivers, providing and coordinating the necessary service array, and reconciling the increased reliance on kin caregivers with the greater emphasis on permanency.

### Identifying and Recruiting Kinship Caregivers

Recent federal policies have specifically encouraged states to seek out and recruit kin caregivers when children must be removed from their homes. However, ties between birth parents and kinship caregivers can hinder recruitment efforts. In 1996, as part of federal welfare reform, Congress required states to "consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child."[44] According to a 2001 survey of state kinship care policies, in all but two states, Georgia and Illinois, child welfare agencies not only give preference to kin but also require caseworkers to actively seek out kin when it is determined that a child cannot remain with his or her parents.[45]

In addition, the Adoption and Safe Families Act of 1997 (ASFA) has increased the attention that child welfare agencies are paying to identifying and recruiting relatives early in a child's foster care placement history.[46] However, identifying kin when a child is placed may be difficult, as the main source of information about available kin is usually the birth mother, who may be reluctant to cooperate with a child welfare agency. Birth parents may be reluctant to identify kin caregivers under the false hope that child welfare agencies will not remove children for lack of an alternative placement. If kin were unwilling to help birth parents in the past, birth parents may feel some resentment toward possible kin caregivers, particularly in those instances where kin made an abuse and neglect report against a birth parent. Even when kin are identified, they may not be able to meet licensing standards or may require some time to complete requirements.

### Developing Licensing and Payment Policies

Licensure is the primary means by which states assess whether foster parents are fit and able to care for children. Licensing policy is also critical because federal foster care reimbursements to the states and state-funded payments to foster parents are directly tied to licensing standards. In the past, most kin who acted as foster parents initially received financial assistance through the welfare system, assistance that was and is considerably less than foster care payments. However, in 1979 the U.S. Supreme Court ruled that states must make the same foster care maintenance payments to kin caring for Title IV-E-eligible children as they make to non-kin foster parents, provided that kin meet state foster care licensing standards.[47] In short, income eligibility is tied to the status of the child. Therefore, all kin, regardless of income, are eligible for federal foster care payments if they care for a child who was removed from an income-eligible home and if they meet state non-kin foster care licensing standards.

State kinship foster care licensing policies changed significantly with the passage of ASFA and the ASFA final rule. The act, and the January 2000 final rule that documented how DHHS would implement the act, included a number of provisions that clarified the federal reimbursement of foster care payments made for Title IV-E-eligible children placed with kin. States may not collect federal reimbursement for all kin caring for

## Licensing policies and practices are critical in determining whether kin will receive financial support and if so, how much.

Title IV-E-eligible children. Instead, "relatives must meet the same licensing/approval standards as nonrelative foster family homes."[48] Waivers for certain licensing standards may be issued on a case-by-case basis only, not for kin as a group. No waivers can be granted for safety issues. In addition, the final rule prohibits states from claiming Title IV-E reimbursement for provisionally licensed or emergency placement kin homes. Partially as a result of the ASFA final rule, between 1999 and 2001, 27 states altered their licensing policies. Of these, 18 states instituted stricter licensing standards for kin than had previously been in place.[49]

Despite the broad discretion states have in developing kin care licensing standards, in order to receive federal reimbursement for certain foster care placement costs, states must meet minimum procedural guidelines. Although the federal government will not reimburse states for foster care payments made to kin who are not licensed, neither ASFA nor the final rule prohibits states from assessing kin differently from non-kin, and most do. Waiving certain licensing standards or providing different assessment options for kin gives states the flexibility to accommodate kin who are willing and capable of caring for children, yet unable to meet all of the non-kin licensure requirements. Only 15 states require kin to meet the same licensing requirements as non-kin foster parents.[50] In 23 states, child welfare agencies waive some licensing standards (most often living-space requirements and training) for kin foster parents. In addition, 20 states have a separate, less-stringent licensing process for kin than for non-kin. Moreover, most states will place children with kin before they meet all foster care licensing standards.[51] (See the Appendix at the end of this article for a breakdown of licensing and payment policies by state.)

For those children who are not eligible for federal reimbursements, states can decide whether to use state funds to financially support kin caring for children in state custody. This flexibility has led most states to adopt separate foster home licensing and payment policies for kin who are not eligible for federal reimbursement. Most states give foster care payments to kin who are licensed based on non-kin licensing standards. In other words, even if the children in kin care are not eligible for federal reimbursement, most states will provide foster care payments to caregivers under the same standards as non-kin. California and Oregon are the only states that provide payments to only those foster parents who are licensed under non-kin standards and who are caring for children who meet federal reimbursement eligibility requirements. A few states will not give kin foster care payments if one or more licensing standard has been waived. In addition, most states will not offer foster care payments to kin who are licensed based on a kin-specific process. Finally, several states will not provide foster care payments if kin are provisionally licensed. In total, 26 states may not support kin caring for children in state custody with foster care payments.

In practice, licensing kin to act as foster parents can also vary greatly within states. For example, even in states that require kin to be licensed before they can care for a child, it is not uncommon for judges to order a child be placed with an unlicensed kinship caregiver.[52] Recent data gathered by the Urban Institute show that localities vary considerably in a number of practices, such as their willingness to place a child with a yet unlicensed kinship caregiver, the licensing requirements that these kin must meet, and the financial assistance kin will be offered before they are licensed. Similarly, the processes for getting a waiver, the frequency with which workers pursue waivers, and the standards that may be waived varied greatly among the localities studied and even among different workers and supervisors within the same locality.

In addition to licensing, localities vary in the frequency with which they take children into state custody and their pursuit of voluntary kinship arrangements. For example, one study found that in Alabama, the vast majority of kin are used to divert children from the foster care system entirely, and thus kin in this state rarely receive foster care payments.[53] Yet even in Alabama, local sites varied considerably in their propensity to take children into custody and to offer kin foster care payment. If Alabama is indicative of other states, then kin may not be informed about the availability of fos-

ter care payment or may be discouraged from taking the steps necessary to obtain payment.

In sum, licensing policies and practices are critical in determining whether kin will receive financial support and if so, how much. The federal government will reimburse states only for foster care payments to kin who meet non-kin licensing standards and who care for children who meet income-eligibility requirements. For those kin who are not eligible for federal reimbursement, states have broad discretion in developing licensing requirements and in determining what financial support they will provide to kinship foster parents, if any. Moreover, many states have developed multiple assessment options. As a result, the amount of financial assistance kinship caregivers receive can vary due to the eligibility status of the children in their care, the assessment criteria and licensing requirements of individual states, and even the discretionary decisions made by child welfare line supervisors and caseworkers.

### Supervising and Supporting Kin Caregivers

Providing adequate and appropriate supervision and support for either kin or non-kin foster parents is a challenge for child welfare agencies. Given that kin typically have less experience with the child welfare system, may not have completed foster parent training, and may allow birth parents to have more frequent and/or unsupervised access to their children, kinship caregivers may require even greater support and supervision than non-kin caregivers. However, research indicates that kin caregivers often do not receive this support. In fact, kin caregivers often receive less support and supervision than non-kin caregivers.

Most state kinship care policies require caseworkers to provide the same level of supervision for children in kinship care as for those placed in non-kin foster care.[54] In practice, however, several studies show that child welfare workers tend to supervise kinship care families less than non-kin foster families.[55] For example, one study found that caseworkers conduct less-frequent home visits to kinship caregivers than to non-kin foster parents, and they telephone less often.[56] Another study found that more than one in four kinship caregivers went a year or more without having any contact with a caseworker.[57] In addition, research has shown that caseworkers provide less information to kinship caregivers than to non-kin foster parents and are less likely to discuss the role of the child welfare agency with kinship caregivers.[58]

One explanation suggested for why workers provide less information and supervision to kinship caregivers is that workers view kinship placements as separate from and possibly outside of the child welfare system, or as fundamentally safer than placements with non-kin foster parents.[59] In addition, workers may not initiate or sustain regular contact with kinship caregivers, believing that kin prefer limited contact with the agency.[60]

The limited supervision that kin receive raises concerns about the safety of kinship care placements, especially in light of past research that has found that birth parents have much more frequent and unsupervised contact with children in kinship placements.[61] Child welfare workers report that they often have difficulty preventing unsupervised parental contact when children are placed with kin. Parents often make unscheduled visits with children in kinship care and are also much more likely than are parents of children in non-kin foster care to see their children in the foster home rather than at an agency or visitation center.[62] Research indicates that frequent, constructive, and appropriately supervised parental visitation can help maintain the bond between birth parents and their children and facilitate reunification. Educating kinship caregivers about the potential risks of unsupervised visits, providing avenues for appropriately monitored parental visitation, and reevaluating child welfare supervision practices for kinship care placements may help reduce the degree of unsupervised contact birth parents have with their children.

### Services for Kinship Foster Parents

Although state policies indicate that kin are generally eligible to receive the same services as non-kin foster parents,[63] past research has clearly shown that in practice, kin foster parents and the children in their care receive fewer services. Kin are offered fewer services, request fewer services, and receive fewer services for which they have asked.[64] Experts have offered several explanations for these disparities. They may reflect differences in the service needs of kin and non-kin foster

parents. Child welfare caseworkers may also treat kin and non-kin foster parents differently.[65]

Kin also fail to receive assistance they are eligible for from non-child welfare agencies. All kin who do not receive foster care payments from a child welfare agency are eligible to receive child-only TANF assistance; however, many do not.[66,67] Similarly, many kin who are eligible for Medicaid health insurance coverage, food stamps, child care subsidies, or housing assistance fail to receive this assistance.[68] Several factors account for the low level of services provided to kin. Many kin report that they are not aware they are eligible for benefits, do not want a handout, want to avoid involvement with public agencies, or have applied for public assistance and were mistakenly denied.[69] In addition, kinship caregivers may ignore outreach materials that discuss services available to "parents." Because they are a relatively small group, kinship care families are often overlooked by program administrators and policymakers. Studies have also found that eligibility workers may be unaware of the services that kinship care families can receive.[70]

Many states are developing programs to better meet the needs of all kinship care families.[71] Several states are providing kin who do not receive foster care payments with welfare payments that are higher than those kin would typically receive under established TANF policy. Many states have funded kinship support groups that are similar to those organized by foster parent associations. Other states have developed comprehensive kinship support centers that provide kinship care families with information and referral services, case management, and a wide range of support services for both kinship caregivers and their children.

### Reconciling Permanency Planning with Kinship Care

Kinship care arrangements question long-standing principles regarding what constitutes a permanent placement, thus kinship foster care can present both opportunities and challenges for expediting children to permanency. As reflected in ASFA, one of the primary goals of our nation's child welfare system is to ensure that children who have been removed from their parents' homes are reunified with their parents or placed in another permanent placement (that is, adoption or legal guardianship) in a timely manner. ASFA was the first federal legislation to address kinship care as a potential permanent placement. The act specifies that acceptable permanency options include reunification, adoption, legal guardianship, and permanent placement with a "fit

and willing relative," and that states must have a "compelling reason" if they select any other type of permanent placement. DHHS guidance notes that "the term [compelling reason] was adopted because far too many children are given the permanency goal of long-term foster care, which is not a permanent living situation for a child." Advocates of kinship care may applaud that ASFA acknowledges the unique circumstances of kinship care and considers new ways of thinking about permanency. However, opponents could claim that the act allows children to be placed in what amounts to long-term foster care without a compelling reason.

Research has demonstrated that states have used the flexibility afforded under ASFA to treat kin differently than non-kin in permanency planning. For example, a 2001 Urban Institute survey found that many states are routinely not terminating parental rights, even though ASFA requires a termination petition be filed for any child who has been in foster care for 15 of the previous 22 months.[72] In 10 of the 36 states that provided an estimate, officials reported that they did not terminate parental rights in more than half of the cases in which children were living with kin yet met the termination requirements. In addition, 43 states reported that they allow children to remain in long-term foster care with kin.

A recent study found that child welfare agencies have placed greater emphasis on permanency planning with kin following ASFA, yet long-term foster care remains a common outcome for children placed with kin.[73] Workers report that they are much less likely to pursue terminating parental rights when children are placed with kin.[74] Also, children in kinship care are less likely than children in non-kin foster care to be adopted.[75] Many child welfare agencies do not strongly encourage kinship caregivers to adopt, and others do a poor job of explaining how adoptions differ from other permanency options. Moreover, there are often significant financial disincentives for kin to adopt children in their care, such as a loss of child care assistance or eligibility for other government subsidies.

Although placement with kin helps children stay connected with their families and may be the best placement option for some children, one of the stronger and more troubling findings of the research is that birth parents appear to be significantly less likely to complete case plan requirements for reunification when their children are placed with kin. Caseworkers, administrators, and kin agree that greater access to children and the reduced stigma associated with kinship care reduce the motivation of birth parents to reunify with their children.[76] Noncompliance with case plans and a lack of motivation to reunify are particularly problematic with substance-abusing parents, who often continue their addictions while their children are being cared for by kin.

## The Ongoing Debate

In spite of the explicit governmental preference for kin and states' continued heavy reliance on kin as foster parents, kinship care remains a field of policy and practice that is mired in controversy and complexity. For example, policymakers are still ambivalent about the appropriate responsibilities of kin in the child welfare system. Whether kin play a role in child welfare that corresponds to that of traditional foster parents, or whether they should be considered family providing informal supports, remains a tension that is yet to be resolved.[77] This tension plays out in debates about how child welfare agencies should financially support kin, as well as how policymakers assess how well kinship care meets the child welfare goals of safety, permanency, and well-being.[78]

### Financial Compensation

Paying kinship foster parents remains controversial, largely because this issue taps into broader societal and policy concerns regarding the responsibility family members have to each other and the incentive structure of government subsidy programs. For example, some argue that kin should not be paid for caring for a related child since such care is part of familial responsibility. Moreover, some experts have argued that the higher foster care payment rates compared to payments for child-only cases under TANF may provide an incentive for private kinship caregivers to become part of the child welfare system.[79] If only 15% of the children living in private kinship care arrangements were included in child welfare systems, the kinship foster care population would double, and experiences in Illinois have shown that making foster care payments available to private kin can lead to significant increases in kinship foster care.[80]

**Compared with children placed in non-kin foster care, children placed with kin are less likely to be reunified with their parents and are less likely to be adopted.**

These arguments, however, view kinship care from the perspective of the caregiver rather than the maltreated child. Alternatively, one study found that placement stability is enhanced when kinship caregivers receive the full foster care subsidy.[81] Other experts suggest that kinship care payments should derive from the governmental responsibility for children in state custody, rather than on the licensing status or relative status of the caregiver.[82] These experts argue that states assume the same level of responsibility for children in their custody regardless of where a child is placed and that states should not provide less financial assistance on behalf of a child in kinship care solely because a kinship caregiver is unable to meet certain licensing criteria.

Policy regulations under ASFA also complicate efforts to adequately compensate kin caregivers by prohibiting kin who are provisionally licensed from receiving federally reimbursed foster care payments. Almost all kinship caregivers are provisionally licensed, as they typically begin caring for a related child with little advance warning. Given that the licensing process in many states takes six months or more, kin may lose considerable financial assistance by being denied foster care and supplemental payments until they are licensed.

At the same time, ASFA allows states, under certain circumstances, to recoup foster care expenses for children who were already living with kin when child welfare became involved. These placements are often called constructive or paper removals, as the child is not physically removed from the home but is taken into state custody. Child welfare agencies face a difficult decision in determining the circumstances under which they should take a child into custody, particularly when the child may already be in a safe and stable home.

A related concern centers on when it might be appropriate for child welfare agencies to divert children from the foster care system by using voluntary kinship care placements. Because of their caregivers' voluntary status, these children may effectively be excluded from public agency supervision and from the specialized health, mental health, and school-related services that might be available through foster care. Moreover, their parents may be denied the services they need in order to effectively reunify with their children.

### Placement Safety

Questions about the safety of kinship care placements arise from concerns that children in foster care may come from families with intergenerational histories of abuse. For years, kinship care advocates fought to overcome the negative perception among many child welfare workers and administrators that "the apple does not fall far from the tree"—in other words, that parents who are abusive were probably abused themselves. To date, few studies have directly assessed the safety of foster children placed with kin. Although some studies lend credence to the theory of an intergenerational cycle of abuse, it appears that most children in kinship care are placed there because of parental neglect rather than abuse.[83] Two studies that compared the rate of abuse by kin and non-kin foster parents found conflicting results, with one finding children in kinship care more likely to suffer abuse[84] and the other finding the opposite.[85] Perhaps the most salient safety concern with kinship care placements is the lack of caseworker supervision and the often unencumbered access birth parents have to their children.

Concerns about the safety of kinship care placements were the primary impetus for the DHHS mandate that "relatives must meet the same licensing standards as nonrelative family foster homes" in order for states to receive federal foster care reimbursement. DHHS notes that "given the emphasis in ASFA on child safety...we believe that it is incumbent upon us, as part of our oversight responsibilities, to fully implement the licensing and safety requirements specified in the statute." However, it seems inconsistent for federal policy to suggest that, because of safety concerns, kin must be licensed for states to receive federal reimbursement, but not to require states to license those kinship care homes for which they do not seek federal reimbursement.

## Permanency

Ensuring permanent homes for children is paramount. However, kinship foster care challenges traditional notions of permanency. Prior research has documented that the permanency outcomes for children placed with kin may be different than outcomes for those placed with non-kin. Research has shown that children placed in kinship foster care tend to remain in care significantly longer than children placed in non-kin foster care.[86] Compared with children placed in non-kin foster care, children placed with kin are less likely to be reunified with their parents[87] and are less likely to be adopted.[88] Lower rates of reunification may be the result of reduced motivation among birth parents when children are placed with kin, a problem that child welfare agencies may have difficulty overcoming. However, the adoption of children by kin could be enhanced by better dissemination of information by caseworkers and elimination of barriers and fiscal disincentives to adoption.

Federal law reflects the ambivalence toward kin caregivers in its policy approach to permanency. Whereas ASFA clearly encourages permanency (that is, adoption or legal guardianship) for children in non-kin care who cannot be reunified and specifically disallows long-term foster care for non-kin, it includes explicit provisions for long-term care for children placed with relatives. Although placement stability is much greater for children placed with kin than with non-kin,[89] it is hardly guaranteed and, according to recent work, is as likely to break down over time as is placement with non-kin.[90]

Whether kinship foster care achieves the goal of permanency depends partially on how one thinks about permanence. As Testa outlines in this journal issue, two alternative definitions of permanence, one as "lasting" and the other as "binding," are at the root of the debate. Those who see the goal of permanency as establishing a "lasting" bond between a family and a child emphasize the importance of psychological bonding and giving a child a sense of social belonging and identity, along with a permanent home. However, others believe permanency is best achieved by establishing legally "binding" relationships, with adoption being the most binding permanency option. (See the article by Testa in this journal issue.) The debates about whether existing kinship foster care practices promote permanency and whether agencies should follow a hierarchy of permanency goals that would increase the pressure on kin to adopt are significantly shaped by these two differing perspectives.

