



CHAPTER FIVE

Child Welfare

Poverty and Families in Crisis

Poverty is the single best predictor of child abuse and neglect. Children who live in families with annual incomes of less than \$15,000 are 22 times more likely to be abused or neglected than those with annual incomes of \$30,000 or more. Sadly, some of our public child welfare systems also are perpetuating the cycle of poverty for those in its charge. Despite promising efforts in a number of states to protect children and strengthen families, too many children in crisis still go without the services and supports they need and *now even risk losing some of the basic supports they have had, as Congress and state legislatures debate cuts in health care, education, specialized treatment services and, in some cases, even foster care and adoption assistance services.*





I've been through verbal abuse, physical abuse, sexual abuse, all the abuse that you can think of.... I ended up in three different foster homes.... I had one good foster family, one that taught me about morals and values. It was a pretty good family; it taught me about life.

—Lou Della Casey, St. Paul, Minnesota

More than 900,000 children, one every 35 seconds, were abused and neglected in 2003. Four out of ten received no services whatsoever from America's child welfare system, despite the fact that problems left unaddressed often have long-term consequences for children. For example, it is not surprising to learn from a new study of foster care alumnae that one-third of those who had been in foster care were living below the poverty level, one-third had no health insurance, half had one or more mental health problems, and the rate of post traumatic stress disorder among a group of youth formerly in foster care was twice as high as that for war veterans.

This chapter begins with a quick look at the past year and an overview of children and families in crisis and the problems they face. It describes efforts to engage and support families and to address particular needs such as substance abuse treatment, mental health treatment, and help for families victimized by domestic violence. The chapter also highlights examples of systemic efforts to provide a full continuum of services that meet the needs of vulnerable children and families and empower families to care for their children. It closes with a set of recommendations for moving forward to help more children and families benefit from positive reform efforts.

A Look at the Past Year

Recent events in child welfare unfortunately mimic those of the last several years. Newspapers and television stations report horrific child abuse cases from around the country. In some instances, children have been seriously harmed by parents and, in others, by foster parents or adoptive parents. As is too often the case, these tragic situations garner a lot of attention, but seldom enough to gain system

improvements that can be sustained over time and help the hundreds of thousands of children in crisis whose family situations are very different from those reported. Too many of these children still go without the services and supports they need and now even risk losing what they had, as Congress and state legislatures debate cuts in health care, education, specialized treatment services and, in some cases, even foster care and adoption assistance payments.

The latest child maltreatment and foster care figures for the nation show no significant increases or decreases. However, in a number of states, child welfare agencies are beginning to see the impact of escalating numbers of methamphetamine cases. The U.S. Department of Justice reports that children residing in homes in which methamphetamines were being produced increased nearly ten-fold during the period 2000-2002.¹

At the same time, there is also good news from states. Some states are working to implement "alternative response systems" so they can get help to families earlier, when signs of problems first arise. Others have approved the hiring of hundreds of new child protection staff. The 2004 extension of the Individuals with Disabilities Education Act and several major reports remind us of the need to better respond to the education and special education needs of children in foster care. Other jurisdictions report significant decreases in their foster care case-loads as intensive efforts are made to keep children out of care and to return them more quickly to their own families or new permanent families. Some cities and states are giving special attention to youths in group homes and other congregate care settings who often are most at risk of leaving foster care with no permanent family connections. Attention to youths who age out of foster care at 18, 19 or older continues to grow. And grandparents



and other relatives who are raising children, often without the necessary supports, are coming together to get the help their children need.

There has been increased attention to making federal dollars better respond to the needs of vulnerable children and youth and to improving the functioning of the courts, which play a key role in deciding the futures of abused and neglected children. Unfortunately, the debate is still stuck on whether or not we can do more with the same dollars. At the same time, several national level reports have reminded us that even the best reforms will mean little for children without improvements in the quality of the child welfare workforce.

The U.S. Supreme Court's decision in *Roper v. Simmons*, 2005 WL 46 4890 (U.S. 2005), banning the death penalty for crimes committed by juveniles under the age of 18 was good news, but it also underscored how many children who are abused or neglected or face other problems are at risk of entering the juvenile justice system and moving on to adult prisons.

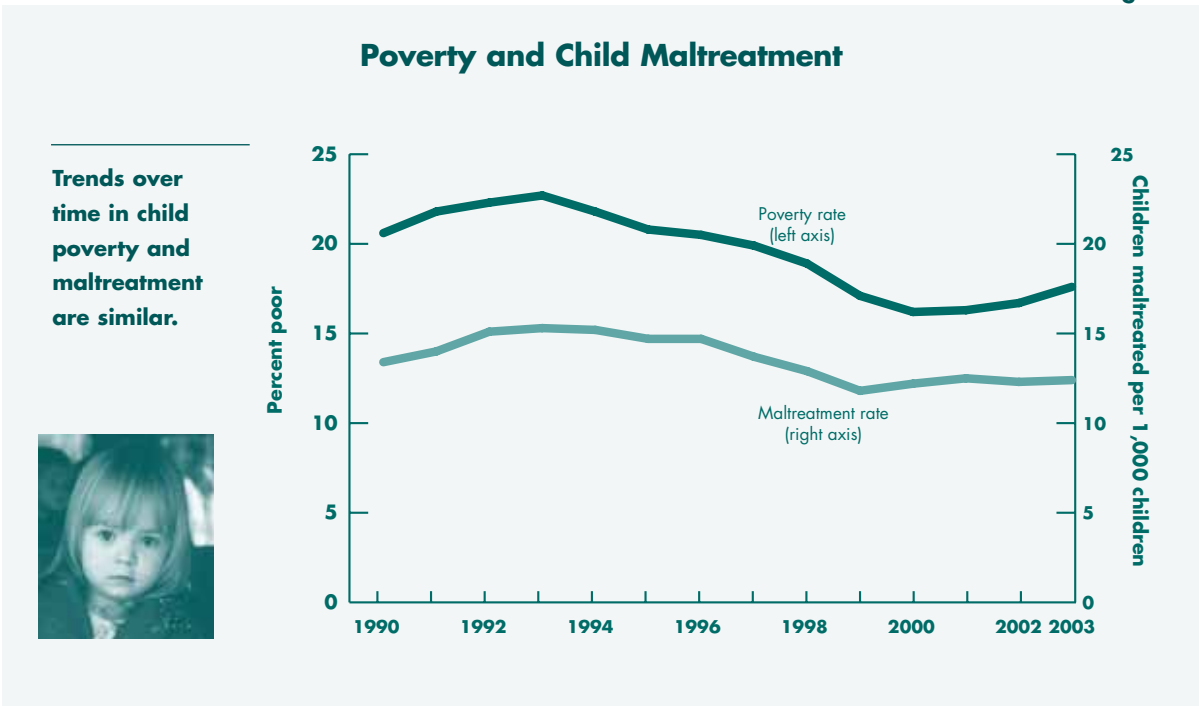
So the struggle must continue. In addition to eliminating child poverty and getting every child the health care, early childhood experiences, hous-

ing, and income supports and education they need, we know that we must not forget the children who require not only these basic supports, but more specialized help as well.

Who Are the Children in Families in Crisis?

Poverty is the single best predictor of child abuse and neglect. Changes in poverty rates and maltreatment rates have similar patterns over time (see CW – Figure 1). Research demonstrates that children who live in families with annual incomes less than \$15,000 are 22 times more likely to be abused or neglected than children living in families with annual incomes of \$30,000 or more.² This does not mean, however, that most poor parents abuse or neglect their children. Indeed, in 2003, there were 12.9 million children living in poverty in this country and fewer than one million were confirmed to have been abused or neglected—and not all of these children were poor. Nor does the strong connection between poverty and child abuse and neglect suggest a causal link. Yet poverty and child abuse or neglect can interact in several

Child Welfare – Figure 1



ways. Understanding the connections between poverty and child maltreatment can help us develop appropriate responses that address the needs of children and families. Rather than using poverty to blame or excuse parents for child abuse or neglect, understanding the links helps tailor responses to the particular needs of individual families. Pretending that poverty is not a component that needs to be addressed leaves child welfare workers, policy makers, advocates and, most importantly, families struggling with one hand tied behind their backs.

Neglect is the form of child maltreatment where the link to poverty is most obvious, since it often can be directly tied to a family's lack of resources. Neglect constitutes the majority of child maltreatment. While most states' laws are written with the goal of distinguishing neglect and poverty, the reality is that the lines between the two often become blurred. For example, a young, single mother of a four-year-old and a six-year-old can only find work on the night shift and is unable to afford child care during those hours. She tucks the children into bed each night, locks the door and heads to work praying nothing will go wrong. Under many state laws, this mother has failed to properly supervise, and thus has neglected her children. Similar situations may arise when a family with children is homeless.

Poverty also may contribute to child abuse and neglect by adding stress to a family's life. The daily struggle to put food on the table and keep a roof overhead may be the proverbial straw that breaks the camel's back. Poverty also may create (or be associated with) a strong sense of social isolation.³ A parent, who would otherwise have the patience to deal with a demanding toddler or a challenging teenager, may lose his or her patience after being laid off or being evicted, especially if that parent feels they have no one to whom they can turn for assistance. Poverty also may be associated with increased reports of child abuse and neglect because poor families are more likely to receive services from and be under the scrutiny of public social service and health agencies.

Poverty and child maltreatment can also co-occur when parents face challenges such as substance abuse, untreated mental health problems, and

domestic violence. These challenges make it difficult to sustain employment, particularly employment that lifts the family out of poverty. These same challenges also may interfere with a parent's ability to adequately care for his or her children, particularly children with special needs, and to access the appropriate resources that are needed.

Children and Families Victimized by Violence

Children Who Are Abused and Neglected

Child abuse/neglect is the leading reason children come to the attention of public child welfare agencies. An estimated three million children were reported to these agencies as abused and neglected and referred for investigation or assessment in 2003.⁴ Over 900,000 of the children were determined to be abused or neglected after investigations were conducted; 60.9 percent of these children were neglected, 18.9 percent physically abused, 9.9 percent sexually abused, and 4.9 percent emotionally abused.⁵ Young children (ages zero to four) accounted for the largest percentage of the victims. Pacific Islander, American Indian, Alaska Native, and Black children had the highest rates of victimization.⁶

The increased rates of victimization among children who are members of minority groups is likely related to the increased incidence of abuse and neglect among poor families and the racial disparities that exist in poorer families. As mentioned above, cases of neglect, especially, are concentrated in poor families. Dorothy Roberts, a Professor of Law at Northwestern University, explains that *because of America's high rate of child poverty, the United States has a rate of child abuse and neglect two to three times higher than other industrialized countries.* The greatest disparity is seen in child neglect: nine in every 1,000 children are neglected in the United States, compared to only two per 1,000 in Canada.⁷