## Effects on Child Well-Being

Whether children fare better when placed with relatives is still undecided. Because children are more likely to be familiar with a kin caregiver, many experts suggest that these placements are less traumatic and disruptive for children than placements with non-kin.[91] Many argue that placement with kin is less psychologically harmful to children than placement with strangers.[92] Further, studies of children's experiences in care suggest that the vast majority of children feel "loved" by their kin caregivers and "happy" with their living arrangements.[93]

In addition, kinship foster care also helps maintain family continuity by increasing the contact between children in foster care and their birth families. Children in kinship foster care have much more frequent and consistent contact with both birth parents and siblings than do children in non-kin foster care.[94] Further, they are more likely to be placed with siblings than children in non-kin foster care.[95] Kinship foster care also helps children maintain a connection with their communities. Research has indicated that they are more frequently placed in close physical proximity to the homes from which they were removed.[96] Given that children are placed with relatives, they are also more closely connected with their cultural heritage and traditions. Prior research has also shown that children in kinship foster care are significantly less likely than children in non-kin foster care to experience multiple placements.[97]

Despite these benefits, there is currently no methodologically rigorous research demonstrating that children in kinship foster care have better developmental outcomes than children in non-kin placements. One of the few longitudinal studies of children in kinship foster care found little discernable difference in adult functioning for children who were placed with kin rather than non-kin.[98] It is possible and perhaps probable that kinship care is in the best interest of most foster children (depending upon the child, the kin available, and the birth parent), but it may not be appropriate for many others. However, we currently lack the research to make such an assessment. More-

**The vast majority of children feel "loved" by their kin caregivers and "happy" with their living arrangements.**

over, we lack research to determine how different state policies and practices affect both the ability of kin to act as foster parents and the well-being of foster children placed with kin.

## Conclusion

Kinship foster care has emerged as a vital element of federal, state, and local foster care policy and practice. Yet despite the centrality of kinship foster care in child welfare, our understanding of how best to utilize and support kin caregivers, and the impact of kinship foster care placement on child development, is limited. Kin foster parents and the children in their care differ in significant ways from non-kin foster families. These differences, particularly the age, health, and resource limitations of many kinship caregivers, suggest that child welfare policy and practice must develop new ways for serving and supporting this group of caregivers. The emotional ties between kin caregivers and birth parents (often the caregivers' own children) can complicate efforts to meet the needs of children in care in several ways. For example, if there are tensions between kin caregivers and birth parents, the kin foster family could interfere with efforts to build healthy bonds between birth parents and their children. Alternatively, if kin caregivers are too close to birth parents, they may not provide adequate supervision to protect children from further harm during visitations or support efforts to secure alternative permanent placements should reunification not be possible. The complex web of policy and practice that has evolved around licensure and payment is another factor that complicates efforts to adequately and equitably compensate kin caregivers. Moreover, the resolution of these concerns is significantly influenced by broader societal and political debates about where the line should be drawn between family obligation and governmental responsibility.



Kin have been an ever-present family resource, often providing varying levels of caregiving support to family members. As the child welfare system continues to rely on kin to act as foster parents, policymakers and practitioners must ensure that policies and practices designed with non-kin foster parents in mind are not blindly or haphazardly applied to kin. Thoughtful consideration of the uniqueness of kinship care and rigorous review of best practices are needed if children in kinship care are to experience optimally healthy environments in which to grow.

## ENDNOTES

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85. Zuravin, S., Benedict, M., and Somerfield, M. Child maltreatment in family foster care. *American Journal of Orthopsychiatry* (1993) 63(4):589–96.

86. See note 17, Cook and Ciarico; and Courtney, M. Factors associated with the reunification of foster children with their families. *Social Service Review* (1994) 68(1):81–108.

87. See note 11, U.S. Department of Health and Human Services, 2000; note 17, Berrick, et al.; and note 80, Testa.

88. See note 17, Berrick, et al.; and note 77, Berrick and Needell.

89. See note 17, Cook and Ciarico; note 23, Beeman, et al.; Benedict, et al.; and Berrick, J.D. When children cannot remain home: Foster family care and kinship care. *The Future of Children* (1998) 8(1):72–87.

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98. In fact, one of the few longitudinal studies of the well-being of children in kin and non-kin foster care found little difference in the adult functioning of these children. See Zuravin, S., Benedict, M., and Stallings, R. The adult functioning of former kinship and nonrelative foster care children. In *Kinship foster care: Policy, practice, and research*. R. Hegar and M. Scannapieco, eds. New York: Oxford University Press, 1999.

# Appendix

## Kin Licensing and Payment Polices by State

| State | 2001 Licensing Options for Kin | | | Who Receives Foster Care Payment |
|---|---|---|---|---|
| | Same[a] | Kin waivers[b] | Kin-specific[c] | |
| Alabama | | • | | All kin |
| Alaska | • | | • | Kin licensed same as non-kin |
| Arizona | • | | • | All kin |
| Arkansas | | • | | All kin |
| California[d] | • | | | Kin caring for Title IV-E-eligible children who are not provisionally licensed |
| Colorado | • | | | All kin |
| Connecticut | | • | | All kin |
| Delaware | • | | • | Kin licensed same as non-kin, all non-related kin |
| District of Columbia | • | | | All kin |
| Florida | • | | • | Kin licensed same as non-kin who are not provisionally licensed |
| Georgia | | • | | Kin licensed same as non-kin |
| Hawaii | • | | | All kin |
| Idaho | | • | | All kin |
| Illinois | • | | • | All kin |
| Indiana[d] | | • | | Waived kin if caring for Title IV-E-eligible children |
| Iowa | • | | | All kin |
| Kansas | | • | • | Waived kin not provisionally licensed |
| Kentucky | | • | • | All kin |
| Louisiana | • | | • | Kin licensed same as non-kin |
| Maine | | • | • | All kin |
| Maryland | • | | • | Kin licensed same as non-kin |
| Massachusetts | | • | | All kin |
| Michigan | • | | • | Kin licensed same as non-kin who are not provisionally licensed |
| Minnesota | • | | | All kin |
| Mississippi | | • | • | Waived kin |
| Missouri | • | | | All kin |
| Montana | | • | • | Waived kin |
| Nebraska | | • | • | Waived kin not provisionally licensed |
| Nevada | | • | • | Waived kin |

| State | 2001 Licensing Options for Kin | | | Who Receives Foster Care Payment |
|---|---|---|---|---|
| | Same[a] | Kin waivers[b] | Kin-specific[c] | |
| New York | | • | | All kin |
| New Hampshire | | • | | All kin |
| New Jersey | | • | | All kin |
| New Mexico | | • | | All kin |
| North Carolina | • | | • | Kin licensed same as non-kin |
| North Dakota | • | | | All kin |
| Ohio | | • | | Kin licensed same as non-kin |
| Oklahoma | | • | | Waived kin not provisionally licensed |
| Oregon[d] | • | | | Kin caring for Title IV-E-eligible children who are not provisionally licensed |
| Pennsylvania | • | | | All kin |
| Rhode Island[d] | | • | | Waived kin caring for Title IV-E-eligible child |
| South Carolina | | • | | Waived kin not provisionally licensed |
| South Dakota | • | | • | Kin licensed same as non-kin who are not provisionally licensed |
| Tennessee | | • | | All kin |
| Texas | • | | • | Kin licensed same as non-kin who are not provisionally licensed |
| Utah | • | | | Kin not provisionally licensed |
| Vermont | • | | | All kin |
| Virginia | • | | | All kin |
| Washington | • | | • | Kin licensed same as non-kin who are not provisionally licensed |
| West Virginia | • | | | Kin not provisionally licensed |
| Wisconsin | • | | • | Kin licensed same as non-kin |
| Wyoming | • | | | All kin |
| Total | 28 | 23 | 20 | |

[a]Kin and non-kin must meet same licensing standards.

[b]State may waive some licensing requirements for kin.

[c]State has kin-specific licensing option.

[d]Kin caring for title IV-E-eligible children receive foster care payments, others receive TANF.

Note: Data from Jantz, A., Geen, R., Bess, R., et al. *The continuing evolution of state kinship care policies.* Washington, DC: Urban Institute, 2002.

# Providing Better Opportunities for Older Children in the Child Welfare System

**Ruth Massinga and Peter J. Pecora**

## SUMMARY

A growing number of children over age 10 reside in and emancipate from foster care every year. Older children face many of the same challenges as younger children, but they also have unique developmental needs. This article discusses older children in the child welfare system and finds:

- Approximately 47% of children in foster care are over age 11, and in 2001, 20% of children leaving foster care were over age 16.
- Older children need permanency, stability, and a "forever family." Maintaining connections with siblings and other kin can be a crucial resource for older children as they transition to independence.
- Former foster children are at higher risk for a number of negative outcomes, such as substance abuse, homelessness, and low educational attainment, but the research on older youth is limited and often does not consider the strengths these youth exhibit.

Much can be done to better serve older children while they are in care and to provide them with better opportunities as they transition out of the system. Programs that draw on community resources, promote a system of care, link children to mentors, and teach them life skills hold promise for improving the lives of these children.

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Large numbers of older children reside in and emancipate from foster care in the United States every year. In 2001 about 30% of the children in foster care were 11 to 15 years old, and another 17% were age 16 or older.[1] Older youths in foster care face some of the same challenges as younger children, but often these challenges are intensified. For example, older children may have experienced more extensive disruptions in living situations and schools. Older children also face different concerns as they get closer to aging out of foster care, including establishing a viable relationship with their birth family members. To deal with these challenges, a considerable number of older children need special services while in care and transition services as they emancipate from foster care without having a permanent home. Of the children leaving foster care in 2001, 20% were age 16 and older.[2]

This article examines the developmental needs and outcomes of older children in foster care. It briefly highlights federal and state policies affecting older children in care and the programs designed to serve them. Finally, it offers several proposed improvements to current policies and programs to help these youths transition successfully from foster care to adulthood.

## Developmental Needs and Outcomes of Older Youths

The different modes of entry into foster care in terms of child age and patterns of stay have implications for the developmental needs and outcomes of older youths. The United States has generally a bimodal pattern of foster care placement. At one end of the age range, about 38% of children are 5 years old or younger when placed in care. At the other end, about 29% of children who enter (or reenter) care are between the ages of 11 and 15. Another 11% are between the ages of 16 and 18. Some of these older children are reunified with their birth families or are adopted, but many emancipate from foster care.[3]

Despite the emphasis on permanency planning and adoption, foster care stays of a year or more are common in the United States.[4] In 2001 about 36% of children in foster care had been there less than a year, but 74% had been in care for a year or more.[5] Of those who exited care, about half had been in care for less than one year, whereas half had been in care for one year or longer. Nearly 30% had been in care for at least two years. No matter what the length of stay, after a safe home environment has been established, the developmental needs of children should become the priority for families, caseworkers, and the supporting cast of helpers.

### Developmental Needs of Older Youths in Foster Care

Youth development is a life process. According to the U.S. Department of Health and Human Services (DHHS), positive youth development means that adolescents receive the services and opportunities necessary to develop "a sense of competence, usefulness, belonging, and empowerment."[6] For older youths in care (and especially for children who have survived abuse and neglect), needed supports include stable living situations; healthy friendships with peers their own age; stable connections to school; educational skills remediation; dental, medical, and vision care; mental health services; consistent, positive adults in their lives; and networks of social support. Life-skills preparation is also very important, covering such areas as daily living tasks, self-care, social development, career development, study skills, money management, self-determination, self-advocacy, and housing and community resources.[7]

Reviews of program emphasis show a high degree of focus on clinical and rehabilitation services, whereas more universal or normative activities, such as school, recreation, making and keeping social contacts with peers, work skills, and job experience, are not emphasized strongly enough. A more balanced approach is necessary, particularly in the placement of older children who have a much shorter time to learn to be responsible for themselves.[8]

***Testimony of Terry, former foster youth:***
*Aging out of foster care shouldn't mean being totally on your own. The end of foster care cannot mean the end of a community's caring.*[9]

Siblings[10] and relatives become crucial resources for older youths in foster care—especially if kinship care (or guardianship with relatives) is heavily used as a mode of caregiving. Transitioning out of kinship foster

care is different than transitioning from a nonrelative foster home. For example, in most cases, relatives often feel more of an obligation to the children in their care than nonrelatives. According to one expert, it is important to differentiate between these two groups to better ascertain which children need different types of support in the transition to adulthood. More specifically, those living with a nonrelative foster family are more likely to need reunification support (such as locating and reunifying with biological families and other relatives); "independent living" support; and enduring support networks.[11]

***Testimony of Lisa, former foster child:***
*You know, children in foster care have wings, but they need someone to teach them to fly, someone to lead them in the right direction, someone to be there when they fall. I am here today because of those people who taught me how to fly.*[12]

## Developmental Outcomes of Youths in Foster Care

Under pressure from private and public agencies, juvenile court judges, class-action lawsuits, physicians, and various other stakeholder groups, foster care systems are beginning to be held accountable for the effects of their services.[13] As a result, although data are sparse, foster care service-delivery systems have begun tracking a core set of outcomes encompassing the developmental needs of older youths outlined above, as well as other crucial elements such as cultural identity, decision making, and social networking.

The available research indicates that youths transitioning from foster care are likely to experience a number of negative outcomes.[14] For example, studies have found that, compared with the general population, a higher proportion of these youths are involved in the criminal justice system,[15] and they are at higher risk for teen pregnancy and parenting.[16] Because most youths in foster care have changed schools multiple times, many have lower reading and math skills, as well as lower high school graduation rates.[17] In addition, youths transitioning from foster care are more likely to experience homelessness.[18] In fact, one study found that one in five foster care alumni who had never been homeless before did not have a place to call home for

at least a week sometime after age 18.[19] Other studies show that foster care alumni tend to have higher rates of alcohol and other drug abuse[20] and higher rates of unemployment and dependence on public assistance.[21, 22]

Several studies have found more mixed results, with some youths doing very well while others struggle to complete classes and learn the skills necessary to succeed as young adults living independently. For example, some studies show that youths placed in foster care tend to have disproportionately high rates of physical, developmental, and mental health problems, but at least two large alumni studies have found that their physical health overall is on par with the general population and their mental health difficulties are confined to just a few areas (such as posttraumatic stress disorder, panic disorder, and bulimia).[23]

In summarizing what we know about the outcomes for older youths in care and foster care alumni, we need to exercise caution. Not only do the study methods vary in type and rigor, but youth outcomes are affected by variables outside the control of those providing services, including characteristics of the children, birth families, other relatives, and foster parents; ecological factors before services began (such as schooling and neighborhood environment); and a child's degree of resiliency.[24] (See the articles by Jones Harden and by Stukes Chipungu and Bent-Goodley in this journal issue.) In addition, because of the lack of "strengths-oriented" research and the media preoccupation with negative effects, the many success stories of older youths in foster care often are not publicized.[25] Stereotypes abound, even though conditions are not uniformly deplorable. Further research on youth outcomes is needed to identify the nature and extent of supports required, the types of skill building different groups of youth need, and the most promising strategies for delivering those services. Of equal importance is the need to link good outcomes to the cost to achieve them. Until the cost data are more available, including transparent reporting of appropriately commingled funding streams, child welfare organizations cannot be adequately accountable for the "real" costs of obtaining good results and therefore will be less likely to make a winning case for additional resources from either public or private funding sources.

## Policies and Programs to Support Older Youths in Foster Care

A variety of policies and programs address the needs of older youths in placement, either directly or indirectly.[26] For example, the Adoption and Safe Families Act attempts to improve the safety of children, to promote adoptive and other permanent homes for children who need them, and to support families. The Independent Living Initiative and, subsequently, the Foster Care Independence Act of 1999 provide funding for services to prepare adolescents in foster care for independent living. (See Box 1.) Other services for homeless and emancipating youths include the Department of Housing and Urban Development's Family Unification[27] and Youthbuild Programs,[28] the DHHS Transitional Living Program for Homeless Youth,[29] Survivor's Insurance,[30] and welfare programs such as Temporary Assistance for Needy Families. (For a more detailed discussion of major legislation affecting children in foster care, see the article by Allen and Bissell in this journal issue.)

Over the years, a number of programs to help older youths in foster care have been developed. These programs range from special permanency planning efforts to give youths a "forever home"[31] to intensive efforts to boost adoptions (such as Project Craft in the late 1970s and early 1980s), as well as pioneering efforts to provide life-skills training and supervised transitional housing.[32] Some of these efforts are summarized in Appendix 1 at the end of this article. Such efforts vary widely from state to state, however. Appendix 2 at the end of this article details each state's use of selected tools and strategies for helping youths transition from foster care. All states are using the Chafee funds provided under the Foster Care Independence Act, and about half the states are using two or more other strategies as well.

Despite the plethora of policies and programs, older foster children continue to experience substantial challenges, and foster care agencies struggle to keep older children in stable foster homes, teach them life skills as early as possible, and assist them in thinking seriously about life after foster care. In general, it is impossible to know how well the programs are working because most lack rigorously collected evaluation data.[33] More-

## Box 1

### The Foster Care Independence Act of 1999

On December 14, 1999, Congress enacted the Foster Care Independence Act to expand services for youths transitioning from foster care. Although an Independent Living Initiative had been authorized in 1985, many service providers, youth advocates, and researchers felt that a broader effort was necessary if these youths were to make successful transitions from foster care to independent living. To meet this need, the act created the Chafee Foster Care Independence Program (CFCIP; named for Senator John H. Chafee as a testimonial to his long-standing leadership for children in foster care) and made several important changes in the provision of transitional services for youths in foster care. Among other changes, the act:

- Extended eligibility for transition assistance to former foster care children up to age 21, three years longer than had previously been available.
- Doubled funding for independent-living services to $140 million and established a $500,000 minimum allotment for states.
- Permitted states to use federal funds to support a variety of financial, housing, counseling, employment, education, and other appropriate supports and independent-living services for all children likely to remain in foster care until age 18 and to help those children make the transition to self-sufficiency.
- Clarified that independent-living activities should not be seen as an alternative to adoption for children and can occur concurrently with efforts to find adoptive families for children.
- Allowed states to use up to 30% of the funds for room and board for youths ages 18 to 21 transitioning from foster care.
- Gave states the option to extend Medicaid to older youths transitioning from foster care.
- Added achievement of a high school diploma and averting incarceration to the list of outcomes to be developed by the secretary of the U.S. Department of Health and Human Services to assess state performance in operating independent-living programs.
- Allowed adoptive parents to receive training with federal foster care funds to help them understand and address issues confronting adolescents preparing for independent living.
- Mandated that states make benefits and services available to Native American children on the same basis as other children.
- Required child welfare agencies to document the effectiveness of their efforts to help their former charges become self-sufficient.
- Required the secretary to develop a plan for imposing penalties on states that do not report data as required.

Although states have a great deal of flexibility in deciding how to use their CFCIP funds, the legislation suggests services, including assistance in obtaining high school diplomas; career exploration; vocational training; job placement and retention; daily-living-skills training; training in budgeting and financial management; substance abuse prevention; and preventive health activities such as smoking avoidance, nutrition education, and pregnancy prevention. The Chafee legislation also specifies that funding may be used to provide personal and emotional support to children aging out of foster care, through mentors and interactions with dedicated adults.

Despite the importance of independent-living services for youths transitioning from foster care to self-sufficiency, many states either have not drawn down the funds or are not using the funds as effectively as they could. Advocates believe that states will need to use these funds more "boldly, creatively, and effectively" to substantially improve outcomes for youths leaving foster care.[a]

[a]Jim Casey Youth Opportunities Initiative. *Opportunity passports for youth in transition from foster care—A vision statement.* St. Louis: JCYOI, April 2002, available online at http://www.jimcaseyyouth.org/docs/passport.pdf.

Supplemental Sources: U.S. Department of Health and Human Services, Administration for Children and Families. *Welcome to the Children's Bureau.* April 16, 2002. Available online at http://www.acf.hhs.gov/programs/cb/programs/; Child Welfare League of America. *Summary of the Adoption and Safe Families Act of 1997.* Washington, DC: CWLA, 1997; Pecora, P.J., Whittaker, J.K., Maluccio, A.N., and Barth, R.P. *The child welfare challenge.* 2nd ed. Hawthorne, NY: Walter de Gruyter, 2000 (see especially chapters 4 and 11).

**. . . Every youth transitioning from foster care should have the opportunity to either reestablish an independent legal relationship with his or her biological family, establish a legal relationship with another family, or both.**

over, one challenge of providing a sufficient "dosage" of service is that many youths do not stay in foster care for long; in such cases, ensuring a child's safety may be the only realistic outcome to measure.[34] Yet, of the 263,000 children leaving care in 2001, almost 30%—including many older youths—had been in care for more than two years, enough time to have derived some benefit from a social service program.[35] The discussion that follows explores two general types of programs for older youths in foster care: (1) programs that promote a sense of permanency within the foster care setting and (2) programs that provide services for transitioning out of foster care.

### Services to Promote a Sense of Permanency

Despite the many complexities and controversies surrounding permanency planning, a sense of permanence and stability in a child's living situation is crucial, and its value is well supported by the child development literature and children's rights policy.[36] Permanency planning has been defined as the "systematic and continuous process of carrying out 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."[37] It embodies a family-focused paradigm for child welfare services, with emphasis on providing a permanent legal family and encouraging family continuity for children across the life span.[38]

The goal of permanency planning is "not to help children live in families—it is to have them *rejoin* or *join* families."[39] Foster care is just one part of a larger array of permanency-oriented options, such as remaining with birth families, guardianship, and adoption. Any of these options or others might be appropriate for a particular older youth. According to one expert, every youth transitioning from foster care should have the opportunity to either reestablish an independent legal relationship with his or her biological family, establish a legal relationship with another family, or both. Above all, permanency planning addresses a single—but crucial—question: Who will be this child's family when he or she grows up?

A number of complexities must be addressed when searching for the answer to this question. Services should take into consideration the cultural, legal, and social contexts of the community and should make every effort to connect youths with kin. One strategy for keeping a child connected to family members is through family group conferencing, which draws in relatives and close family friends ("fictive kin") as a way of more completely exploring caregiving options.[40] In the Northwest, workers are trying some creative methods to find caring adults whom foster youths can count on for permanency. The workers are tracking down relatives through Mormon genealogy strategies and Red Cross location methods.[41]

Meanwhile, the United States continues to experience a high rate of foster care placement—a rate that is not entirely due to the problems of unemployment, drug abuse, and homelessness but is caused, at least in part, by the lack of service alternatives, resources, and creative interventions to meet the unique needs of individual families. The special needs of Native American children and children or color, for example, have been largely unaddressed.[42] With respect to services for older children in particular, the U.S. General Accounting Office recently reported that despite the array of available programs, "state and local administrators agree that there are not sufficient resources to provide the full range of services needed for youth, even if youth gained access to them all."[43]

Many child advocates and researchers fear that continued low levels of funding and problems in service delivery will interfere with the important objective of achieving permanency for children.[44] In fact, many argue that the focus on permanency planning, creative service alternatives, and child stability has not resulted in family strengthening, more focused services, or the prevention of unnecessary foster care placements. Staff

training, supervision of youth, program consistency, and the level of resources have all fallen short of the task. After almost two decades of steady erosion in federal funding, most of the nation's social service and public-assistance programs have received only small increases in their funding levels. More recently, though the needs of families and children have increased, the programs providing services have been battered by federal, state, and local budget cuts.

As a way of responding comprehensively and thoughtfully to the gaps and confusion in this service area, some agencies are preparing comprehensive program frameworks that outline key philosophical principles, intended key outcomes, and preferred program strategies to achieve desired outcomes. Although the intent is to promote intervention and training strategies that are grounded in theory, evidence-based, culturally competent, and tailored to the community, much work remains to adequately address these challenges.[45]

## Services for Transitioning Out of Foster Care

An analysis of states' transition-service-related policies indicates that the scope and quality of services provided to current and former foster youths, and the eligibility requirements for these services, vary widely.[46] In general, states provide minimal and varied assistance with education, employment, and housing, while fewer states provide needed health and mental health services or assistance in developing support networks. For example, less than one-third of states have expanded Medicaid coverage to youths ages 18 to 21, but more states provide daily-living-skills instruction and financial assistance. Though most states provide mentoring services, they generally do not utilize other methods of enhancing youth support networks. Thus, although the range of independent living services has increased compared with a few years ago,[47] much more could be done to improve these programs. Key barriers states have identified include staff turnover, transportation problems, lack of coordination among the various services, limited involvement of foster parents, lack of youth employment opportunities, scarcity of housing and supervised living arrangements, lack of affordable educational services, and a shortage of mentors/volunteers.[48] Two key transition services needing further emphasis—mentoring and life-skills training—are discussed further below.

### Mentoring

Mentors can be an important resource for youths transitioning from foster care. A 1995 study of pregnant and parenting African American teenage girls defined natural mentoring relationships as "powerful, supportive emotional ties between older and younger persons in which the older member is trusted, loving and experienced in the guidance of others."[49] The study found that youths who had natural mentors reported lower levels of depression than those who did not have such relationships, despite comparable levels of stressors and resources across both groups. Young mothers with natural mentors were more optimistic about life and the opportunities educational achievement could provide and were more likely to participate in career-related activities.

Other recent reports on adolescent development indicate that for youths with multiple risks in their lives, a caring relationship with at least one adult (regardless of whether that adult is the youth's parent) is one of the most important protective factors.[50] For example, a recent Child Trends research brief reported that teens that have positive relationships with adults outside of their families are more social and less depressed and have better relationships with their parents.[51] Further, having a positive relationship with an adult is associated with better social skills overall, due to the development of the trust, compassion, and self-esteem that accompany such relationships. In another research brief, Child Trends reported that youths participating in mentoring programs exhibited better school attendance, greater likelihood of pursuing higher education, and better attitudes toward school than did similar youths who did not participate in mentoring programs.[52] Further, youths in mentoring programs were less likely than their nonmentored peers to engage in such problem behaviors as hitting someone or committing misdemeanor or felony offenses. The evidence was somewhat mixed, however, with respect to drug use,[53] and no differences were identified with respect to other problem behaviors such as stealing or damaging property, cheating, or using tobacco. Nevertheless, overall, the research suggests that mentors can provide needed connections and supports for older children in foster care.

### Life-Skills Training

Life-skills training has been one of the main responses to preparing youths for emancipation, with a wide

range of programs springing up around the country. For example, in San Antonio the Preparation for Adult Living program provides youths with a variety of life-skill supports and experiences to promote successful emancipation—from apartment hunting to volunteer work. (See Box 2.) Other creative solutions provide "scattered site" apartments for emancipating youth, with adult supervision and life-skills training integrated into the programs.[54]

Other initiatives have focused on creative ways to provide youths with financial skills and supports. For example, in the North Carolina LINKS program, youths transitioning from foster care are given access to various resources, including up to $1,500 a year for housing. (See Box 3.) To promote money-handling skills, youths participating in the Jim Casey Youth Opportunities Initiative (JCYOI) receive individual development accounts seeded with an initial $100, with the opportunity to earn additional deposits for participating in various life-skills activities. (See Box 4.)

Whether life-skills training programs target key skill deficits and effectively maximize learning is not well known, however, because of a dearth of rigorous evaluation studies and a lack of attention to how these skills are taught. Nevertheless, some preliminary data on key skill areas linked with adult success—such as education, employment, and independent living—are beginning to emerge from long-term foster care alumni studies.[55] In addition, the growing implementation of assessment tools such as the Daniel Memorial Independent Living Skills system[56] and the Ansell-Casey Life Skills Assessment[57] has helped improve the targeting of skills development in these programs.

## Box 2

### San Antonio's Preparation for Adult Living Program

The Texas Department of Protective and Regulatory Services implemented the Preparation for Adult Living (PAL) program in 1986 to help prepare older youths for their departure from foster care. Under this program, youths age 16 or older and in substitute care receive services to prepare them for adult living. To the extent funding is available, regions may opt to serve children as young as age 14.

In San Antonio, youths are eligible to enter PAL if they are 14 or older and in state-sponsored, out-of-home care. Youths must complete PAL training to receive benefits such as tuition assistance, transitional living allowances, and household supplies subsidies from the state. Youths in the PAL program also receive support services such as vocational training, GED assistance, college exam prep, driver's education, and counseling, and are invited to participate in College Weekend, teen conferences, and a five-day experiential camp.

At the San Antonio Transition Services Center, youths receive personalized training to strengthen the skills they need to transition to independence, and they can participate in PAL classes. The PAL Life Skills Curriculum includes presentations by community members (called "community supporters"), such as bankers, car dealers, apartment locators, and job recruiters. Youths also visit apartments, banks, and car dealers to get firsthand experience in independent living and participate in volunteer work with such organizations as Habitat for Humanity and Ronald McDonald Houses. Finally, through experiential learning games and team-building exercises, youths are challenged to learn about themselves and others. PAL facilitators create a safe environment in which young adults can express fears, concerns, and experiences without fear of ridicule or judgment.

Two studies of the program found high customer satisfaction and significant skill increases in the life-skills areas under focus (overall performance, housing and community, and social development), with less improvement in areas not focused on by staff (daily living skills, money management, self-care, and work and study skills).

Sources: Texas Department of Protective and Regulatory Services. *Preparation for Adult Living (PAL) program.* No date. Available online at http://www.tdprs.state.tx.us/Child_Protection/Preparation_For_Adult_Living/; Leibold, J., and Downs, A.C. *San Antonio Transition Center PAL classes evaluation report.* Seattle: Casey Family Programs, 2002; Sim, K. *Findings of the San Antonio Community Services Transition Center satisfaction survey.* Seattle, WA and San Antonio, TX: Casey Family Programs, 2003; and personal communication with Scott Ackerman, PAL Program Coordinator, Casey San Antonio Field Office, October 25, 2002.

## Box 3

### North Carolina's LINKS Program

North Carolina funds independent-living services through its LINKS program. Any youth under 21 who is or was in foster care between the ages of 13 and 21 is eligible for LINKS services. The state sets aside $1 million of federal and state independent-living funds, including both program and categorical funds, for LINKS. Categorical funding provides flexibility for counties and direct accessibility for youths and helps address the disparity in service quality and availability between the state's urban and rural counties. Counties register youths based on different categories of funding and advance the funds to pay for needed goods or services. The county is reimbursed for expenses within three weeks, and the spending of the money is flexible. Policymakers in North Carolina believe that strategic and sufficient financial help, along with services, can lead youths to success.

Under LINKS, high-risk youths ages 17 to 21 are offered a "trust fund" of $500 a year for goods and services needed to transition from foster care to independent living (for example, car insurance, a work uniform, furniture), as well as a variety of other resources including up to $500 for conferences and education and up to $1,500 for housing. In exchange, youths must do some life planning.

Sources: North Carolina Department of Health and Human Services. *Helping teens make a successful transition from foster care to self-sufficiency.* Raleigh, NC: NCDHHS, Division of Social Services. No date. Available online at http://www.dhhs.state.nc.us/dss/c_srv/cserv_ind.htm; North Carolina Department of Health and Human Services. *Adult and family services manual/North Carolina.* Raleigh, NC: NCDHHS, Division of Social Services. 2000; North Carolina Department of Health and Human Services. *North Carolina application for funding 2001–2002.* Raleigh, NC: NCDHHS, Division of Social Services. No date; Personal communication with Richard Barth, Frank Daniels Distinguished Professor, School of Social Work, University of North Carolina at Chapel Hill, May 10, 2002.

## Box 4

### The Jim Casey Youth Opportunities Initiative

The Jim Casey Youth Opportunities Initiative (JCYOI) was established by the Annie E. Casey Foundation and Casey Family Programs to increase the opportunities available to individual youths in transition and to help advance the transition issue on the national policy agenda. The centerpiece of the approach has been development of an Opportunity Passport, which uses state-of-the-art technology to help alumni and youths still in foster care open doors to financial, educational, vocational, entrepreneurial, and recreational opportunities, as well as health care.

The JCYOI Opportunity Passport has three distinct components:

1. An Individual Development and Education Account (IDEA), used for medium- and long-term asset building
2. A debit account, used to save and pay for short-term expenses necessary for personal advancement
3. "Door openers," the JCYOI term for a host of other benefits designed on a local basis. These benefits are likely to include amenities such as signifying preapproval for low-interest loans, student aid, or tuition waivers; registration for community college courses; and expedited access to job training or adult education courses.

This initiative is just now being implemented in selected communities across the United States. No outcome data are yet available.

For more information, see http://www.jimcaseyyouth.org/docs/passport.pdf.

## Recommended Changes in Policy and Services

For older youths in foster care to succeed, given the limitations of current policies and programs, key interventions and services need to be strengthened. Ten changes to improve transition services for older youths are described below.[58]

*1. Use Goal-Oriented Case Planning and Family Involvement*

Finding permanent homes for harder-to-place older children can be challenging. Program effectiveness in family foster care begins with intensive, focused, and goal-oriented case planning that provides for meaningful involvement of the child, birth family, and extended family members, as appropriate.[59] Needed steps to

move in this direction include a careful intake study, family-focused assessments, service contracts, and provision of both clinical and concrete services such as employment, housing, and income assistance. More systematic decision making and the setting of time limits are also needed. Examples include the "concurrent planning" approach, in which workers simultaneously pursue two or more permanency options, such as reunification and termination of parental rights. A number of states are studying this strategy.[60]

*2. Provide Youths with a Voice in Their Care*

According to a variety of child rights documents, children placed in foster care need a sense of their future and some role in decision making.[61] Not only would this improve the quality of care youths receive, it would also help empower youths to develop into self-sufficient and confident adults.[62] Various groups are trying to involve youths more meaningfully in all phases of their work. For example, Casey Family Programs has launched a national foster care alumni association to reach out to and enlist the help of thousands of young people and older adults who have been in family foster care.[63,64] When given a voice, youths can be very clear about what they want, including to feel cared about; to be part of a family; to be able to count on adults for security, structure, and guidance; to have opportunities to discover and develop their potential; and to feel like their opinions matter.[65]

*3. Facilitate Youth Adjustment and Development*

Further efforts are needed to implement developmentally sensitive child welfare services for older youths.[66] Currently, policy and practice are primarily concerned with where children are placed. However, the developmental impact of taking youths from their families, even for one day, is as important to their growing up to be successful adults as where they grow up. Placement is often emotionally upsetting for a child, depending upon the home situation he or she is leaving. Better developmental outcomes for youths will require consideration of the following commonsense actions:

- Maintaining some connection with birth families, as children are better able to modify their relationships with parents if they are not denied these relationships or expected to abandon them completely.[67]
- Promoting identification with biological parents, when appropriate,[68] including the provision of information about the reasons for placement and the meaning of foster care status.
- Allowing children to know their biological family makeup, their age when they left home, and where their parents are currently located. Such information has been shown to help youths better adjust to and do well in foster care.[69]
- Promoting agreement among foster parents, social workers, and biological parents concerning their roles and plans for children.
- Promoting placement stability, an important goal linked to positive self-identity for older youths.[70] Key factors associated with increases in placement stability include workers and foster parents who are able to balance flexibility and firmness, advocate for children, and maintain a sense of humor.[71]

*4. Hire and Coach Highly Skilled Workers*

Empathy, positive regard, ability to form a helping relationship, clear communication, cultural competence, and expectations for improvement are important intervention components linked with treatment effectiveness.[72] These skills require an investment in careful worker recruitment and screening, as well as high-quality staff development programs. Especially effective are competency-based approaches to education and training that tie worker performance to the agency's goals and priorities.[73]

*5. Promote Parental Visitation*

Although somewhat dated, available research indicates that visitation with parents and siblings is not only highly correlated with better child functioning at discharge from foster care but also allows children to leave foster care in much higher numbers and more quickly.[74] Especially crucial are early and regular parent-child visits soon after the child's placement.[75] Most children placed in family foster care eventually return home—casework therefore needs to focus on improving the parent and family conditions that originally necessitated placement. Even if an older youth is never reunified, visitation may improve the relationship with the birth family and he or she may be able to receive some assis-

**Empathy, positive regard, ability to form a helping relationship, clear communication, cultural competence, and expectations for improvement are important intervention components linked with treatment effectiveness.**

tance from them after leaving formal care.[76] Experienced and trained workers with reasonable caseloads are needed to initiate and sustain a pattern of frequent visits by biological parents (as safe and appropriate) and to provide intensive family services early in a child's placement.[77]

*6. Involve Schools and Communities as Part of a "Systems of Care" Approach*

Supporting families under stress requires both government and community leadership, as well as funding.[78] Preventive supplementary services and more alternatives to foster care are essential. Children enter foster care with medical, educational, and often psychological needs[79] but are often confronted with gaps in health care services, especially remedial medical, dental, vision, and hearing services.[80]

In addition, further educational efforts are needed. Schools, child welfare agencies (public and private), and family/dependency court systems must identify key improvements aimed at coordinating services and resources so that children attend school and are ready to learn every day. Needed improvements include an emphasis on continuity of school placements, site-based case management and training, coordinated educational advice and supports, mental health services, family advocacy training, and shared educational records. Special educational supports such as tutoring, enrichment, and other programs are also needed to help children succeed.[81]

Finally, wraparound and other components of a "systems of care" approach can help youths obtain the services they need in effective ways and can prevent placement disruptions and minimize placement in residential treatment.[82] Child placement agencies that have ready access (via in-house or a closely linked referral system) to a range of service options—such as 24-hour homemaker, crisis intervention, and emergency housing services—are much more likely to either prevent placement or at least develop service plans leading to a child's return home or other permanent placement.[83]

*7. Focus on Independent Living Skills*

The disruptions and traumas often suffered by children in foster care may delay or interrupt development of life skills needed for successful transition to independent living. Programming and services designed to fill the gaps and needs created by these delays are essential for successful emancipation and social integration of these children. Four overarching strategies for preparing youths for self-sufficiency include: (1) systematic skills assessment; (2) independent-living-skills training; (3) involvement of caregivers as teachers; and (4) developing connections with birth families and the community.[84] Systematic skills assessment is important because it helps the worker, youth, and caregivers develop a specific plan based on a comprehensive evaluation of the youth's strengths and deficits. Ideally, foster parents, youths, and birth parents (if available) should all be involved in the process. A more comprehensive approach to building transitional living skills over time and through partnerships is also important.[85] A Baltimore County study showed that youths who received independent-living/life-skills services were more likely to complete high school, have an employment history, and be employed when they left foster care.