Just as poverty is a risk factor for child abuse and neglect, child maltreatment is correlated to a number of other negative child outcomes. For example, research indicates that there are strong connections between child abuse and neglect and



subsequent juvenile delinquency or criminal activity. While the majority of children who are abused or neglected do not subsequently engage in delinquent or criminal behavior, children who are abused or neglected are more likely to become involved with the juvenile justice and adult criminal justice systems. Abused and neglected children are 1-1/2 to six times as likely to be delinquent and 1-1/4 to three times as likely to be arrested as an adult.⁸

In addition to the detrimental impact that child maltreatment has on children, families, and communities, child abuse also comes at a serious fiscal cost to society. The non-profit organization, Fight Crime, Invest in Kids, reports that child abuse and neglect costs Americans between \$83 billion and \$94 billion dollars a year in direct and indirect costs, and two-thirds of this amount are costs related to crime.⁹ Direct costs to the child welfare system alone in 2002 were estimated at \$22 billion.¹⁰ The indirect costs of child abuse and neglect reflect the long-term consequences of child maltreatment in special education, mental health, substance abuse, teen pregnancy, welfare receipt, domestic violence, homelessness, juvenile delinquency, and adult criminality.¹¹

Children Who Are Exposed to Domestic Violence

Some children come to the attention of the child welfare system because they themselves have been abused or exposed to domestic violence in other ways. An estimated 3.3 to 10 million children witness the abuse of a parent or adult caregiver each year. Children who are exposed to domestic violence are at a greater risk of being abused or neglected themselves. Studies indicate that in 30 to 60 percent of families experiencing family violence there are both adult and child victims.¹² Although in most states exposure to domestic violence, without actual abuse, does not require a report to child protective services, sometimes a police officer or children's services provider who is aware of domestic violence will refer a child to the child welfare system out of concern for the child's safety, even without evidence of actual harm to the child.

The actual impact of domestic violence on children varies depending on the presence of a range

of protective factors. Therefore, a core component of the response to domestic violence should be deciding what is the appropriate response in each case. For example, exposure to family violence has different effects on children depending on the age and gender of the child, a child's relationship with his or her parents and other adults, a child's school performance, and the frequency of and type of violence exhibited. Without protective factors, exposure to domestic violence can cause a child to experience behavioral, social, and emotional problems. Many children who witness violence exhibit violent and aggressive behavior themselves, and many suffer from depression and poor self-esteem. Exposure to domestic violence also has been correlated to poor school performance, low cognitive skills, difficulty with conflict resolution, and trouble with positive social peer relations.¹³

Poverty, domestic violence, and involvement in the child welfare system often are inextricably linked. The National Institute of Justice in the U.S. Department of Justice reports that women living in disadvantaged neighborhoods are more than twice as likely to be victims of intimate violence and also more likely to be injured and experience severe violence than women in advantaged neighborhoods. The Institute reports that job instability, low income, and financial stress are often related to incidence of partner abuse.¹⁴ A mother's economic instability may keep her in an abusive relationship to the detriment of her and her child's safety. On the other hand, low-income women who decide to leave their abusive partners may risk losing their children if they cannot adequately provide for their well-being.

Children Separated or at Risk of Separation from Their Families

Children in Foster Care

Nationally, 15 percent of the children who are victimized by abuse and neglect are removed from their homes.¹⁵ An estimated 800,000 children are in foster care at some point during a year. As of the end of fiscal year 2003, 523,000 children were in family foster homes, group homes, or residential treatment centers. On average, a child in care was

Child Welfare - Table 1

Who's in Foster Care?

	Percent in foster care	Percent in U.S. child population
Race and ethnicity		
White, non-Hispanic	39%	60%
Black	35	16
Latino	17	18
American Indian, Alaska Native	2	1
Asian	1	4
Other and unknown	6	3
Age		
Under age 1	5	
1-5 years	25	
6-10 years	21	
11-15 years	30	
16-18 years	18	
19 + years	2	
Type of placement		
Non-relative foster home	46	
Relative foster home	23	
Institution	10	
Group home	9	
Pre-adoptive home	5	
Trial home visit	4	
Runaway	2	
Supervised independent living	1	
Exit from foster care during year		
Reunification	55	
Living with relative	11	
Adoption	18	
Emancipation	8	
Guardianship	4	
Transfer to another agency	2	
Runaway	2	

Note: Race/ethnicity, age, and placement are estimates of children in foster care on September 30, 2002; exit data reflect outcomes for children exiting foster care during FY 2002.

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, "The AFCARS Report: Preliminary FY 2003 Estimates as of April 2005," at <<http://www.acf.hhs.gov/programs/cb/publications/afcars/report10.pdf>>.

10 years old, living with a non-relative foster family, and had been in foster care for almost three years.¹⁶ Children in foster care face enormous challenges to getting the health care and education as well as special services they need to help them make a successful transition to adulthood.