*8. Build Youth Support Networks*

Preserving or building support networks is useful for finding employment for youths and for general emotional support.[86] Connections to the birth family and others in the community are important associations, because this is where youths tend to turn for support once they leave care,[87] and these resources can help youths address and resolve feelings of grief, loss, and rejection.[88] Several former foster youths attributed their survival and success to one person or one asset that assisted them in independent living. Many reported that the difference between success and failure hinged on one friend or family member, perhaps someone who gave the youth a place to stay, someone who

## Box 5

### Funding Postsecondary Education and Training for Former Foster Youths

By effectively utilizing available state and federal funds, former foster youths can have a substantial portion of their postsecondary educational costs covered. For example, in 2003 it cost approximately $17,000 (including tuition fees, books, room and board, and personal expenses) to attend a public university in the state of Washington. Below is an example of how existing funding streams can be used to fully support a foster care alumnus.

| | |
|---|---|
| **Federal and State Contributions** | |
| Postsecondary ETV voucher[a] | $5,000 (maximum)[b] |
| Pell Grant | $4,000 (maximum) |
| State Need Grant | $3,000 (availability varies by state) |
| Federal SEOG Grant | $1,000 (maximum) |
| Other: WA Governor scholarship for foster youth | $4,000 |
| Subtotal: | $17,000 |
| **Student Contribution** | |
| Work study | $2,000 (estimated) |
| Summer employment | $2,000 (estimated) |
| Subtotal: | $4,000 |
| **Total:** | **$21,000** |

[a] Educational and Training Vouchers (ETV) for youths aging out of foster care (Title II, Section 201 amends Section 477 of Title IV-E of the Promoting Safe and Stable Families Act of the Social Security Act).
[b] Federal funds to states will be available in 2003 as part of the Promoting Safe and Stable Families Act amendments of 2001.

Source: Emerson, J. Postsecondary education and training support: Serving as a national force for change in child welfare. Presentation to the Board of Trustees, Casey Family Programs, Seattle, Washington, April 17, 2003.

gave him or her a car for getting to work, or a caseworker who helped the youth get training.[89]

*9. Encourage States to Sponsor Foster Care Alumni Scholarships*[90]

Many good jobs require specialized training. There are cost-effective ways to help foster care alumni pursue such options, such as tuition waivers or assistance and help in registering for college. Furthermore, research indicates that education and transition planning, enrolling in college or a vocational program, and receiving financial support for higher education are associated with lifelong economic benefits for foster care alumni.[91] For example, lifetime earning differences include $900,000 in added earnings for those with a college degree compared to those with a high school diploma only, $300,000 for some college training versus a high school diploma only, and $500,000 for some college training versus no high school diploma.[92] More than 10 states have made efforts along these lines, but all states, counties, and private agencies should be encouraged to help all youths transitioning from foster care gain access to postsecondary programs and supports.

However, public funds currently available to support postsecondary education for former foster youths are often ineffectively targeted or underutilized.[93] This is due in part to a lack of integrated programming across agencies, which limits avenues for coordination and collaboration.[94] In some communities, the wrong types of programs are being funded. For example, evidence shows that classroom training for employment skills is not as cost-effective as on-the-job internships and job placement, yet a significant proportion of funds are allocated to in-class job training.[95] In addition, state funding and service-use data, as well as the limited information available about youth outcomes, indicate that communities are not effectively utilizing public funds.[96] All youths aging out of foster care who seek postsecondary education or training should have access to tailored financial aid and program supports using an expanding array of national, state, local, institutional, public, and private resources. (See Box 5.) To provide this access, agencies need to collaborate, advocate, and do some realistic planning for their service populations.[97]

*10. Provide New and Creative Supplemental Independent Living Services*

New and creative services that might be provided include greater access to Individual Development and Education Accounts (IDEAs), medical coverage, JCYOI Passports, employment training and support, and transitional housing programs. (See Appendix 1 for a description of these services and example programs across the country.)

## Conclusion

Many challenges limit the ability to successfully serve older youths in out-of-home care. For example, we do not have good cost data, and too few practices have been implemented on a large enough scale, with enough rigor, and with robust evaluations to confidently determine which programs are truly "the best." Now is the right time, politically and professionally, to persuade child welfare and child development agencies to work more effectively together on behalf of older youths in foster care. The development of better data sources will provide more knowledge about and more acceptance of research indicators of child well-being. These child well-being indicators are being adopted by local governments, foundations, and prominent nonprofits across the country, and in some jurisdictions are being used to drive government spending and outcomes to improve services. Moreover, fiscal problems at the federal and state levels have led to more willingness to look at the bottom line and to restructure programs to be both more fiscally accountable and more programmatically effective. Building public trust and support for government or social service programs can only be achieved by demonstrating accountability and progress on achieving key child well-being goals.

To support these emerging trends, federal and state government funds must be rationally integrated at the family/child/youth level, based on the outcomes to be accomplished. Until the costs of achieving successful outcomes are more transparent, it is unlikely that a strong case can be made for allocating additional resources to either public or private funding sources.

At the same time, a specific national consensus is emerging around the need to better prepare older children in foster care for the transition out of care. Key areas of focus include improving the quality of out-of-

home care and encouraging greater interagency coordination in the delivery of services.[98]

Many legislative initiatives seek to incorporate innovative ways of adequately funding preventive family support services while addressing gaps in transition services for older youths, including transportation supports, startup costs for first residences after placement in out-of-home care, and health care. The most essential policy reforms include those related to employment training, educational scholarships, housing, and measuring cost-effectiveness so that the best strategies are adopted.

There is a growing urgency in moving this agenda, because outcomes for many older youths in foster care and alumni continue to be inconsistent and too often poor. According to one expert, in addition to providing for basic "social utilities," federal and state governments need to invest in further research to identify the most important interventions to be provided, to which youths, and at what developmental stages.[99] To make a difference in these young people's lives, programs must provide them with age-appropriate life skills, more stable environments with ties to the community, and contact with as many birth family or clan members as possible. It makes no sense to spend tens of thousands of dollars to care for young people during childhood, only to ignore their developmental needs and abandon them as young adults.[100]

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## ENDNOTES

1. Based on the latest federal statistics on foster care supplied by the states for the Adoption and Foster Care Analysis and Reporting System (AFCARS). See U.S. Department of Health and Human Services. *The AFCARS report: Preliminary FY 2001 estimates as of March 2003. Washington, DC: DHHS, 2003.* Available online at http://www.acf.hhs.gov/programs/cb/publications/afcars/report8.htm./
2. See note 1, DHHS.
3. See note 1, DHHS. See also Wulczyn, F., Brunner-Hislop, K., and Harden, B.J. The placement of infants in foster care. *Journal of Infant Mental Health* (2003) 23(5):454–75.
4. Based on cohort or administrative database studies that follow children over time to capture the dynamics of change, the median length of stay for youths who left care in 1998 ranged from about three months in Iowa to more than three years in Illinois. See Hislop, F.H., Wulczyn, K.B., and Goerge, R.M. *Foster care dynamics 1983–1998. A report from the multi-state foster care data archive.* Chicago, IL: Chapin Hall Center for Children, 2000, pp. 24–25.
5. See note 1, DHHS.
6. See U.S. Department of Health and Human Services, Administration for Children and Families. *Positive youth development.* February 2003. Available online at http://www.ncfy.com/ydfactsh.htm.
7. For a discussion of the need for services that focus on helping youths develop in multidimensional ways, see Berrick, J., Needell, B., Barth, R.P., and Johnson-Reid, M. *The tender years: Toward developmentally sensitive child welfare services for very young children.* New York: Oxford University Press, 1998. For more information about training materials that workers and foster parents are using to teach life skills, see Casey Family Programs. *Welcome to caseylifeskills.org.* 1998–2002. Available online at http://www.caseylifeskills.org.
8. Pittman, K. Keeping our eyes on the prize. *Youth Today* (February 2002) 9(2):63. Available online at http://www.youthtoday.org.
9. Hormuth, P. *All grown up, nowhere to go: Texas teens in foster care transition.* Austin, TX: Center for Public Policy Priorities, 2001, p. 30.
10. Boston has been working to increase the number of siblings placed together, as well as to bolster foster parent recruitment and retention. A chronicle by Joanne Edgar documents the process and some of the outcomes of this collaborative effort. Casey Family Programs, National Center for Resource Family Support. *Turning a vision into a reality.* 2002. Available from Casey Family Programs.
11. Personal communication with Richard Barth, Frank Daniels Distinguished Professor, School of Social Work, University of North Carolina at Chapel Hill, November 2002.
12. Institute for Educational Leadership. *Seminar on the federal role in helping young people transition from foster care: The Independent Living Program and more.* Washington, DC: IEL, 1999, p. 16. Available online at http://www.iel.org/pubs/pubs/fostercare.pdf.
13. U.S. General Accounting Office. *Foster care: Effectiveness of independent living services unknown.* Washington, DC: GAO, 1999. See also Pecora, P.J., Massinga, R., and Mauzerall, H. Measuring outcome in the changing environment of child welfare services. *Behavioral Healthcare Tomorrow* (1997) 6(2):2–6.
14. Because of methodological concerns with past research (such as a lack of adequate comparison groups and low study response rates), these results need to be viewed with caution.
15. Jones, M.A., and Moses, B. *West Virginia's former foster children: Their experiences in care and their lives as young adults.* New York: Child Welfare League of America, 1984; Courtney, M., Piliavin, I., Grogan-Kaylor, A., and Nesmith, A. Foster youth transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare* (2001) 80:685–717; McDonald, T.P., Allen, R.I., Westerfelt, A., and Piliavin, I. *Assessing the long-term effects of foster care: A research synthesis.* Washington, DC: Child Welfare League of America, 1996. These comparisons must be viewed with caution, as maltreated children and children from families in poverty would be more appropriate comparison groups.
16. Nollan, K., Pecora, P., Lewy, J., et al. *How are the children doing part II? Assessing youth outcomes in family foster care.* Seattle: Casey Family Programs, 2000, p. 9.
17. See, for example, Blome, W. What happens to foster kids: Educational experiences of a random sample of foster care youth and a matched group of non foster care youth. *Child and Adolescent Social Work Journal* (1996) 14(1):41–53; Cook, R., Fleishman, E., and Grimes, V. *A national evaluation of Title IV-E foster care independent living programs for youth: Phase 2.* Rockville, MD: Westat, Inc., 1991; and Festinger, T. *No one ever asked us ... A postscript to foster care.* New York: Columbia University, 1983.
18. See note 15, Courtney, et al.; note 17, Cook, et al.; and note 15, McDonald, et al.
19. See Casey Family Programs. *The foster care alumni studies.* 1998–2002. Reports available online at http://www.casey.org/.
20. See note 15, Jones and Moses; and Robins, L.N. *Deviant children grown up: A sociological and psychiatric study of sociopathic personality.* Baltimore: Williams and Wilkins, 1966.
21. See Alexander, G., and Huberty, T.J. *Caring for troubled children: The Villages follow-up study.* Bloomington, IN: The Villages of Indiana, 1993; note 17, Cook, et al.; note 15, Courtney, et al.; and Zimmerman, R.B. *Foster care in retrospect. Studies in social welfare.* Vol. 14. New Orleans: Tulane University Press, 1982.
22. However, a recent examination of youth employment in three states suggests a more complex picture, with many youth aging out of foster care being underemployed, large variations in patterns of employment by state, and a greater likelihood of employment when youth begin work before age 18. In all three states, youth were more likely to earn income for the first time during the four quarters prior to and the quarter of their eighteenth birthdays than in the two years following. See Goerge, R.M., Bilaver, L., Lee, B.J., et al. *Employment outcomes for youth aging out of foster care.* Chicago: University of Chicago, Chapin Hall Center for Children, 2002. Available online at http://aspe.hhs.gov/hsp/fostercare-agingout02/. Follow-up alumni studies using state public-assistance databases are much less expensive and have more complete data by avoiding nonparticipation rates. See Dworskey, A., and Courtney, M.E. *Self-sufficiency of former foster youth in Wisconsin: Analysis of unemployment insurance wage data and public assistance data.* Washington, DC: DHHS, Office of the Assistant Secretary for Planning and Evaluation, 2000. Available online at http://aspe.hhs.gov/hsp/fosteryouthWI00/.
23. See note 19, Casey Family Programs.
24. See, for example, Ainsworth, F. Maluccio, A.N., and Thoburn, J. *Child welfare outcome research in the United States, the United Kingdom and Australia.* Washington, DC: Child Welfare League of America, 2001; and Kerman, B., Wildfire, J., and Barth. R.P. Outcomes for young adults who experienced foster care. *Children and Youth Services Review* (2002) 24(5):319–44.

25. See Bernstein, N. *A rage to do better—Listening to young people from the foster care system.* San Francisco: Pacific News Service, 2000; Fisher, A. Finding fish. New York: HarperCollins Publishers, 2002; and Pelzer, D. A *man named Dave: A story of triumph and forgiveness.* Deerfield Beach, FL: Health Communications, 2000.

26. This section is extracted and modified from Pecora, P.J., Whittaker, J.K., Maluccio, A.N., and Barth, R.P. *The child welfare challenge.* 2nd ed. Hawthorne, NY: Walter de Gruyter, 2000, pp. 42–49; and Child Welfare League of America. Summary of the Adoption and Safe Families Act of 1997 (PL 105-89). Photocopy. Washington, DC: CWLA, Public Policy Department, 1997. Reprinted with permission.

27. Under the Family Unification Program (FUP), youths ages 18 to 21 who left foster care at age 16 or older are eligible for housing assistance. Youths referred to the program receive housing vouchers funded through FUP. The vouchers are time-limited; a youth can have a voucher for only 18 months. The agency referring a young person to the program provides aftercare to the youth when he or she enters housing using a voucher. An array of services is available to youths in housing to promote successful transition to adulthood. See U.S. Department of Health and Human Services. *Homelessness programs in HHS.* No date. Available online at http://aspe.os.dhhs.gov/progsys/homeless/Programs.htm.

28. The Youthbuild Program, funded under the U.S. Department of Housing and Urban Development, provides competitive grant awards to local agencies to provide job training, education, counseling, and leadership development opportunities to unemployed and out-of-school young adults ages 16 to 24. Program participants take part in the construction and rehabilitation of affordable housing in their own communities. Many graduates go on to construction-related jobs or college. Alumni receive postprogram counseling. The program does not, however, provide housing to the youth participants themselves. See YouthBuild U.S.A. *Funding for YouthBuild.* April 22, 2003. Available online at http://www.youthbuild.org/nofa/.

29. See U.S. Department of Health and Human Services, Administration for Children and Families. *ACF News.* June 6, 2002. Available online at http://www.acf.dhhs.gov/news/facts/youth.htm.

30. Survivors Insurance, established in 1939, provides benefits to surviving dependents of a deceased worker who has paid Social Security taxes. Children under age 18 are entitled to benefits based on the deceased parent's earnings record, as is the surviving parent until the youngest child reaches age 16.

31. See, for example, Lahti, J. A follow-up study of foster children in permanent placements. *Social Service Review* (1982) 56:556–71; and Emlen, A., Lahti, J., Downs, G., et al. *Overcoming barriers to planning for children in foster care.* Washington, DC: U.S. Department of Health, Education, and Welfare, Children's Bureau, 1978.

32. Kroner, M.J. Living arrangement options for young people preparing for independent living. *Child Welfare* (1988) 67:547–62; and Kroner, M.J. *Housing options for independent living programs.* Washington, DC: Child Welfare League of America, 1999.

33. For other reviews of transition services programs, see, for example, Wulczyn, F., and Brunner-Hislop, K. *Teens in out-of-home care: Background data and implications.* Chicago: University of Chicago, Chapin Hall Center for Children, 2001; Collins, M.E. Transition to adulthood for vulnerable youths: A review of research and implications for policy. *Social Service Review* (2001) 75:271–91; and note 15, Courtney, et al.

34. See note 7, Berrick, et al.

35. See note 1, DHHS.

36. See, for example, Fernandez, E. *Significant harm: Unraveling child protection decisions and substitute care careers of children.* Avebury, England: Ashgate Publishing, 1996; and note 31, Lahti.

37. Maluccio, A.N., Fein, E., and Olmstead, K.A. *Permanency planning for children: concepts and methods.* London and New York: Routledge, Chapman and Hall, 1986.

38. McFadden, J.E., and Downs, S.W. Family continuity: The new paradigm in permanence planning. *Community Alternatives—International Journal of Family Care* (1995) 7:39–59.

39. Personal communication with Richard Barth, Frank Daniels Distinguished Professor, School of Social Work, University of North Carolina at Chapel Hill, November 2002.

40. For more information about family group decision making, see American Humane. *National Center on Family Group Decision Making.* 2003. Available online at www.ahafgdm.org; and Center for the Study of Social Policy. *Bringing families to the table: A comparative guide to family meetings in child welfare.* Washington, DC: CSSP, 2003.

41. This strategy is used by the Family Preservation FAST Services and WRAP Services programs of Catholic Community Services (CCS), Western Washington. Contact Mary Stone Smith, (253) 225-0984, Maryss@ccsww.org.

42. Although increased funding for services for Native American children is needed, because more tribes have exerted jurisdiction over many child welfare cases, Title IV-E funding was not extended to support tribal social services. See Clemens, N. *Improving access to independent living services for tribes and American Indian youth.* Seattle: Casey Family Programs and the National Indian Child Welfare Association, 2000, pp. 13–15.

43. See note 13, GAO, p. 2; and Kerman, B., Barth, R.B., and Wildfire, J. *Extending transitional services to former foster children.* Shelton, CT: Casey Family Services, 2002, pp. 2–3.

44. See, for example, Whittaker, J.K., and Maluccio, A.N. Rethinking "child placement": A reflective essay. *Social Service Review* (March 2002):108–34.

45. See Casey Family Programs. *It's my life: A framework for youth transitioning from foster care to successful adulthood.* Seattle: Casey Family Programs, 2001; and Clark, H.B., Deschenes, N., and Jones, J. A framework for the development and operation of a transition system. In *Transition to adulthood: A resource for assisting young people with emotional or behavioral difficulties.* H.B. Clark and J. Davis, eds. Baltimore: Paul H. Brookes Publishing Company, 2000.

46. Based on information provided by 31 states in their state plans provided to the U.S. Department of Health and Human Services to qualify for federal independent living funds. This analysis was commissioned by the Jim Casey Youth Opportunities Initiative, April 2002.

47. See, for example, note 13, GAO; Zwiebel, C., and Strand, C. *How states are helping foster care youth "age out": An assessment of state plans for use of Chafee funds.* St. Louis: Jim Casey Youth Opportunities Initiative, 2002, p. i; and note 43, Kerman, et al.

48. See note 13, GAO; and U.S. Department of Health and Human Services. *Title IV-E independent living programs: A decade in review.* Washington, DC: DHHS, Administration for Children, Youth and Families, Children's Bureau, 1999.

49. Klaw, E.L., and Rhodes, J.E. Mentor relationships and the career development of pregnant and parenting African American teenagers. *Psychology of Women Quarterly* (1995) 19(4):551–63.

50. See, for example, Carnegie Council on Adolescent Development. *Turning points: Preparing youth for the 21st century.* Washington, DC: CCAD, 1989; Melaville, A.L., and Blank, M.J. *Together we can: A guide for crafting a profamily system of education and human services.* Washington, DC: U.S. Departments of Education and Health and Human Services, 1993; and Wynn, J., Costello, J., Halpern, R., and Richman, H. *Children, families and communities: A new approach for social services.* Chicago, IL: University of Chicago, Chapin Hall Center for Children, 1994.

51. Child Trends. *Helping teens develop healthy social skills and relationships: What the research shows about navigating adolescence.* Washington, DC: Child Trends, July 2002.

52. Child Trends. *Mentoring: A promising strategy for youth development.* Washington, DC: Child Trends, February 2002.

53. For example, youths in one mentoring program (Big Brothers Big Sisters) were 46% less likely to initiate drug use and 27% less likely to initiate alcohol use during the mentoring program than their nonmentored peers. In two other mentoring program studies that also examined substance abuse, mentored youths were less likely to initiate drug use over the long term (but not the short term) than their peers not in the program.

54. For more information about "scattered site" apartments, see note 32, Kroner, 1988; and note 32, Kroner, 1999.

55. Pecora, P.J., Williams, J., Downs, A.C., et al. *What Casey Family Programs intervention components provide the most leverage towards achieving key program outcomes? Informing program design for permanency planning and transition services.* Seattle: Casey Family Programs, 2003; and Pecora, P.J., Williams, J., Kessler, R.J., et al. *Assessing the effects of foster care: Early results from the Casey National Alumni Study.* Seattle, WA: Casey Family Programs, 2003.

56. The Daniel Memorial Independent Living Skills system is available online at http://www.danielkids.org/cart/ils.htm

57. See Casey Family Programs. *The Ansell Casey life skills assessment.* 2000–2003. Available online at https://www.caseylifeskills.org/aclsa/english/preIndex.htm.

58. This section is adapted from the following sources: Pecora, P.J. *Promising practice strategies for family foster care and current policy challenges.* The Third Macquarie Street Lecture for Children and Young People, Report from the Committee on Children and Young People of the 53rd Parliament. Sydney, NSW: Parliament of New South Wales, August 2002; and Pecora, P.J., and Maluccio, A.N. What works in family foster care. In *What works in child welfare.* M. Kluger, G. Alexander, and P. Curtis, eds. Washington, DC: Child Welfare League of America, 2001, pp. 139–55.

59. Traglia, J.J., Pecora, P.J., Paddock, G., and Wilson, L. Outcome-oriented case planning in family foster care. *Families in Society* (1997) 78(5):453–62.

60. Wulczyn, F., and Brunner Hislop, K. *Teens in out-of-home care: Background data and implications.* Chicago, IL: University of Chicago, Chapin Hall Center for Children, 2001; and Collins, M.E. Transition to adulthood for vulnerable youths: A review of research and implications for policy. *Social Service Review* (2001) 75:271–91.

61. See, for example, note 36, Fernandez; and Foster Care Youth United. *Youth communication: Stories that make a difference.* 2002–2003. Available online at www.youthcomm.org.

62. See, for example, note 17, Festinger; Rice, D.L., and McFadden, E.J. A forum for foster children. *Child Welfare* (1988) 67(3):231–43; and Kufeldt, K., Armstrong, J., and Dorosh, M. How children in care view their own and their foster families: A research study. *Child Welfare* (1995) 74(3):695–715.

63. For more information, see Casey Family Programs. *Foster care alumni.casey.org.* 2002. Available online at http://fostercarealumni.casey.org.

64. A similar effort is taking place in Australia with the CREATE Foundation. See CREATE Foundation. *Australian children and young people in care: Report card on education.* Coorparoo, QLD: CREATE Foundation, September 2002; and NSW Commission for Children and Young People. Latest news. 2000–2003. Available online at http://www.kids.NSW.gov.au.

65. Washington State Office of the Family and Children's Ombudsman. *Foster care. What young people in the system say is working.* Olympia, WA: Office of the Governor, 2001. Available online at http://www.governor.wa.gov/ofco/00rpt/fostercare.pdf.

66. See note 7, Berrick, et al.

67. Fein, E., Maluccio, A.N., & Kluger, M.P. *No more partings: An examination of long-term foster family care.* Washington, DC: Child Welfare League of America, 1990.

68. Weinstein, E.A. *The self-image of the foster child.* New York: Russell Sage Foundation, 1960.

69. See note 67, Fein, et al.

70. Cox, M., and Cox, R.D. *Foster care: Current issues, policies and practices.* Norwood, NJ: Ablex Publishing Co., 1985; and Fanshel, D., and Shinn, E.B. *Children in foster care: A longitudinal investigation.* New York: Columbia University Press, 1978.

71. See Massinga, R., and Perry, K. The Casey Family Program: Factors in effective management of a long-term foster care organization. In *When there is no place like home: Options for children living apart from their natural families.* J. Blacker, ed. Baltimore: Paul H. Brookes Publishing Co., 1994, pp. 163–80; and Teather, E.C., Davidson, S., and Pecora, P.J. *Placement disruption in family foster care.* Seattle: Casey Family Programs, 1994.

72. See, for example, note 71, Massinga and Perry; Cross, T.L., Bazron, B.J., Dennis, K.W., and Issacs, M.R. *Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed.* Washington, DC: Georgetown University Child Development Center, 1989; and Weisz, J.R., Weiss, B., and Donenberg, G.R. The lab versus the clinic: Effects of child and adolescent psychotherapy. *American Psychologist* (1992) 47:1578–1585.

73. Warsh, R., Maluccio, A.N., and Pine, B.A. *Teaching family reunification—A sourcebook.* Washington, DC: Child Welfare League of America, 1994.

74. Courtney, M.E. Factors associated with reunification of foster children with their families. *Social Service Review* (1994) 68(1):81–108; and see note 70, Fanshel and Shinn.

75. Hess, P.M., and Proch, K.O. *Family visiting in out-of-home care: Guide to practice.* Washington, DC: Child Welfare League of America, 1988. But the research is far from definitive, and some researchers would judge it to be contradictory based on their data. See Barber, J., and Delfabbro, P. *Children in foster care.* London: Allyn and Bacon, 2003.

76. See Fraser, M.W., Walton, E., Lewis, R.E., et al. An experiment in family reunification: Correlates of outcome at one-year follow-up. *Children and Youth Services Review* (1996) 18(4–5):335–61; Maluccio, A.N. What works in family reunification. In *What works in child welfare.* M. Kluger, G. Alexander, and P. Curtis, eds. Washington, DC: Child Welfare League of America, 2000, pp. 163–69; and Wulczyn, F., Zeidman, D., and Svirsky, A. HomeRebuilders: A family reunification demonstration program. In *Child welfare research review.* J. Duerr Berrick, R. P. Barth, and N. Gilbert, eds. New York: Columbia University Press, 1997, pp. 252–71.

77. See, for example, note 37, Maluccio, et al.; Shapiro, D. *Agencies and foster children*. New York: Columbia University Press, 1976; and note 73, Warsh, et al.

78. Churches Community Services Forum. *At what cost? Resourcing the safety and well being of Queensland's children and young people in care.* Brisbane, QLD, Australia: CCSF, 2001.

79. See note 17, Blome; and Fanshel, D., Finch, S.J., and Grundy, J.F. *Foster children in life course perspective*. New York: Columbia University Press, 1990.

80. See, for example, Chernoff, R., Combs-Orme, T., Risley-Curtiss, C., and Heisler, A. Assessing the health status of children entering foster care. *Pediatrics* (1994) 93(4):594–601.

81. See, for example, Aldgate, J. Foster children at school: Success or failure? *Adoption & Fostering* (1990) 14:38–69; Biehal, N., and Wade, J. Looking back, looking forward: Care leavers, families and change. *Children and Youth Services Review* (1996) 18(4–5):425–46; and Winters, W., and Maluccio, A.N. School, family and community working together to promote social competence. *Social Work in Education* (Summer 1988):207– 217. See also the following web sites: http://smarttogether.org for materials on better ways of tutoring youths; http://www.hunter.cuny.edu/socwork/nrcfepp/publications/index.html for educational resources for foster parents; and http://www/casey.org for material to help educate teachers about the needs of foster youths.

82. Stroul, B. *Children's mental health: Creating systems of care in a changing society*. Baltimore: Paul H. Brookes Publishing Co., 1996.

    An important caution here are the findings from Glisson and his colleagues in Tennessee that (a) organizational climate and (b) how staff were treated and prepared were more strongly associated with positive outcomes than services integration. Glisson, C. The effects of services coordination teams on outcomes for children in state custody. *Administration in Social Work* (1994) 18:1–23.

    Although it is hoped that such wraparound services can minimize placement of children in residential treatment, treatment foster care homes often fill an important place in the array of services for both younger and older youths. See Chamberlain, P. Treating chronic juvenile offenders—Advances made through the Oregon multidimensional treatment foster care model. Washington, DC: American Psychological Association, 2003; and Meadowcroft, P., Thomlison, B., and Chamberlain, P. Treatment foster care services: A research agenda for child welfare. *Child Welfare* (1994) 73:565–81.

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85. For more information, see the Casey Family Programs web site at http://www.caseylifeskills.org.

86. See, for example, Chaskin, R.J., Brown, P., Venkatesh, S., and Vidal, A. Building community capacity. New York: Aldine de Gruyter, 2001.

87. See note 79, Fanshel, et al.; note 15, Jones and Moses; and note 21, Zimmerman.

88. Ryan, P., McFadden, E., and Wiencek, P. *Analyzing abuse in family foster care*. Final report to the National Center on Child Abuse and Neglect on Grant #90CA097. Washington, D.C. Child Welfare League of America, 1987.

89. See note 9, Hormuth, pp. 41–43.

90. Emerson, J. Postsecondary education and training support: Serving as a national force for change in child welfare. Presentation to the Board of Trustees, Casey Family Programs, Seattle, Washington, April 17, 2003.

91. See note 55, Pecora, et al.

92. U.S. Census Bureau. *The Big Payoff: Educational Attainment and Synthetic Estimates of Work-Life Earnings.* July 2002. Available online at http://www.census.gov/prod/2002pubs/p23-210.pdf.

93. For example, the federal Promoting Safe and Stable Families Act amendments of 2001 (Title 2, Section 201) appropriated $42 million for 2003 for education and training vouchers for youths aging out of foster care. This funding allocates an annual minimum of $500,000 to each state to provide an annual maximum of $5,000 each to youths attending institutions of higher education or vocational training as defined by the Higher Education Act of 1965; assists at least 8,400 postsecondary students; and pays for "costs of attendance" (not yet defined), such as educational, living, and health-related expenses. For 2004, $60 million is proposed for this program. In addition, Workforce Incentive Program funds are available and underutilized in many localities.

94. Contact Richard Otto at the Casey Family Program's Bay Area office for more information: 1485 Treat Blvd, #102, Walnut Creek, CA 94596, (925) 935-5705, fax (925) 935-1003.

95. Fitzgibbon, G., Cook, J.A., and Falcon, L. Vocational rehabilitation approaches for youth. In *Transition to adulthood: A resource for assisting young people with emotional or behavioral difficulties.* H.B. Clark and J. Davis, eds. Baltimore, MD: Paul H. Brookes Publishing Company, 2000, pp. 75–90; Hurley, K. Almost home. *Shelterforce online* (2002), Issue 125. Available online at http://www.nhi.org/online/issues/125/fostercare.html

96. Research data are limited. Although many states are now trying to maximize the use of their Federal Chafee funds, there has been little analysis of the utilization amounts and patterns. (The program is not even 5 years old yet, with very little research conducted thus far.) Chafee funds, distributed nationally, add up to about $500 to $850 dollars per youth, per year, which is not a huge amount given the needs of some children. (Personal Communication, Robin Nixon, October 3, 2003.)

    See also Clymer, C., Edwards, K., Ponce, J., and Wyckoff, L. *Supporting Youth Employmen: A Guide for Community Groups.* Philadelphia: Public/Private Ventures, 2002, p. 1. Available online at http://www.ppv.org/pdffiles/SupportYouthGroup.pdf.

97. See note 90, Emerson, pp. 12–16.

98. Allen, M. Crafting a federal legislative framework for child welfare reform. *American Journal of Orthopsychiatry* (1991) 61(4):610–23.

99. Personal communication with Richard Barth, Frank Daniels Distinguished Professor, School of Social Work, University of North Carolina at Chapel Hill, November 2002.

100. Nelson, D.W. Gratified but not satisfied on foster care independence. *Advocasey* (2001) 3(2):2.

# Appendix 1

## Examples of Programs and Strategies for Serving Older Youths in Foster Care

| Program Name (Location) | Domain[a] | Target Population | Program Strategies and Intended Results[b] | Cost per Youth[c] |
|---|---|---|---|---|
| AmeriCorps, Colorado | Mentoring | Older adolescents and young adults | AmeriCorps members serve as advocates and mentors, helping young people leaving foster care master life skills, increase their success in "wraparound" planning, and participate in community service projects. In a project in Denver, about 160 youths were served in 2003.[d] | Not available |
| Beginning Employment and Training for Adulthood (BETA), Washington | Employment | Youths ages 14 to 21 (up to age 25 if space is available) who are or have been in out-of-home care through the state | A collaboration between the public child welfare agency, YMCA, and Treehouse, a voluntary agency. Provides a series of 10 competency-based classes including career planning, job preparation, and job search activities, and provides follow-up services to youths on the job. When funding is available, provides mentored paid employment (12 weeks at 15 hours per week) at the Treehouse WearHouse—a charitable distribution center for clothing, school supplies, and household supplies for children and youths in and transitioning from foster care. | $1,400 (includes administration, staff, supplies, equipment, preclass meals, and incentives) |
| Big Brothers Big Sisters of America, Nationwide | Mentoring | Youths of all ages | Youth development experts agree that in addition to parents, children need supportive, caring adults in their lives. Volunteers are, foremost, friends to children. They share everyday activities and expand horizons. Big Brothers Big Sisters serves hundreds of thousands of children in 5,000 communities across the country. (See http://www.bigbrothersbigsisters.org/.) | Not available |
| Bridges, Los Angeles | Housing | 18- to 20-year-old recent graduates of foster care | Provides more than 200 beds in fully furnished apartments, with utilities paid, as early transition housing for youths who need housing and nonintrusive coaching/training. Youths may not be seriously mentally or physically impaired. More than 800 youths were served over a five-year period with approximately $20 million in core funding. Increases in employment and earnings, maintaining bank accounts, and some postsecondary education were noted.[e] | Not available |
| Camden Work Experience, Rehabilitation, and Collaborative Services (CAMWERCS), Camden, NJ | Employment readiness training, job placement | Youths ages 16 to 20 who are experiencing mental health problems—most of whom have no work experience | Provides a six-week work-readiness training program (vocational exploration, job-seeking skills, interviewing skills), followed by job placement and support services.[f] | Approximately $2,500 |
| Chafee Medicaid Funds, Nationwide | Health | Youths aging out of foster care | Uses Medicaid funds to provide medical care | Not applicable |

| Program Name (Location) | Domain[a] | Target Population | Program Strategies and Intended Results[b] | Cost per Youth[c] |
|---|---|---|---|---|
| Jim Casey Youth Opportunities Initiative, Nationwide | Finances—money management | Youths ages 14 to 23 in or after out-of-home placement | Provides money-management training with an initial contribution to a youth's Individual Development and Education Account (IDEA), additional deposits as recognition for various achievements, and a "debit account" for payment of certain kinds of expenses.[g] | Not available yet because of recent implementation |
| | Finances—Opportunity Passports | Youths 23 years old in or after out-of-home placement | A "door opener" for youths, Opportunity Passports can be used to expedite access to education and training programs and to signify preapproval for low-interest loans, student aid, or tuition waivers.[h] | Not available yet because of recent implementation |
| Lighthouse Youth Services' Independent Living Program, Cincinnati, OH | Housing | Youths ages 16 to 19, as well as pregnant or parenting teens in county or state custody | Pays for housing in "scattered-site" apartments, including utilities, deposits, phone bills, and furnishings, plus a $65 per week living allowance ($20 of which must be placed in savings). Serves an average of 80 young people and 20 of their children per day. Average length of stay is 11 months.[i] | $53 per day |
| North Carolina LINKS Program | Finances | Any high-risk youth who is not yet 21 and who is or was in foster care between the ages of 13 and 21 | Offers a "trust fund" of $500 a year (no contribution from youths), as well as a variety of other resources, including up to $500 for conferences/education, up to $1,500 for housing, and other funding opportunities, in exchange for participation in life-planning activities.[j] | Up to $2,500 (or more) per year |
| Orphan Foundation of America (OFA), Nationwide | Education—scholarships | Foster care alumni ages 18 to 35 | Provides college scholarships, funds for living costs, and emergency funds for foster care alumni. Scholarships are awarded according to financial need and range from $2,000 to $10,000. | Average scholarship award is $4,600 |
| | Education—E-mentoring | Foster care alumni ages 18 to 35 | A volunteer program that helps youths aging out of foster care prepare for professional life by matching them with mentors via the Internet, based on professional interests. | $900 per year |
| Preparation for Adult Living (PAL), San Antonio, TX | Life skills | Youths 14 years of age or older[k] in state-sponsored out-of-home care | Offers personalized life-skills classes to strengthen skills needed to transition to independence, such as vocational training, GED assistance and college exam prep, driver's education, and counseling. Uses a 42-hour curriculum.[l] | Approximately $411.18 |
| Treehouse, Seattle, WA | Education—advocacy and tutoring | Youths ages 11 to 16 in state-sponsored out-of-home care in King County | Provides academic interventions and positive support for middle-school-age youths to improve school attendance, retention, and achievement. Helps high-school-age youths complete secondary education and then apply for, enroll in, and succeed in postsecondary training or education. | $1,863 |
| | Education—coaching to college | Youths ages 15 to 24 referred from a variety of sources.[l] | Helps youths and young adults complete secondary education and then apply for, enroll in, and succeed in postsecondary training or education. Community coaches assist in a wide range of activities, including obtaining GEDs, preparing for SATs, exploring various schools, completing financial aid forms and application materials, and securing appropriate housing. | $697 |