Children of color are significantly over-represented in foster care. Although Black children make up 16 percent of the nation's children, they make up 35 percent of children in foster care. Children of color enter foster care at higher rates, even when their families have the same characteristics as comparable non-Hispanic White children and families.¹⁷ On average, children of color also remain in foster care for a longer time than non-Hispanic White children and are less likely than non-Hispanic White children to be reunited with their parents; and the process of adoption for Black children takes longer than it does for White children. The over-representation of children of color is in part due to the economic inequities that persist in our society and the conscious or unconscious racial bias within the foster care system. As was discussed earlier, poverty can lead to child abuse and neglect and reduced resources to attend to parental substance abuse, and mental health and domestic violence problems, all of which bring many children to the attention of the child welfare system. In addition to addressing poverty, we must examine racial bias at different decision-making points in the child welfare system to craft appropriate responses.¹⁸

Too many children in foster care wait for permanent families after reunification has been ruled out. Approximately 119,000 children in foster care are waiting to be adopted.¹⁹ A 2004 state-by-state analysis of adoptions of children in foster care found numerous barriers to providing these children with permanent families. They included: court and agency reluctance to terminate parental rights without an identified adoptive home; the absence of adoptive homes; inadequate child welfare case management, due in large part to large caseloads, high staff turnover rates, and incomplete case records; and the lack of court resources, most commonly including judges, attorneys, and administrative staff.²⁰



Children Whose Parents Are Incarcerated

The incarceration of a parent, particularly a mother, also may bring children to the attention of the child welfare system. Today, women are the fastest growing segment of the U.S. prison population. Since 1995, the total number of female prisoners has grown by 48 percent.²¹ The U.S. Bureau of Justice Statistics reports that 84 percent of women in federal prison and 64 percent of women in state prison reported living with their minor children before entering prison. Ten percent of children with mothers incarcerated in state prisons are in foster care; 80 percent are being cared for by relatives.²²

The Bureau of Justice Statistics estimates that there are 1.5 million children who have parents incarcerated in state or federal prison or in jails.²³ Fifty-eight percent of these children are younger than 10 years old. Many of them are from poor or low-income families. The Urban Institute reports that 42 percent of incarcerated mothers in state prisons relied on public assistance prior to incarceration. More than half of incarcerated mothers had incomes below \$600 in the month prior to arrest.²⁴ The loss of the incarcerated parent's income, however small, places an additional burden on grandparents and other family members who step in to care for children when the parents are incarcerated and who often face special challenges. Studies have documented that children with incarcerated parents, especially those already exposed to certain risk factors, are at a greater risk for emotional and behavioral difficulties, poor academic performance, juvenile delinquency, and substance abuse. They are five times more likely than other children to end up in prison themselves, and one in 10 will have been incarcerated before reaching adulthood.²⁵

Poverty also frequently threatens the ability of parents who have been incarcerated to reunite with their children. Not only are the parents incarcerated for long periods (on average between 49 and 66 months), but once released they may have difficulty finding employment and housing, and penalties related to incarceration, such as denial of public assistance, may make it very difficult for a parent to secure necessary resources to care for a child.²⁶

Children Raised by Relatives

When children's parents are unable to care for them, relatives often step in as caregivers. Substance abuse, untreated mental and emotional disorders, domestic violence, and incarceration are often the factors that interfere, at least temporarily, with parents' ability to raise their children. Many of the children being raised by grandparents and other relatives have special needs—often due to their parents' substance abuse, mental health, or domestic violence problems.

About six million children live in households headed by grandparents or other relatives and approximately 2.5 million of these children live in such households with neither parent present, essentially making these relatives responsible for raising the children.²⁷ About one in five of these children lives in poverty.²⁸ Even those families who are not living in poverty may need financial and other assistance to meet the needs of the children. Sometimes a grandparent who takes on the caregiving role is retired and living on a fixed income. Sometimes he or she is working, but needs help finding and paying for quality child care. Whatever the situation, relative caregivers almost never anticipated that they would be raising the children in their care.

Most relative caregivers do not receive financial help in raising the children in their care. For those who do, the two most likely sources of financial support are "child only" grants through the Temporary Assistance for Needy Families (TANF) program and foster care payments. About 450,000 children living with relatives rather than their parents get TANF child-only grants.²⁹ As many as 200,000 children living with relative caregivers are in foster care and may receive higher foster care payments (see Child Welfare – Table 1).

Youth Leaving Foster Care

Youth who leave foster care at various ages face special challenges. A 2005 report by Casey Family Programs and Harvard Medical School found that former foster youth who participated in the Northwest Alumni Study continued to face major challenges in the areas of mental health, education,

STORIES FROM THE STATES

Mary Conn

Mary Conn is a grandmother raising seven children and caring for her bedridden mother in Columbus, Mississippi. Mrs. Conn raised three children on her own and was not planning on taking care of seven more, but when all three of her children ended up in prison, she was the only one left to take care of the grandchildren. She recently suffered a heart attack and is scheduled for heart surgery to remove blockage. Despite her health condition and only receiving a disability check for her heart condition and \$199 a month in food stamps for the children, Mrs. Conn draws strength from her faith and has managed to keep all of her grandchildren out of the foster care system and on the honor roll at school, while also taking care of her ailing mother. Grandparents like Mrs. Conn are doing their best against seemingly insurmountable odds, but they need more services and supports to provide a safe, stable, and permanent home for their grandchildren.



and employment.³⁰ The study, which examined the outcomes for 659 foster care alumni between the ages of 20 and 33, found that within the previous 12 months, more than half had at least one mental health problem, one in five had three or more mental health problems, and one in four alumni experienced post-traumatic stress disorder. One-third of the former foster youths had household incomes at or below poverty level, and one third had no health insurance.³¹

Research reveals that youths who age out of foster care at 18, 19, or 20, without families to return to and without being adopted, are especially poorly prepared to be self-sufficient. A national study of former foster youths interviewed 2.5 to 4 years after they left care found that nearly half of these youth left care without a high school diploma or GED.³² A more recent study by the University of Chicago's Chapin Hall Center for Children of 600 youths aging out of care in Illinois, Iowa, and Wisconsin found that just over a third of the youth had a high school diploma or GED at age 19.³³ With findings of low educational achievement, poor mental health, and the absence of community supports, it is not surprising that youths exiting from foster care with no family find it challenging to find employment and maintain stable housing. According to the Kids Count 2004 Data Book, only half of the youths who aged out of the foster

care system were regularly employed two to four years later.³⁴ Even when they do find employment, many youths do not earn enough to be self-sufficient. Another study by Chapin Hall on employment outcomes for youths aging out of care in three states (California, Illinois, and South Carolina) found that these youths have mean earnings below the poverty level and progress more slowly in the labor market than other youth.³⁵ Frequently youths who age out of care also are left without permanent family connections or a connection with a caring adult, making all the challenges they face greater because they have no one to turn to for moral and financial support when crises arise.

In 1999, Congress enacted the Foster Care Independence Act (FCIA), which established the John H. Chafee Foster Care Independence Program. It provides funds to states for supportive services to youth, including limited housing assistance, job training, education, and other independent living services. The Government Accountability Office (GAO) examined the impact the Chafee Program had on states' ability to provide independent living services and supports for youths in care who were expected to age out at 18 or older.³⁶ The GAO found that fewer than half of all eligible youths in foster care are being served by the Chafee program, with some states serving a greater proportion of

eligible youths than others. It reported that gaps in mental health, employment, and mentoring services, particularly in rural areas, have contributed to the low numbers of eligible youths being served. The lack of transportation and housing options and limited efforts to engage foster youths and foster parents were cited as additional barriers.

Children and Families with Special Needs

Children with Unmet Mental Health Needs

Nationally, one in five children and adolescents has a mental illness severe enough to cause some level of impairment. Yet only about one in three of them receives mental health services in any given year.³⁷ Poor children and children of color are overrepresented in the number of children with unmet mental health needs.³⁸ Studies also have shown that Black children in foster care are less likely than other children in care to receive specialty mental health services.³⁹

In *Children in Foster Homes: How Are They Faring?* Child Trends reported that children in foster care are almost four times more likely to have special needs than children not in foster care, regardless of age.⁴⁰ Another national study of children ages two to 14 who are involved in the child welfare system, either at home or in foster care, found that nearly half had clinically significant emotional or behavioral problems but only about one-quarter received mental health treatment.⁴¹ The lack of mental health treatment most often refers not only to the absence of services, but also to the lack of mental health assessments, appropriate referrals, and parent-focused interventions, and the lack of understanding by professionals of the unique mental health needs of these children.

Too frequently, children end up in the child welfare system or the juvenile justice system because parents cannot afford or cannot access the mental health services and treatment their children need. The Virginia legislature, for example, recently undertook an investigation of the reasons parents end up with no choice but to relinquish custody of their children to obtain necessary and appropriate

mental health services. The study found that the problem is a direct result of inadequate access to and availability of prevention, early intervention, and intensive mental health and substance abuse treatment services for children and adolescents. The state's own analysis of the problem found that 23 percent of the 8,702 children in the state's child welfare system were placed in care solely to obtain medical treatment. Barriers to appropriate mental health services included the family's financial status, a fragmented system of care, lack of clear authority for providing children's mental health services, educational restrictions, and the simple lack of services.⁴² These findings were similar to those identified by the GAO in a 2003 report that conservatively reported that nearly 13,000 children were placed by their parents in the child welfare or juvenile justice systems so they could get treatment.⁴³ The President's New Freedom Commission on Mental Health also called for the elimination of this problem.⁴⁴

Children with Parents with Mental Health and Substance Abuse Problems

The lack of services and treatment for parents' mental health and substance abuse problems can create family crises and bring children to the attention of the child welfare system. It is estimated that nine percent of the children in the U.S live with at least one parent who abuses alcohol or other drugs.⁴⁵ An estimated 40 to 80 percent of the families who come to the attention of the child welfare system have substance abuse problems.⁴⁶

Research indicates that the risk of women's drug use is heightened by negative experiences or stressors such as poverty, racial bias, sexual and/or physical abuse, domestic violence, and mental illness.⁴⁷ In the case of mothers who abuse substances, the effects of the cycles of poverty and violence are strikingly clear. The National Women's Study found a correlation between the number of violent assaults a woman sustains in her lifetime and the severity of her drug or alcohol dependency. In addition to violence and poverty, untreated mental illness can often lead to substance abuse. At least half of women in drug treatment will be diagnosed with a mental disorder such as depression, and for

many of these women, mental illness predates drug use and is the result of violence in their lives.⁴⁸

Research also indicates that women living in low-income families are more likely than other women to be exposed to high-stress living conditions that can contribute to depression. Recent research has found that changes in women's income and poverty status were associated with changes in women's depressive symptoms in the first three years after a child's birth.⁴⁹ Studies indicate that maternal depression is associated with a host of adverse outcomes in infancy, such as language and cognitive problems, insecure attachment, social interactive difficulties, and behavioral problems.