| Program Name (Location) | Domain[a] | Target Population | Program Strategies and Intended Results[b] | Cost per Youth[c] |
|---|---|---|---|---|
| Strategic Tutoring Program (STP), Nationwide | Education | Youths ages 9 to 22 in 22 communities | Provides structured tutoring for youths to become independent learners. Includes academic and transition-skills training and support using a learning-strategy approach. | $1,500 (on average) |
| Youth Employment Services (YES), San Diego, CA | Employment | Youths ages 14 to 22, in or out of school, who are currently or were formerly in foster care | Integrates structured programming with individualized services and supports, including basic education, life-skills training, mentorships, technology training, tutoring, and paid internships. Intended outcomes: to improve educational attainment and employment status and to reduce involvement with the criminal justice system and high-risk behaviors. | $4,500 to $5,000 (including subsidized employment slots for those who need them) |
| Women in Need, New York, NY | Housing | Homeless single mothers who have aged out or have current involvement with the foster care system.[m] | WIN has seven shelters for homeless families. This specialized shelter has an intensive curriculum for young mothers that includes counseling and case management, housing assistance, therapeutic child care, job preparation and job placement assistance, HIV prevention education, domestic violence prevention and intervention, and special postpartum health services through a longstanding collaboration with nearby St. Vincent's Hospital.[n] The program serves 55 families per year. | $5,213 per family per year |

[a]Many programs emphasize one particular domain but include other services or interventions as well. For example, an employment program might also include a more comprehensive life-skills training component.
[b]Because many transition programs are in early stages of implementation, little evaluation data are available.
[c]"Costs per child served" should decrease if programs maximize their caseloads in ways that minimize fixed-cost increases while allowing for variable cost increases commensurate with the increased number of youths served.
[d]The 2003 spending bill passed by Congress in February caps AmeriCorps enrollments for Fiscal Year 2003 at 50,000. AmeriCorps is working hard to enroll the maximum number of members under this cap. This limit applies to all AmeriCorps programs—state and national, National Civilian Community Corps, and VISTA—that receive education awards from the National Service Trust. See http://www.americorps.org/trustfaq.html for more information.
[e]See Kellam, S. An unfinished bridge to independence. *Advocasey* (2001) 3(2):16–25.
[f]Fitzgibbon, G., Cook, J.A., and Falcon, L. Vocational rehabilitation approaches for youth. In *Transition to adulthood: A resource for assisting young people with emotional or behavioral difficulties*. H.B. Clark and J. Davis, eds. Baltimore, MD: Paul H. Brookes Publishing Co., 2000, pp. 83–85. Contact: Robert Piekarski at (856) 966-6770, ext. 231.
[g]Jim Casey Youth Opportunities Initiative. *Opportunity passports for youth in transition from foster care: A vision statement*. St. Louis: JCYOI, April 2002, pp. 3–5. For more information, see http://www.jimcaseyyouth.org/.
[h]See note g, JCYOI.
[i]The housing cost is about $53 per day, with a few additional expenses, depending on the specific needs of the youth. If the youth has a baby, for example, Lighthouse charges an additional amount to cover supervision, health care, and transportation costs. See www.lys.org or contact Mark Kroner at (513) 487-7130.
[j]Personal communication with Rick Barth, Frank Daniels Distinguished Professor, School of Social Work, University of North Carolina at Chapel Hill, May 10, 2002.
[k]In some regions of the state, youths must be age 16 or older.
[l]Leibold, J., and Downs, A.C. *San Antonio Transition Center PAL classes evaluation report*. Seattle, WA: Casey Family Programs, 2002.
[m]These services are centralized at Women in Need's Manhattan-based Alexander Abraham Residence, a family shelter serving 31 women and their children. More than half of the women have aged out of foster care. See www.Women-In-Need.org.
[n]St. Vincent's "Welcome to Parenting" workshop sensitizes new mothers to such things as the different cries a baby makes, problems related to feeding, and the developmental stages of childhood.

# Appendix 2

## Sources of Funds and Strategies for Helping Youths Transition from Foster Care

| State | Chafee Funds[a] | Chafee Medicaid Option[b] | Medical coverage extended for youths ages 18 to 21 still in care, not using Chafee funds | College Scholarships |
|---|---|---|---|---|
| Alabama | • | | • | • |
| Alaska | • | | • | • |
| Arizona | • | • | | • |
| Arkansas | • | | | |
| California | • | • | | • |
| Colorado | • | | | • |
| Connecticut | • | | • (up to age 23) | • |
| Delaware | • | | | |
| District of Columbia | • | | • | • |
| Florida | • | | • | • |
| Georgia | • | | • (up to age 23) | • |
| Hawaii | • | | •[c] | • |
| Idaho | • | | • (up to age 19) | |
| Illinois | • | | | • |
| Indiana | • | | | |
| Iowa | • | | | • |
| Kansas | • | | | |
| Kentucky | • | | | • |
| Louisiana | • | | • | • |
| Maine | • | | • (up to age 23) | • |
| Maryland | • | | | • |
| Massachusetts | • | | • (up to age 23) | • |
| Michigan | • | | • | |
| Minnesota | • | | • | • |
| Mississippi | • | | • | |
| Missouri | • | | | • |
| Montana | • | | | • |
| Nebraska | • | | | |
| Nevada | • | | • (but only through the Healthy Kids Program) | • |

| State | Chafee Funds[a] | Chafee Medicaid Option[b] | Medical coverage extended for youths ages 18 to 21 still in care, not using Chafee funds | College Scholarships |
|---|---|---|---|---|
| New Hampshire | • | | | |
| New Jersey | • | • | | • |
| New Mexico | • | | • (until age 19) | • |
| New York | • | | • (limited) | • |
| North Carolina | • | | | • |
| North Dakota | • | | •[c] | • |
| Ohio | • | | | |
| Oklahoma | • | • | | • |
| Oregon | • | | • | • |
| Pennsylvania | • | | • | |
| Puerto Rico | • | | | |
| Rhode Island | • | | • | • |
| South Carolina | • | | • (amended state plan) | |
| South Dakota | • | | • (under SCHIP until age 19) | • |
| Tennessee | • | | • (with income limitations) | |
| Texas | • | • | | • |
| Utah | • | | • (under SCHIP until age 19) | |
| Vermont | • | | | |
| Virginia | • | | • | • |
| Washington | • | | | • |
| West Virginia | • | | • | • |
| Wisconsin | • | | • (until age 19) | • |
| Wyoming | • | • | • | • |
| Totals | 52 | 6 | 29 | 36 |

Note: Two major assessment tools for gauging youths' strengths and gaps have been developed and are now in use in all 50 U.S. states; Washington, D.C.; and Puerto Rico. One of these tools is the Ansell Casey Life Skills Assessment (ACLSA), which is a measure of skills necessary for living in the community. ACLSA and other instruments used by state and local agencies may change without notice. More than 36,500 ACLSAs were taken in 2002. (For more information see caseylifeskills.org.) The other tool is the Daniel Memorial Independent Living Skills (ILS) system, which is a software-assisted, systematic, competency-based approach to life-skills training. The system combines timesaving technology with a comprehensive assessment and reporting package to produce skill plans and transition plans tailored to individuals' needs. The ILS system assesses the youth or adult and enables him or her to focus on specific needed skills. The ILS is currently used by human service agencies in all 50 states and Canada. (For more information see http://danielkids.org/.)

Please note that the situation for state usage of each tool or Transition support strategy is fluid and changes frequently. Verification with your state of interest is advisable.

[a]Chafee funds are funds authorized by the Foster Care Independence Act of 1999 to help youths up to age 21 who have aged out of foster care and those who are likely to remain in foster care until age 18. (See http://www.acf.dhhs.gov/programs/cb.) The college scholarship column includes scholarships that are in addition to the Chafee Education and Training Vouchers (formula grants available to all states).

[b]The Chafee Medicaid option is a provision in the Chafee Act, whereby states can use federal funds to pay for health care for youths who have emancipated from out-of-home care. See Nixon, R. Ichikawa, D., and Tanzella, *A. State implementation of Medicaid expansion under the Foster Care Independence Act of 1999 and other health care services available to youth ages 18–21*. Washington, DC: National Foster Care Coalition, 2002. Contact Robin Nixon, National Foster Care Coalition, rnixon@connectforkids.org.

[c]Hawaii and North Dakota have clarified existing policy for coverage of single (poor) adults to include emancipated foster youth.

# Five Commentaries: Looking to the Future

To provide an array of perspectives on the future direction of foster care, we asked five experts across various disciplines and backgrounds to respond to this question: "How can the child welfare system be improved to better support families and promote the healthy development of children in foster care?" Their responses follow.



## COMMENTARY 1

**Susan H. Badeau**

My husband and I first became foster parents in 1982. In the 20 years since then, we have fostered more than 50 children and teens, adopting 20 children along the way. At the same time, in my career as a child welfare caseworker, I was involved in placement decisions for hundreds of children and their biological, foster, and adoptive families. With those experiences in mind, I would argue that a conversation about improving the system should begin with a discussion of guiding principles. If policymakers and practitioners at the federal, state, and community level were to agree to a basic set of guiding principles, multiple strategies to serve children and families would emerge and would likely be successful. As a way of beginning this conversation, I propose six key principles.

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### 1. Do no harm

Any policy discussion or shift in practice should begin with a strong commitment to ensuring that no child or family will be worse off after intervention than they were before. No one works in child welfare with a goal of hurting children. Yet the cumulative effect of the patchwork approach to child welfare policy and practice is that children and families are often hurt more by the system than they were by the circumstances that brought them to the system in the first place.

One of our first foster care experiences was with a teenage boy, "Jerry." When he arrived in our home at the age of 14, he was desperately behind in school, severely depressed, and addicted to sniffing glue, paint, and other chemicals. We eventually learned that Jerry had been a "healthy, normal" six-month-old when he was removed from the care of his developmentally disabled mother, ostensibly because of neglect. In the ensuing years, Jerry experienced 17 foster care moves, and was physically and sexually abused in at least 3 of these placements. During the same period, his mother, despondent over the loss of her son, became depressed and lost her job. She received no supportive services, and, as a result of chronic unemployment and homelessness, eventually became a prostitute. Throughout

his teenage years, Jerry was involved in escalating criminal activities, and he is in prison today. Jerry and his mother were clearly harmed more by the system's intervention than by the "neglect" that first brought Jerry to the attention of child welfare workers.

Children who have spent time in foster care have negative outcomes in numerous areas, including physical and mental health, educational achievement, and social development. Although some of these outcomes can be attributed to factors that were present before a child came into contact with the child welfare system, prolonged foster care, particularly involving multiple placements, undoubtedly contributes to the negative outcomes.

### 2. Focus on the whole child, in context

Policy and practice must be structured to serve children within the context of families and communities. The structure should provide opportunities and incentives for multiple systems—including health, mental health, education, employment and income support, and justice as well as child welfare—to collaborate on behalf of children before, during, and after their involvement with foster care. Although some strides have been made, serious gaps exist. For example, children in foster care are entitled to receive health and mental health care services through Medicaid, but no policy initiative ensures continuity of health care coverage for children who return home after a period in foster care. Services that "wrap around" both the child and the family should be a high priority in discussions regarding improvements in the child welfare system.

Recently the media have presented heart-wrenching stories of children with mental health challenges being placed into state custody for foster care because their families concluded that this was the only way to secure a mental health diagnosis and ongoing treatment. Early in our experience as foster parents, "Kyle," a cute but "wild" 11-year-old, was placed in our home. Kyle's parents had become increasingly unable to cope with his erratic and challenging behavior, and after several years of frustration, they decided to place him in foster care. Within six months, we obtained a mental health assessment for Kyle and he began treatment, which included medication. Nine months after entering foster care, he was stable enough to return home. Upon leaving foster care, however, he lost his Medicaid coverage. His parents could not afford both therapy and the medication for Kyle. Within a few months, he had deteriorated to the point where he was returned to foster care.

### 3. Uphold connections to family and other significant relationships

Children need constancy, connectedness, and a sense of belonging to thrive, as detailed in the article by Jones Harden. Even when a child clearly will not be well served by returning home, and no relatives are available to provide a permanent home for the child, children must be allowed to maintain the connections that have been significant in their lives. Sibling relationships, in particular, should be carefully preserved in all but the most extreme circumstances. Our oldest six children are siblings who had been separated and scattered across a large state for several years while in foster care. When we adopted them, they had to move across the country to join our family. Someone asked the 17-year-old why he wanted to uproot himself in the middle of his junior year in high school and move 3,000 miles away to start over. "To be reunited with my siblings," he replied, "it is worth it."

Adoptions that incorporate a degree of openness, allowing a child to maintain some contact with parents and other relatives, should become the norm. Paternal as well as maternal family connections should be explored and honored. After more than 15 years of separation from her birth father, one of our daughters, "Betty," recently got to know not only him, but also her half siblings, aunts, uncles, and cousins on his side of the family. We learned that her birth father's family had never been considered as a resource when Betty entered foster care as a young child. Clearly, many family members could have been either a placement or resource for her. Instead, she bounced around between seven foster and group home placements.

Families and children themselves should determine who is significant in a child's life; child welfare agencies should take steps to ensure that both sides of a child's family are contacted when a foster care placement is imminent. Instead of viewing "lasting versus binding" as competing concepts, as described in the article by Testa in this journal issue, we should think about ways to provide children with family connections that are

both lasting and binding. A legally binding relationship with a relative (as in a permanent legal guardianship) or an adoptive family does not eliminate the need for a child to continue to have lasting connections with other important people in his or her life, including siblings, birth family members, and former foster families.

### 4. Consider the child's developmental needs, timetable, and lifetime needs

Remember how far away summer vacation seemed at the beginning of a new school year when you were a child? Interventions for children and their families must respect and account for children's timetables. Too often, child welfare policies and practices take a "one-size-fits-all" approach. Instead, service delivery should look entirely different for infants, toddlers, school-age children, and adolescents. During our tenure as foster parents, my husband and I cared for an equal number of infants and adolescents. One thing that constantly amazed me was how similar the case plans looked, whether for a medically fragile baby or a college-bound teen. In particular, "parenting classes" for the birth parents were the same for everyone, regardless of whether they were the parents of infants, adolescents, children with developmental or mental health challenges, or children with relatively normal cognitive capabilities.

In addition, although foster care is meant to be short-lived and temporary, it must be cognizant of children's lifelong needs. Child welfare policy and practice must not only focus on the immediate health and safety of children in care, but also lay the foundation for healthy adult lives. Children eventually grow up, and as most of us can attest, they will continue to need family, supportive relationships, and healthy environments as adults.

### 5. Culturally respectful approaches, not unequal treatment

Principles 2 and 3 above, if implemented with honesty and integrity, will result in culturally respectful and competent practices involving a child's family, kin, and community in every aspect of their experience with the child welfare system. As noted in the article by Wulczyn in this journal issue, significant differences are seen in the quality of care and outcomes for children in the child welfare system depending on their race and ethnicity. This is clearly unacceptable. Yet, in an effort to ensure that such disparities are erased, we must not ignore the significance of racial, ethnic, and religious factors in children's development and long-term well-being. For example, one of our foster sons was better served by moving to another state, where he could be placed with an Orthodox Jewish family, similar to his family of origin. Other children are best served by remaining in the neighborhood and school system they are most familiar with. Child welfare policy needs to account for, embrace, and encourage respect for cultural differences while ensuring fairness and equality in expected outcomes for all children.

### 6. Outcomes-based approaches should not eliminate innovation

Given the sufficiency of data and research in the field of child welfare, we can legitimately expect to see evidence that programs and support services will be effective before investing in them. However, the focus on outcomes should not be used as a limiting factor discouraging our best thinkers from stretching toward even better opportunities and outcomes for all children and families. To serve the best interests of children, families, and communities, we should provide professional environments that encourage social work staff and researchers to innovate and take the risks needed to make continued improvements in the system. In our family, when four siblings we later adopted first came into foster care, kinship placements and subsidized guardianship were relatively new approaches. Had the child welfare agency been encouraged to be creative and innovative, social workers there might have considered a guardianship placement with the children's cousin, a schoolteacher with a stable home environment who cared a great deal about them. However, because this was an "untested" approach, agency staff did not explore it, and the children lost an opportunity to remain permanently connected to their family of origin. After multiple foster care placements, they landed in our family, and over the years we were able to reestablish this tie to their birth family.

Unfortunately, lack of public will remains a serious barrier to making genuine improvements in the care of vulnerable children in our society. Transforming the child welfare system, in the ways in which I have suggested will require a groundswell of public interest in and support for these children and families.

## COMMENTARY 2

**Alfred G. Pérez**

The articles in this journal issue focus on the safety and stability of children who are placed in our nation's foster care system. The central goal of this system is to provide abused and neglected children with safety, permanency, and well-being. Yet this goal is not always achieved. Services are often delivered in a piecemeal or "one-size-fits-all" manner, rather than with a developmental and holistic approach. Given my personal experience as an adolescent growing up in California's foster care system, and my professional experience working as a child advocate, I will focus this commentary on the unique needs of adolescents.

Healthy development is critical at all stages of childhood for youth to grow into stable and contributing members of society. As described in the article by Jones Harden in this journal issue, children and youth in foster care are often traumatized by abuse and neglect before entering foster care. This traumatization has potential lasting developmental effects. The foster care system can minimize these harms or it can exacerbate them.