Studies that consider the links between maternal depression, poverty, and child development have shown that when maternal depression is present, the adverse effects of a mother's depressive symptoms can be buffered by greater resources—social, educational, and material.⁵⁰ However, a lack of parental resources is a major barrier to parents seeking treatment for mental illness and substance

abuse. A recent Substance Abuse and Mental Health Services Administration (SAMHSA) study shows that 51.4 percent of adults with mental health problems reported not receiving treatment because the costs of such treatment were too high; 33.2 percent of adults who reported having substance abuse problems did not seek treatment because of barriers related to cost.⁵¹

Homeless Families

Families are the fastest growing segment of the homeless population, now accounting for 40 percent of the nation's homeless.⁵² Homelessness and entry into the foster care system relate to similar challenges: domestic violence, substance abuse, and unmet mental health needs. Factors leading to homelessness are further exacerbated by poverty and the absence of adequate housing options. Homelessness puts children at a particularly high risk for being in foster care. A 2003 study in Philadelphia found that a group of homeless mothers was about seven

New Special Education Help for Children in Foster Care

A large number of children in foster care have special needs and 30 to 40 percent of them are receiving special education services. Although federal law protects the rights of children with disabilities, including children in foster care, to receive a free and appropriate education, there are many characteristics of foster care that make it challenging for these children to access special education services. Many children in foster care move frequently and often with little notice. As children move from home to home and school to school, too frequently their records don't follow them and their special needs go unnoticed. The cost of failing to address such challenges for these vulnerable children is high. Children who lack the special services they need often drop out of school or fall behind in a way that makes dropping out more likely.

Congress addressed the needs of these children in its reauthorization of the Individuals with Disabilities Education Act (IDEA) in December 2004. The revised Act includes several changes intended to address the special needs of children who are homeless or who are wards of the state. In particular, it recognizes that children who are homeless or are in foster care are a highly mobile population and provides protections to ensure the timely transfer of information as children in care move from home to home and school to school. It also emphasizes the importance of timely appointments of surrogate parents for children in care who do not have parents to advocate on their behalf, and adds that the judge overseeing the child welfare case may appoint the surrogate.



times more likely to be involved in the child welfare system than mothers without housing problems.⁵³ The study also found that homeless mothers had an increased risk of child welfare involvement compared to low-income mothers who were not homeless.⁵⁴ A 2004 analysis of homeless children in New York City found that 24 percent had some involvement in the child welfare system⁵⁵; 40 percent of those children who stayed in shelter care for more than 90 days entered the child welfare system.⁵⁶

Once they enter foster care, children from families with housing problems are more likely to stay in care for longer periods of time.⁵⁷ Lack of adequate housing can be a barrier to timely reunification. It is a sad irony that foster care also can increase a young person's risk of homelessness in adulthood. A recent study of foster care alumni found that 22 percent were homeless for one or more nights within a year of being discharged from care.⁵⁸ The Chapin Hall Study referred to earlier also found that of the youth who were 19 and no longer in care, 14 percent had been homeless at least once after being discharged from care.⁵⁹

Promoting Effective Strategies for Children and Families in Crisis

Whatever the connection between poverty and child abuse and neglect or related risks to children, the way to help children most often involves helping their parents address a set of challenges. There are some cases of severe abuse where immediate termination of parental rights may be the only safe alternative for a child, and sometimes children must be removed from their homes and placed in foster care while problems are addressed in order to ensure their safety. However, in many cases, as described in the following paragraphs, children can be kept safely at home *if* the services the family needs are available, and the child's basic needs can be met. Sometimes this means linking families to services to help address their need for child care, food, health care, and housing, as well as their physical, emotional, social, educational, and developmental needs.

To address the needs of the whole child, not just physical safety, the child welfare system needs

to engage families early. It must be able to help each family connect with the continuum of resources and supports that a family needs to care for its children. The special challenges of substance abuse, mental health, and domestic violence problems must be addressed. The point is not to excuse the parent's behavior, but to respond in a way that addresses the underlying problems so that the child's need for a safe, nurturing home can be met. When children cannot be kept safely with their families, there must be attention to providing quality temporary care in the most family-like setting appropriate for the child and to ensuring that children are moved to permanent families in a timely fashion, either returning home to their parents or to live permanently with adoptive parents or their legal guardians, who often are grandparents or other relatives.

Numerous efforts are underway across the country to prevent child abuse and neglect and to keep children in safe, permanent families. A few of these efforts being conducted by public agencies are highlighted below. Some of these are targeted to low-income families, but even when they are not, many of the children served are often from low-income families. This sometimes creates special challenges, especially for treatment programs, because they must address basic subsistence needs for families before they can turn to their specific need for treatment.

Promoting service approaches like those described below, on the scale that they are needed, is extremely challenging, especially given the lack of resources available to address even families' basic needs, much less their need for intensive specialized treatment. Our ability to help children and families in crisis depends in large part on our willingness as a nation to invest in the income supports, health care, early childhood education, education, and youth development activities identified in the other chapters in this report. Such investments could go far in reducing child maltreatment, but they are not sufficient.

There also is a need for expanded capacity to invest in prevention, specialized treatment, new permanency options for children, and a quality child welfare workforce. Unfortunately, however,

federal, state, and local investments for children in foster care exceed investment in prevention by a ratio of three to one (see Figure Child Welfare – 2).⁶⁰ While the country professes to value its children, four out of 10 children who are abused and neglected get no treatment at all, and many others get far less than they need.⁶¹ Yet to give each of these children just a basic service such as home visiting would cost only \$1.1 billion a year, less than one day of military costs in the President's fiscal year 2006 budget. As struggles to make better policy choices for children continue, there are positive efforts for children being undertaken across the country.