The stewards of foster care tend to use a one-pronged approach to service delivery, neglecting the unique developmental needs of youth. It is common knowledge that the child welfare system is burdened by high caseloads and that caseworkers spend a great deal of time navigating the bureaucracy. Child welfare practice also sometimes reflects a belief that it is too late to intervene in adolescents' lives. As a result, adolescents are often a forgotten population in the child welfare system. But developmental theorists maintain that intervention can have a positive impact at any point in one's life span.

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Although youths' developmental needs are, at worst, neglected or, at best, addressed in a boilerplate manner, their individual, cultural, and spiritual needs often go unrecognized. In the article by Stukes Chipungu and Bent-Goodley in this journal issue, the authors describe how cultural and ethnic development parallels—and is as important as—basic development. Teens forge identities and belief systems during adolescence. These developmental milestones can be hampered by the effects of foster care. Youth in foster care often experience culture shock, which can be compounded by a sense of confusion, anxiety, stress, and loss.

A poignant example of how the foster care system tends to focus heavily on younger children and ignore the developmental needs of adolescents is placement options. Younger children tend to be placed with safe and loving foster families. Jones Harden states that children who grow up in stable families often achieve positive outcomes. Teens, however, tend to be placed in residential facilities or group homes. My experience of living in 11 different group homes denied me the necessary sense of family, safety, and well-being. Instead, these institutional placements impress a form of "punishment" on youth for being victims of abuse or neglect. For example, youth in group homes are frequently asked, "What did you do to get sent here?"

The overuse of group homes can be detrimental to adolescent development. Group homes do not provide a family-like setting and confine youth with myriad regulations that do not allow them to function like their counterparts placed in family foster homes. As a result, adolescents in care often exhibit destructive behavior that can have lasting consequences. Young people need both a sense of belonging and of individuality. When youth are treated as individuals and connected to caring adults who meet their needs, negative and unintentional consequences can be counteracted.

Foster care programs such as California Youth Connection, Voices of Youth in New York City, and the National Foster Youth Advisory Council embrace components of positive youth development. These programs promote foster youth participation in policy development and legislative change in an effort to improve the foster care system. Additionally, these programs provide a sense of community, identity forma-

tion, and self-worth, developmental milestones that teens must achieve to grow into healthy adults. These programs give youth a voice in an overwhelming and sometimes unfriendly foster care system, and provide a sense of connectedness and belonging. I have heard from many youth across the country who feel empowered by attending conferences, sitting on advisory boards, or having an outlet to write and speak about their foster care experiences. This empowerment helps adolescents begin to think positively about life on their own when they reach majority age.

Many foster teens, especially those who have been in foster care for an extended period, have difficulty establishing themselves as self-sufficient, independent adults. The dismal outcomes youth face when aging out of foster care are summarized in the article by Massinga and Pecora in this journal issue. The authors report that emancipated youth are likely to experience homelessness, fall into the criminal justice system, and become dependent on public assistance. Additionally, these youth are at a higher risk of teen pregnancy, physical, developmental, and mental health problems, and alcohol and other drug abuse, and they must deal with many educational deficits.

These unfortunate outcomes only reinforce that most youth are not ready to undertake the responsibility of rearing themselves at age 18. When I speak publicly regarding my foster care experiences, I always ask audience members how old they were when they left their parents' home to live independently. The majority moved between the ages of 25 to 27. This age range coincides with U.S. Census data reporting that many Americans remain at home well into adulthood or return after trying to make it on their own.

Since the late 1980s, programs have been established to help prepare youth for the transition from foster care to living independently. The majority of these programs are funded under the Chafee Foster Care Independence Program. (For a more detailed description of the Chafee Foster Care Independence Program, see the articles by Allen and Bissell, and by Massinga and Pecora, in this journal issue.) Program models vary across the country. Some teach tangible life skills, such as budgeting, apartment hunting, and finding resources. Other programs provide direct services, such as transitional housing and other support services. Some programs also provide counseling and address interpersonal skills.

Regardless of the program model, youth benefit from a connection with caring adults, such as parents, older siblings, community members, teachers, court-appointed special advocate volunteers, and extended family. The foster care system should make a commitment to ensure that no youth exits the system without such a connection. A brochure with a list of hot-line phone numbers is simply not enough.

From both a personal and a professional viewpoint, I believe that it is essential for the foster care system to shift its current paradigm of one-size-fits-all service delivery to one that is developmentally sound and addresses individual needs. Incorporating programs that embrace positive youth development, connect youth to caring adults, and place youth in developmentally appropriate settings is a step in the right direction. Although the foster care system might not be the most desirable parent, the potential exists for the system to have a lasting and positive impact on the lives of our nation's most vulnerable populations.

## COMMENTARY 3

**Will Lightbourne**

In the Spring 1998 issue of *The Future of Children* on protecting children from abuse and neglect, the editors commented in their introduction,[1] "The decisions caseworkers make every day would challenge King Solomon, yet most of them lack Solomon's wisdom, few enjoy his credibility with the public, and none command his resources." The current journal issue focuses more on out-of-home care and questions of reunification and permanency than on investigation and removal, but the credibility of the decision-making process and the availability of resources still lie at the heart of any discussion about how to improve the child welfare system.

### The Credibility of the Decision-Making Process

The decision-making model within the child welfare system needs to shift from one that centers on the social worker alone, or a social worker and supervisor, to one in which community agencies that are providing services, and the family itself, are encouraged to participate. Decisions regarding placement or reunification should also involve the foster family (also referred to as the "resource" family). Expanding the circle of decision makers is key to broadening the knowledge base of culture and resources, reducing the role of personality and the possibility of bias, and increasing the likelihood that the birth family will understand the service plan and how recommendations about reunification will be made. It also increases opportunities for the foster family to see the birth parents in a constructive light and affirm a continuing relationship between birthparents and child. It may also have the welcome effect of reducing the power imbalance between the child welfare worker and the birth parent.

Desirable as such a decision-making model may be, it comes at a price in terms of workers' ability to handle large caseloads. Recent studies in California show that the average public child welfare agency worker carries a caseload that is more than double what is considered appropriate. Achieving a new model of decision making involves more than just deciding to do it and training workers in its use. Public resources must be available over the long haul to permit and maintain caseload reduction.

### The Availability of Resources

Improving the system is necessarily a developmental process—dependent not only on the availability of adequate financial and human resources, but also on a greater alignment of the system's goals, approach, philosophy, and structure. The starting place for such a process is to define the child welfare system as part of a larger network that cares for and supports families that have pressing needs they cannot meet with their own resources.

As part of this larger network, one means of expanding resources for families in stress is by creating stronger linkages with community-based organizations. Many families who are referred to child protective services do not require agency intervention, but they do need some social supports. Similarly, families being "assessed out" (that is, families whose cases are being closed) often have continuing needs for supports. In such situations, child welfare agencies could secure service agreements with community organizations to serve as family resource centers that can provide extended services. Even in situations where closer monitoring is called for, a community-based partner can assist child welfare workers by assuring a regular presence with the family and observing the children's status. Such support from a community-based partner can make a difference in the worker's decision about whether to bring a family into the child welfare system.

Tapping community resources to take on these new roles is viable, however, only if the public agency has a means to reimburse the organizations or can arrange for funding from third parties. Efforts to shift placement resources to early-intervention strategies based on the premise that this redirection of resources will ultimately be cost neutral are risky, even for the larger public agencies, and often the time frames within

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which the economics must work out are too short for early-intervention services to mature and win the confidence of all the involved decision makers. As a result, brokering funding from private sources is increasingly a more realistic approach.

It is particularly challenging to secure resources to support more specialized services, especially substance-abuse treatment, psychological assessments, and mental health services that are culturally competent for minority parents, as discussed in the article by Stukes Chipungu and Bent-Goodley in this journal issue. Even when specialized services are available, resource experts are needed when service plans are developed to ensure that families know about and use the services. In the absence of services and/or the experts that can recommend them, "cookie-cutter" plans are often adopted that do little to address a birth family's specific needs. Such plans usually frustrate birth families and waste their time, but, if ignored, the plans can lead to families appearing noncompliant, inappropriate, and even aggressive. As a result, if parents have previously "failed" in reunification services, decision-making teams should ascertain whether the services were appropriate, and whether better-matched resources have since become available.

## Goals for an Improved System

With a more inclusive decision-making process and adequate resources, progress could be made toward several important goals for an improved child welfare system:

- **Less overrepresentation.** Children of color would not be overrepresented in the system. Or, at least, if they are overrepresented in the population that is referred into the child welfare system, the services they and their families receive should result in outcomes that are at least comparable to those of children from groups that are not overrepresented.

- **More community-based services.** More families that are referred to the system (but not assessed as posing imminent danger to their children) would receive community-based services to help them resolve the problems that may otherwise lead to their being among the 30% to 40% of assessed-out families that come back into the system within 3 years.

- **Individualized service plans for birth parents.** Following the removal of children—or the imposition of judicially required in-home supervision—birth parents would receive assessments that would produce detailed, individualized service plans, focusing especially on behavioral health needs. If successfully completed, these plans would result in a high likelihood of reunification.

- **Better-matched resource homes.** Following removal, children would receive assessments and matching services that resulted in placements in resource homes that (1) provide a supportive and nurturing environment until reunification; (2) participate in children's transitions back to the birth parents; and (3) have a high likelihood of becoming an adoptive or kin guardian placement if reunification is not possible.

- **More services for children.** Children would have access to a broad array of services, including (1) services (especially mental health services) for children in out-of-home care to help them to succeed in placement, in school, and at home when reunified; (2) postpermanency services that follow children to their birth homes following reunification, or stay with them in their permanent placement until relationships and behavior are stable; and (3) transition services for children making placement changes or aging out of the care system.[2]

Only when such goals are realized will caseworkers have a better chance of making wise decisions that support families and promote the healthy development of children in foster care.

## ENDNOTES

1. Larner, M.B., Stevenson, C.S., and Behrman, R.E. Protecting children from abuse and neglect: Analysis and recommendations. *The Future of Children* (Spring 1998) 8(1):4–22.

2. Children aging out of the care system should have the option of receiving transitional services, including housing assistance, educational or vocational support, and health care, until at least age 21. See the article by Massinga and Pecora in this journal issue.

## COMMENTARY 4

**Ernestine S. Gray**

Someone has defined insanity as doing the same thing over and over but expecting a different result. By that definition, what we have been doing in child welfare for the past two decades is insane. All the efforts to improve the system have not resulted in better outcomes.[1] The number of children entering foster care has continued to increase. Moreover, children are still languishing in the system, not being reunified or adopted, cycling in and out of care, and even, on occasion, dying.

In a 1997 article, John Gibeaut, a reporter for the *ABA Journal*, wrote, "The way Americans go about caring for abused and neglected kids is a mess. The only way to fix a system that fails everyone may be for juvenile court judges and lawyers to take charge."[2] I am not sure how many people would agree that turning the system over to the judges and lawyers would be the best mechanism for improving outcomes for families and children. For many, judges and lawyers are seen as part of the problem with the current system. But I do agree with Gibeaut that the solution must entail a radically new approach.

To begin, we must take a critical look at the system when no reporters or television cameras are inquiring about the death of a child. Unfortunately, in my opinion, many of the changes in the laws in this area have been efforts to "correct" the latest horrific case. We need to be proactive rather than reactive. We need time to think and plan, free from the pressure to rush to judgment and find fault or blame for the latest tragedy. We must not allow those who know very little about the system to attempt to fix it, yet again, through some new version of legislation. We do not need another piece of legislation. We just need to enforce the laws that are already on the books, adequately fund the child welfare and court systems, and make decisions that support the belief that "the children of our state are its most precious resource."[3]

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Based on my 18 years on the bench, I offer the following suggestions for improving the child welfare system:

### 1. Invest in prevention

We must take steps to keep children from coming into the system. Both for the children and for society, it is far better to prevent the harm from happening than to have to repair the damage. When I was a relatively new and naive judge, I said that it was criminal, in a country as rich as America, that families were being separated because of poverty, and after 18 years on the bench I still believe this to be true. Many of our problems would be solved if we ensured that all citizens had adequate income, housing, and health insurance, and we were willing to provide financial support for families at the level we provide for incarceration.

### 2. Increase the number of professional staff

Next, we must recognize that there are not enough professionals in the system to do this work. We need better-trained and better-paid judges, lawyers, and social workers to reduce turnover and keep experienced workers. Judges should not be rotated. Professionals, especially lawyers and social workers, need to be mature, with significant life experience.

### 3. Assign appropriate caseloads

With appropriate caseloads, caseworkers have sufficient time to complete thorough investigations, develop better case plans, and connect children and families to needed services that are family centered and child focused. This would lead to improvements in the quality and timeliness of the information that other professionals—such as lawyers and judges—rely on to make decisions in children's best interests.

### 4. Implement concurrent planning

One of the bright lines in the Adoption and Safe Families Act of 1997 (ASFA) is concurrent planning, which allows caseworkers to pursue both reunification and adoption at the same time. Some find working on two goals at the same time to be difficult, but concurrent planning should help to ensure permanency for children much faster. If a child is placed initially in a dually certified home (that is, the foster parent is committed to adoption), less time is needed to reach permanency. In such situations, time spent working to reunite the child with his or her birth family can also count toward

the legal time requirements for placement of a child in a prospective home before an adoption can be filed.

### 5. Provide services immediately

To further advance the goal of achieving permanency as early as possible, services must be provided immediately. To accomplish this, a thorough assessment must be done of all members of the family. This assessment will identify the needed services. Additionally, because of the time frames established by ASFA, we absolutely cannot wait three months to start providing services! Three months is one-fourth of the time allotted to work toward reunification of the family.

### 6. Increase professional collaboration

Collaboration among system professionals—domestic violence advocates, judges, attorneys, and court-appointed special advocates (CASAs)—is absolutely critical. The child welfare system cannot adequately meet all the needs of children and families without collaborating with other agencies and service providers. Many families who come to an agency's attention have multiple problems, which must be addressed appropriately to meet the goal of providing permanency for children. Housing, mental illness, and substance abuse are at the top of the list. To provide timely and appropriate services, child welfare agencies need to collaborate with agencies that have primary responsibility for addressing these issues. Agencies should also work with job programs to provide employment opportunities for parents.

### 7. Engage communities

The children and families that enter the child welfare system come from communities. Establishing the best chance for success requires engaging the community. The community needs to become more actively involved in identifying potential foster parents, adoptive parents, CASA workers, and mentors. Preventing child abuse and neglect is a community concern and communities must be meaningfully engaged in this work. Churches, schools, businesses, recreation departments, and other service providers all must play a role in helping to keep children safe.

None of these principles or ideas is new. As a society, we talk about them. We say that they drive our work. However, the decisions we make regarding funding do not support what we say. We do not behave as if children are our greatest natural resource, and as a result, many children will be left behind. We will improve the child welfare system to better support families and promote the healthy development of children in foster care only when we begin to practice what we preach.



## ENDNOTES

1. Included in these efforts are the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) and the Adoption and Safe Families Act of 1997 (Public Law 105-89). For further details, see the article by Allen and Bissell in this journal issue.
2. Gibeaut, J. Nobody's child. *ABA Journal* (December 1997) 84:44–51.
3. *Miller v. State of Louisiana*, 2002-0670 LA(2003), 838 S2d, 761, 765 citing *Vonner v. State*, 273 S2d, 252, 256 LA (1973).

## COMMENTARY 5

**Layla P. Suleiman Gonzalez**

Shifts in the general child population have resulted in an increasingly diverse child welfare population. Latinos[1] are a substantial proportion of some key large states, such as California, New York, Florida, and Texas—but the 2000 census showed that they are also growing in states not traditionally known for large Latino populations, such as North Carolina, Nevada, and Connecticut. This dramatic growth has positioned Latino children as the largest ethnic minority group of children in the nation,[2] and as a growing presence in foster care.

Recent estimates from the Adoption and Foster Care Analysis and Reporting System (AFCARS) indicate that the percentage of Latinos in foster care has more than doubled in the past decade, from 8% in 1990 to 17% in 1999.[3] Actual totals suggest the Latino foster care population has almost tripled to around 90,000;[4] at least 1 child in 6 is Latino in the foster care population. In states with large Latino populations, Latino children can have a substantial presence in the foster care system, as large as 32.7% (20,342) in California and 25.8% (13,533) in New York.[5] Of the 126,000 children free for adoption, 15% are Latnos.[6]

Although AFCARS data provide the best national estimates, these are likely to be undercounts of the actual totals.[7] AFCARS relies on state data collection efforts that have been problematic, especially with regard to race and ethnicity.[8] However, accurate data collection is not the only challenge state child welfare systems face in providing services to a growing multicultural population. Child welfare systems are facing new challenges related to diversity, including language, culture and sociocultural adaptation, and immigration status.

### Language and Meaningful Communication

Language is an essential tool for cultural transmission and for maintaining connections to our cultural heritage and traditions across generations. When these traditions are grounded in a non-English speaking community, the home language becomes a crucial link to our identity. Because of its link with culture, the issue of language has been viewed traditionally as an element of cultural competence in social service practice. However, linguistic competence is essential for meaningful communication and viewed in this light, language access becomes a matter of civil rights and not just cultural competence. When language barriers result in the denial, delay, or otherwise differential treatment of limited English proficiency (LEP) speaking populations, it represents a violation of Title VI of the Civil Rights Act. In the context of child welfare, language issues emerge along the service continuum including placements, assessments, and services. Language barriers that impede meaningful communication can alter significantly the stability, safety, and permanency outcomes of Latino and other LEP families in the system.

#### Placements

Placing a child from a Spanish-speaking family in a non-Spanish-speaking foster home (or other placement), increases the odds that the child will lose proficiency in the home language. Without the ability to

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communicate in the language of parents and/or other family members, the stability of those linkages and therefore, the family itself is seriously threatened. While all children in out of home care struggle to maintain ties with biological family members, children from LEP families experience the additional risk of being linguistically severed from family connections.[9] Developmentally the risk may be more pronounced for young and preverbal children than for adolescents; but to ensure continued relationships with relatives, all children from LEP families should find linguistic support for their home language in their placements.

To develop a sufficient pool of bilingual foster homes, linguistic competence is necessary to recruit and retain Spanish-speaking families. Throughout the entire recruitment and licensing process, Spanish-dominant families —especially kinship care families—need access to information in their language. Required trainings should be planned so they are offered in Spanish and do not significantly delay the process. Also, though many Latino homes are bilingual and proficient in English, some will need to access Spanish-language resources for the children in their homes. As Spanish-speaking families are a resource in high demand, recruitment and support strategies should address their language needs as well.

**Assessments**

Investigations and psychosocial assessments in the front end provide much of the evidence used to determine the course of child welfare cases. When assessments are conducted in English with LEP families, language conflicts can yield insufficient and/or inaccurate data for case disposition and planning. Whether the investigation yields a false positive or abuse is actually missed, results can be devastating to families. If communication is compromised in the assessment process, important information can be missed or misconstrued. Moreover, performance on English-language measures can make LEP parents appear low-functioning or even psychologically impaired, and their ability to provide adequate care may be called into question. An assessment of potential resources may be limited by the inability to communicate with family members or relations who might serve as potential kinship placements. Decision making about case goals (such as reunification and adoption) and appropriate services for Latino families will be greatly influenced by the quality of data collected in these evaluations.

**Bilingual Services**

Currently, bilingual services, whether basic services such as homemaker supports or more intensive inpatient drug abuse treatments, are insufficient to meet the growing demand. Although lack of access to services is an exemption under the rushed permanency timelines of the Adoption and Safe Families Act of 1997 (ASFA), it is not clear whether eligible LEP families are afforded this extension since many workers are unaware of the provision's application to lack of bilingual services. The extent to which LEP families may be experiencing termination of parental rights because of unavailable bilingual services needs to be investigated.

Whether bilingual services are available to biological parents or to kinship care providers, it seems likely that access would influence reunification, child well-being, and permanency for LEP families. The simple act of a parent speaking the home language with the child may be restricted if the visitation supervisor does not speak Spanish and/or does not allow family members to communicate in Spanish.[10] Overall, we do not know how the limited accessibility to bilingual services impacts case trajectories and outcomes.

Interpreters are sometimes used to assist in service delivery. Although they can be a useful resource, the use of a third party to establish therapeutic rapport and treatment should be carefully evaluated. It is essential that the interpreter have the skill level to translate social service terminology. The responsibility for making interpretation resources available rests with the provider, not with the family. Using convenient alternatives not determined by the family, such as a neighbor, violates confidentiality and ethical principles. A fairly common practice of using children as interpreters is not only counter to Title VI guidelines, but from a social work perspective, could further victimize a child who has suffered abuse and is being asked to interpret for the abuser.

The larger "English-only" political discourse also impacts LEP families in the child welfare system, often creating resentment toward the requirement for translation and provision of language appropriate services. In more extreme cases, workers or judges can construe parents who are LEP as deficient or as an additional risk factor. As one judge questioned after ordering an LEP parent to learn English as part of the case plan for

reunification, "If there is an emergency, how would you communicate the needs of your child?" Although a violation of Title VI, such practices persist in courts throughout the country.[11]

### Culture and Sociocultural Adaptation

Much like African Americans and other ethnic communities, sociocultural variables related to coping in a discriminatory society also impact Latino families. Poverty, discriminatory housing, and urban development practices further isolate the Latino community. Language barriers add to these stressors. Consequently, Latino communities become quite insulated and families may only seek help in times of crisis.

Latino families may also struggle with multiple risk factors related to cultural differences between the home (culture of origin) and host culture. Miscommunication and cultural conflicts over child rearing practices and discipline may be a factor in bringing Latino families into the child welfare system. For example, even if parents are exercising what they believe to be appropriate discipline methods, the level of physical punishment accepted in the country of origin may seem excessive relative to United States standards. In emergency room or medical care situations, misunderstandings about the nature of the injury could also result in increased suspicion/reports of child abuse.

Different rates of acculturation between family members can be a great source of strife as parents cope with their children's rapid adaptation to values and ideals that often conflict with their own. Acculturation and intergenerational conflict influence Latino family relationships and caseworkers need to be competent in addressing these issues in service planning and delivery. Moreover, different ethnic groups acculturate at different rates depending on when and why they immigrated to the United States. Some groups, such as Puerto Ricans, Mexicans and Cubans, have a long, established presence in the United States compared to newer ethnic groups, such as Dominicans, Nicaraguans, Colombians, etc. Although Latin American groups share a common language, a history of European colonization, and some broad cultural characteristics, each group has its own national history and culture, its local dialects, and its particular political relationship with the United States. The great diversity in ethnic groups suggests that a one-size fits all Latino social service model is insufficient to address the needs across all Latino communities.

The reasons for migrating to the United States are complex and tied to economic and sociopolitical realities of home countries. Political instability, corruption, and harsh repressive regimes are all too recent in the collective memory of many Latin Americans. Despite recent strides in child protection and domestic violence policies across the Americas, government agencies have been slow to interfere in private family dynamics; therefore, the concept of state responsibility for the protection of children and the power to terminate parental rights may be alien to more recent arrivals. Child welfare workers may be perceived as government representatives and reminiscent of negative experiences in the home country creating fear and mistrust on the part of Latino families.

This perception is compounded by the lack of *personalismo*, a Latino cultural expectation that in the context of child welfare would demand more intimate and sustained interaction between the social service provider and the family as a foundation for building trust and rapport. The bureaucratic nature of public social services in the U.S. is hardly compatible with this expectation, and it is a challenge mentioned by bilingual workers who point to the greater time and energy it takes to develop *personalismo* and break down fear and mistrust of government agencies. This fear sometimes motivates Latino parents to acquiesce to agency or court demands, without any real understanding of what is being asked of them, making them appear uncooperative when they do not follow through.

### Immigration Status and Transnational Issues

Particularly in the post-September 11th climate, the issue of immigration has received increased national attention. However, there has been little effort to examine the ramifications of immigration and now, homeland security policies, within the context of child welfare. Given the transnational nature of family relationships for the Latino population—who often maintain strong ties with extended family in the home country—immigration status is a critical factor in Latino family life, and poses distinct challenges for the child welfare system.

In addition to the various migration experiences mentioned in the previous section, there is wide diversity in legal status among Latino groups. For example, as United States citizens, Puerto Ricans do not face the threat of deportation experienced by noncitizen Latinos. Political concerns and threats to safety have granted protection to other groups such as refugee status for many Cubans, and the more recent Temporary Protective Status (TPS) for some Central American groups, i.e., Salvadorians.[12] Within the Mexican origin community, there is tremendous variability because there are recent arrivals who may be undocumented and others who have lived for many generations in what is now the southwest of the United States.

There is also wide variation in family configurations, as children may remain in the home country with relatives, while a parent (or both parents) comes to the United States. Or a parent may bring some children and leave other children with relatives, then send for them after the family has settled. These factors, combined with the geographic proximity and economic realities of Latin America, often result in Latino family relationships that cross national borders, with family members maintaining close contact via phone, e-mail, and visits. When relative homes are unavailable in the United States, the possibility of transnational placements for children has gained some attention, particularly in Puerto Rico and Mexico where there is increasing cooperation with local child welfare agencies.

Across the United States, at least 1 out of every 5 children under the age of 18 has an immigrant parent.[13] The percentage is much higher in states with large Latino populations such as California, where 1 out of 2 (50%) children have an immigrant parent. In New York, Florida, Arizona, Nevada and New Jersey, about 1 out of 3 (30%) children have an immigrant parent. The estimate is close to 1 in 4 (23%) in Texas and New Mexico. Children of immigrant parents often live in mixed immigration-status homes, where different family members represent a range of legal statuses, including citizenship, legal residency, and undocumented. About 10% of all children in the United States live in mixed-status families, and the figure is higher in states with large Latino populations, for example, 27% in New York City.



Immigration legislation has curtailed the availability of resources to undocumented families making it more difficult to ensure access to mandated and/or needed services in child welfare cases. For instance, undocumented youth who have been in the system and are transitioned to independent living are ineligible for services, cannot receive financial aid for college, do not qualify for in-state tuition as nonresidents,[14] and do not have the requisite permits to work. Child welfare systems across the nation have failed to adequately respond to the unique needs of undocumented youth who are transitioning out of the system. (Steps should be taken to adjust the legal status of children while in custody).

However, undocumented youth and undocumented parents and their children have a mostly untapped resource in their consular offices. The Vienna Convention on Consular Relations and Optional Protocols of 1963[15] provides protections for individuals who may be undocumented in the United States but are nevertheless citizens of their home country. In addition to being informed when the state takes custody of a child,

the Vienna Convention provisions state that Consular offices can protect their nationals by safeguarding the interests of minors, particularly when guardianship is required, and representing their nationals in court proceedings. To address these concerns, the State of Illinois Department of Children and Family Services signed a landmark memorandum of understanding with the Consulate General of Mexico in Chicago to ensure notification and access in cases involving minors. Within the child welfare and juvenile justice context, it is likely that more such agreements will be established as undocumented youth and parents seek protections from their consular offices in U.S. courts.

## Conclusion

States are struggling with how to respond to the growing and diverse needs of Latinos. Currently the child welfare system is ill equipped to respond to the linguistic, sociocultural, immigration, and transnational characteristics of Latino families. Latino LEP and/or undocumented youth and parents are additionally burdened by a system that is already bureaucratic and complex to navigate. The extent to which this differential treatment impacts child outcomes has yet to receive research attention and overall, there is a critical need for research data to guide programmatic and policy initiatives. However, to promote the safety and stability of Latino families today, the system will need to respond without delay in culturally relevant, empowering, and innovative ways.

## ENDNOTES

1. Latino refers to the ethnicity of individuals from or with ties to Mexico, Puerto Rico and other Caribbean islands, Central America, and South America. Hispanic, a term used as the official classification by the United States, denotes members of this group as well as those with ties to Spain. Both terms are used interchangeably throughout the text. Latinos can be of any race and many consider themselves to be of mixed race.
2. 2000 Census data indicate there are now 12.5 million Latino children in the U.S. representing the second largest group of all children in the nation. About 44 million children are non-Hispanic white and 10.8 million are non-Hispanic black. It is estimated that by the year 2005, the number of Latino children will increase by approximately 30%. Therrien, M., and Ramirez, R.R. *The Hispanic Population in the United States: March 2000, Current Population Reports, P20-535.* Washington, DC: U.S. Census Bureau, 2000.
3. U.S. Department of Health and Human Services. *AFCARS, Report #8.* Washington, DC: DHHS, 2002.
4. See note 3, U.S. Department of Health and Human Services.
5. See note 3, U.S. Department of Health and Human Services.
6. See note 3, U.S. Department of Health and Human Services.
7. U.S. Department of Health and Human Services. *Child Maltreatment 1999: Outcomes Appendix k-1.* Washington, DC: DHHS, 1999.
8. For example, Florida only recently began reporting statewide data on Hispanics, etc.
9. A class action lawsuit in 1975 challenged placements of children from Spanish speaking families in non-Spanish speaking homes as violations of Title VI. The lawsuit resulted in the Burgos Federal Consent Decree of Illinois, which mandates the Illinois Department to implement the infrastructure, including policies, bilingual staff and services, and monitoring of placement violations, to ensure language access for Hispanic families.
10. Not being able to speak to children during visits constitutes differential treatment for LEP parents and would be in violation of Title VI. If the visit does need supervision, a qualified bilingual worker should be assigned. Appropriate resources should be in place so that visits are not delayed or denied because of language issues.
11. Requiring that a Limited English Proficiency parent learn English as a condition for obtaining custody of their child is discriminatory, as an English speaking parent would not be asked to demonstrate their language competence and it would be difficult to show how this language skill is related to the prevention of maltreatment. Related to the specific concern about emergency services, as required by law, 911 centers have bilingual staff to communicate with service area residents.
12. Temporary protective status is offered to immigrants when severe circumstances such as war, make it difficult for them to return home. Unlike refugee status, this status must be reviewed periodically to verify whether the circumstances that prevented repatriation are still applicable.
13. Fix, M.E., and Zimmerman, W. *All under one roof: Mixed status families in an era of reform.* Washington, DC: Urban Institute, 1999. Available online at: http://www.urban.org/immig/all_under.html. The report indicates that 10% of all children in the United States lived in a mixed status household.
14. The bipartisan DREAM Act, "Development, Relief, and Education for Alien Minors (DREAM) Act of 2003," S. 1545, making its way through the Senate, would make college education accessible to undocumented youth.
15. See article 5 and article 37, "Vienna Conventions on Consular Relations and Optional Protocols," *Treaties and Other International Acts Series* (April 24, 1953) 596 (8638-8640):262–512. Available online at http://www.un.org/law/ilc/texts/consul.htm.

# List of Acronyms

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| AACWA | Adoption Assistance and Child Welfare Act |
| ACLSA | Ansell-Casey Life Skills Assessment. A tool for evaluating youth life skills development using psychometric measurement principles. |
| AFCARS | Adoption and Foster Care Analysis and Reporting System. AFCARS collects case-level information on all children in foster care for whom state child welfare agencies have responsibility for placement, care or supervision and on children who are adopted under the auspices of the state's public child welfare agency. AFCARS also includes information on foster and adoptive parents. |
| AFDC | Aid to Families with Dependent Children. AFDC is a federal assistance (or welfare) program that was replaced by Temporary Assistance for Needy Families in 1996. |
| ASFA | Adoption and Safe Families Act of 1997 |
| CAPTA | Child Abuse Prevention and Treatment Act |
| CASAs | Court-Appointed Special Advocates. CASAs are trained volunteers that help the juvenile court system determine what is best for abandoned, abused, and neglected children who are in the court's care. |
| CFCIP | Chafee Foster Care Independence Program |
| CFSRs | Child and Family Services Reviews. The CFSRs are intended to ensure conformance of state child and family service programs with certain federal requirements for child protective, foster care, adoption, family preservation and family support, and independent living services. They mark the first time federal officials have tried to measure how well children are faring across the state systems created to protect them. |
| CPS | Child Protective Services or Child Protection Services. The designation for most public state or local agencies responsible for investigating reports of child abuse and neglect. The CPS response begins with the assessment of reports of child abuse and neglect. If it is determined that the child is at risk of being or has been abused or neglected, then CPS should ensure that services and supports are provided to the child and his/her family by the public child protection agency and the community. |
| DHHS | U.S. Department of Health and Human Services |
| DRA | Delegated Relative Authority. A placement option being experimented with in some states, such as Illinois, whereby a relative caregiver is selected by the state as a continuous, stable living arrangement for related children and delegated day-to-day decision making on behalf of those children, but the state retains guardianship of the children and continues to exercise authority over all major decisions which affect their lives and health. |
| EITC | Earned Income Tax Credit |

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| ETV | Educational and Training Vouchers |
| GAO | U.S. General Accounting Office |
| IBP | Institute for Black Parenting |
| ICWA | Indian Child Welfare Act |
| IDCFS | Illinois Department of Children and Family Services |
| IDEAs | Individual Development and Education Accounts |
| JCYOI | Jim Casey Youth Opportunities Initiative. JCYOI is a major national effort to help youth in foster care make successful transitions to adulthood. |
| LEP | Limited English Proficiency |
| MEPA | Multiethnic Placement Act |
| MST | Multisystemic Therapy. MST is a family-based approach that views the youth and their environment interactively and pays attention to the role that multiple systems play in either maintaining or decreasing behaviors that promote positive outcomes. |
| MTFC | Multidimensional Treatment Foster Care. MTFC provides a noninstitutional placement option for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers. |
| NCANDS | National Child Abuse and Neglect Data System. NCANDS is a voluntary national data collection and analysis system created in response to the requirements of the Child Abuse Prevention and Treatment Act (CAPTA). It consists of two components: (1) key aggregate child abuse and neglect statistics from all states, including data on reports, investigations, victims, and perpetrators (the "summary data component"); and (2) case-level information from those child protective services agencies able to provide electronic child abuse and neglect records (the "detailed case data component"). |
| NSAF | National Survey of America's Families. The NSAF, conducted by the Urban Institute, provides quantitative measures of child, adult and family well-being in America, with an emphasis on persons in low-income families. |
| NSCAW | National Survey of Child and Adolescent Well-Being. NSCAW is a survey conducted by the U.S. Department of Health and Human Services to study children who are at risk of abuse or neglect or are in the child welfare system. Congress directed that the study include a longitudinal component that follows cases for a period of several years, collect data on the types of abuse or neglect involved, agency contacts and services, and out-of-home placements, and yield reliable state-level data for as many states as feasible. |

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| NSCFFP | National Survey of Current and Former Foster Parents. The NSCFFP was conducted in 1991, and is the only study of current and former foster families based on a national probability sample. The purpose of the NSCFFP was to collect extensive information potentially useful in agency and public policy planning regarding recruitment and retention of foster parents. |
| PAL | Preparation for Adult Living program. PAL is a program implemented in 1986 by the Texas Department of Protective and Regulatory Services to ensure that older youth in substitute care are prepared for their inevitable departure from state care and support. |
| PIP | Program Improvement Plan. States are required to develop and implement PIPs that address any of the outcomes or systemic factors determined not to be in substantial conformity as a result of a Child and Family Service Reviews (CFSRs). |
| PRWORA | Personal Responsibility and Work Opportunity Reconciliation Act of 1996 |
| SACWIS | Statewide Automated Child Welfare Information System. The goal of SACWIS is to become a comprehensive automated case management tool that supports social workers' foster care and adoptions assistance case management practice. States are encouraged to add functionality that supports child protective and family preservation services, and other programs such as TANF emergency assistance, juvenile justice and child care, as well. Currently, most states are at some stage of SACWIS planning, development, implementation, or operations. |
| SCHIP | State Children's Health Insurance Program. SCHIP was created under the Balanced Budget Act of 1997 and allows states to offer health insurance for children, up to age 19, who are not already insured. Each state sets its own guidelines regarding eligibility and services. |
| SFFC | Shared Family Foster Care. SFFC refers to the planned provision of out-of-home care to parents and their children when the parent and host caregivers jointly share the care of the children. The host family is specially trained to provide mentoring and support for the biological parents to help develop the skills needed to care for the children and live independently. |
| SSI | Supplemental Security Income. SSI is a federal income supplement program funded by general tax revenues (not Social Security taxes) designed to help aged, blind, and disabled people who have little or no income by providing cash to meet basic needs for food, clothing, and shelter. |
| TANF | Temporary Assistance for Needy Families. TANF was created by the Personal Responsibility and Work Opportunities Act of 1996, replacing the federal public assistance (or welfare) program, Aid to Families with Dependent Children (AFDC). Although the overall effect of TANF on child maltreatment is not yet clear, TANF has become the major source of funding for child welfare services. |
| VCIS | Voluntary Cooperative Information System. VCIS is an initiative of the American Public Human Services Association (APHSA, formerly the American Public Welfare Association) to fill the continuing need for national information on child welfare programs. With support for VCIS from the U.S. Department of Health and Human Services, APHSA periodically surveys the primary state agencies administering public child welfare programs to gather data on children in substitute care and on adoption, and then publishes summaries of the results. |

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