Supporting Families and Preventing Crises

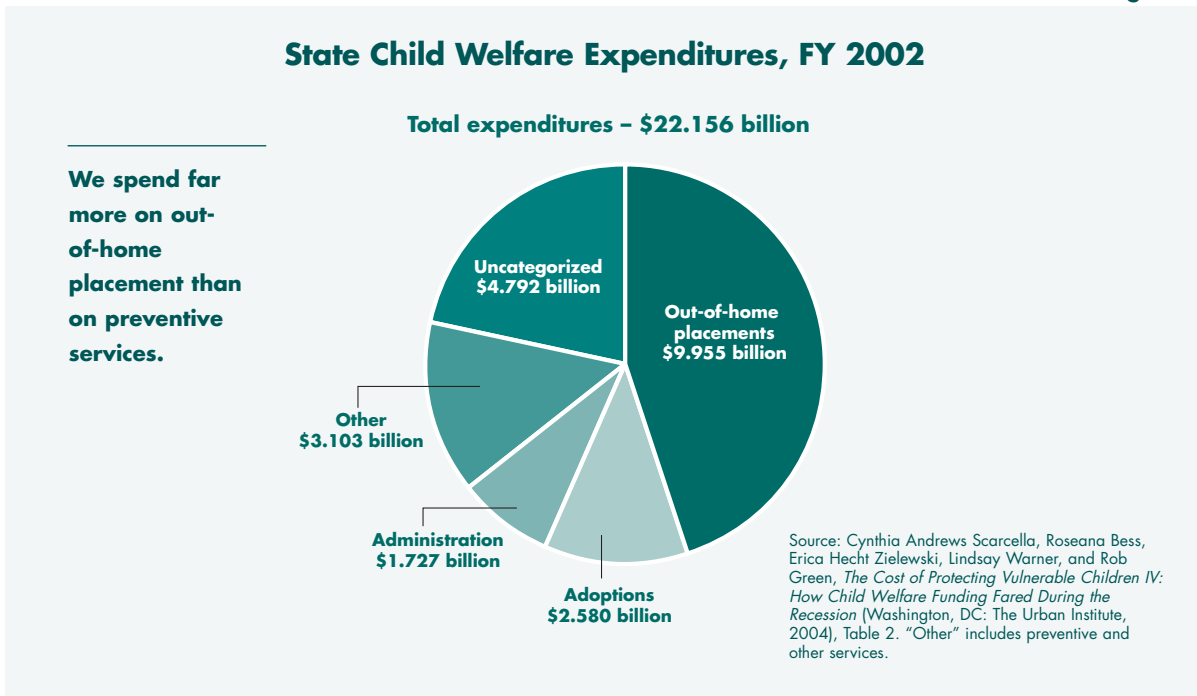
In seeking out ways to support families early on, it is important to look at the range of activities that can help promote protective factors for children. All of these approaches involve engaging and supporting families, where possible, in ways that build on their strengths and increase their competence to nurture and protect their own children and keep them out of the child welfare system.

Home Visiting

The Task Force on Community Preventive Services of the federal Centers for Disease Control and Prevention identifies home visiting programs as highly effective in preventing child abuse and neglect in families at risk for maltreatment, including disadvantaged populations and families with low-birthweight infants.⁶² There are several different models of home visiting programs that offer a variety of supports to families with differing needs, but they all seek to get help to families when children are first born. In a number of communities and states, different programs are used for different groups of children and families, depending on the best match between families' needs and programs' strengths.

The Nurse-Family Partnership (NFP) is the home visiting program with the longest track record and most extensive evaluations.⁶³ It is designed to serve low-income, at-risk pregnant women bearing their first child to improve pregnancy outcomes, to promote children's health and development, and to strengthen families' economic self-sufficiency. The program consists of intensive and comprehensive home visitation by

Child Welfare – Figure 2



bachelor degree-level nurses throughout a woman's pregnancy and continuing through the child's second birthday. The nurse works with a mother on health-related behaviors during pregnancy, including cigarette smoking, drinking, and drug use, provides a comprehensive educational program about the physical and emotional needs of her child, and helps the mother develop and clarify life choices with respect to family planning, educational achievement, and workforce participation. NFP programs have been replicated in more than 263 counties in 20 states, with statewide implementation in Colorado, Louisiana, Pennsylvania, and Oklahoma.⁶⁴

Some states have used home visiting programs to target low-income families. Minnesota, for example, offers home visiting services to families eligible for Temporary Assistance for Needy Families (TANF). Operated by the Department of

Health, a public health nurse and trained home visitor offer families health promotion, screening, and assessment services as well as links to community resources.⁶⁶ In Ohio, Early Start provides home visiting at the county-level for families with children under age three who are in the TANF program or are at risk of child abuse, neglect, or developmental delay. This voluntary program consists not only of home visits, but also includes service coordination and case management, individualized family service plans, family support services, child health and developmental screenings, and referrals to other service providers, including a primary health care provider. Visits are conducted by professional or paraprofessional nurses on a weekly basis following the birth of the child and are gradually reduced to monthly visits until the child turns three. Parents also may attend groups or classes on child development, health and safety, effective parenting, and nutrition.⁶⁷

Nurse-Family Partnership Yields Positive Outcomes

A 15-year follow-up study of Nurse-Family Partnership use in Elmira, New York, showed that low-income and unmarried women and their children who were provided a nurse home visitor had 79 percent fewer verified reports of child abuse or neglect; 31 percent fewer subsequent births; an average of over two years' greater interval between the birth of their first and second child; 30 months less receipt of Aid to Families with Dependent Children; and 44 percent fewer maternal behavioral problems due to alcohol and drug abuse. In addition, the cost of the program was recovered by the first child's fourth birthday, and substantial savings to government and society were calculated over a child's lifetime. Although the actual cost of the program varies in each community, the average annual cost to implement the Nurse-Family Partnership is roughly \$3,000 per family, with higher costs during the initial two years of the program.⁶⁵

Early Care and Education

Quality early care and education programs also can play an important role in strengthening families and preventing child abuse and neglect. The Center for the Study of Social Policy (CSSP) has compiled a compendium of effective early childhood programs and identified the essential components of the programs that promote child protection. CSSP makes a strong case that early care and education programs are in a unique position to identify and provide low-income families with the concrete resources they need to prevent the ultimate occurrence of child abuse and neglect.⁶⁸ It notes that family poverty is the strongest factor known to be correlated with child abuse and neglect and a family's access to necessary material resources is among the strongest protective factors to prevent child maltreatment.⁶⁹

There are a number of early care and education programs throughout the country helping to prevent child abuse and promote healthy child development. Programs such as Albuquerque's Child Development Program, San Francisco's Early Childhood Mental Health Program, and the Dorchester (Massachusetts) Haitian Center Early Care and Education Program creatively blend early childhood education, child care, mental health,

family support, and education services to provide for the comprehensive needs of low-income families early on, before crises begin or escalate.⁷⁰

The Family and Children's Educational Services (FACES) program in Brunswick, Georgia, is another quality comprehensive early childhood program. FACES offers families in an urban low-income community access to a range of prevention and support services to advance the educational and personal achievement of their children. The program collaborates with Healthy Families, United Way/Family Connection, Child Care Resource and Referral, Zero to Three, Head Start, government agencies, and private partners to focus on early childhood as an entry point for addressing a host of social issues. It uses resource coordinators in each of its early childhood classrooms to identify child and family challenges, such as poverty, and quickly connect families with appropriate services. It has a flexible discretionary fund of about \$2,000 that allows it to pay for small but significant resources that can often mitigate some of the stresses of poverty that increase the likelihood of child neglect. Resource coordinators and classroom staff also conduct numerous home visits throughout the year to build relationships with parents, observe the home environment, and support families in crisis. A cornerstone of the FACES home visiting program is its flexibility. Staff work to provide whatever the families need.⁷¹ Local research shows that 64 percent of children who participated in FACES were above average in kindergarten readiness and 68 percent were above average in first grade readiness. The FACES program won the Doris Duke Charitable Foundation "Exemplary Program Award" in 2003.⁷²

Homelessness Prevention

Efforts to prevent family homelessness are critical to breaking the cycle of poverty, homelessness, and family involvement in the child welfare system. Providing early supports for youth aging out of foster care also helps prevent them from ending up on the street without a place to live. Homelessness prevention activities can help prevent foster care placements and also help reunify children already

in foster care with their families. Housing for these families is a good investment. The cost of keeping children in an average size family in foster care is \$47,608 annually.⁷³ The average cost of permanent housing and supportive services for a family of the same size is only \$13,412.⁷⁴ Efforts to prevent homelessness often involve partnerships between multiple child- and family-serving agencies.

The Connection Inc. is a collaborative effort of the Connecticut Human Service and Community Development Agency and the Connecticut Department of Children and Families (DCF). It provides supportive housing for families who have come to the attention of the child welfare system or are in the system and are seeking help to stay together or to have their children returned from foster care. Parents are provided scattered site housing, employment services, a little cash assistance to get started, and intensive home-based case management and "wrap around services" to help them achieve a permanent, safe, stable, and nurturing family environment for their children. On average, a case remains open for a period of one year after the family is housed. A family graduates from the program when a parent has complied with the goals and objectives of his/her treatment and care plans, has a subsidy or income adequate for housing payments, has achieved family preservation/reunification, and has demonstrated an ability to manage their household independently.⁷⁵

In Mesa County, Colorado, the Department of Human Services and the Grand Junction Housing Authority have a Housing Advocate Program. It provides case management and advocacy to low-income families for whom inadequate housing is a significant factor in the possible placement of the child in foster care or in the delay of reunifying a child in care with his or her family. Mesa County Human Services initiates referrals to the Family Unification Program, which provides Section 8 housing certificates to these families. The Housing Advocate provides a range of services, based on the families' individual needs, that include home visits, referrals to services within the community, mediation and negotiation services for disputes with landlords, as well as education programs on a variety of topics such as budgeting and credit. Colorado's



Family Unification Program also provides 18-month Section 8 housing vouchers to assist youth aging out of foster care who do not have adequate housing.⁷⁶

Engaging Families Early

Efforts to engage families and the broader community early when children first come to the attention of the child welfare system help to maintain family connections and maximize opportunities for prompt permanency decisions for the children. These family connections are especially important given that the vast majority of these children end up remaining with or eventually returning to their parents. For example, of children exiting care in 2003, 55 percent were reunited with their parents or other relatives. Children who remain in care until age 18 or older and then leave care without being adopted also often reconnect at some point with family members. Given the expedited timetables for permanency planning in federal law, early engagement of families helps to ensure that parents understand their responsibilities and opportunities to reunite with their children. It also provides the chance for staff to assess parent-child interaction and the likelihood of reunification.

Family Group Decision Making

Family Group Decision Making (FGDM) is one approach used to engage families (parents as well as other relatives) early in decision making about the child. Family Group Decision Making views families from a strengths-based perspective and gives them the opportunity to create their own solutions for permanence and safety for their children. This approach recognizes that parents are often the best experts as to their children's needs and should be engaged in the planning for them. FGDM allows for cultural sensitivity by calling on families to identify issues and plan a response within their own familial, cultural, and community context. FGDM is also helpful for families in poverty. Poor families can request the various services they need to support their children and also help in accessing those services and sustaining family functioning.⁷⁷

Training on FGDM in the United States started nearly 10 years ago, and the model has since been adapted and implemented in numerous states, counties, and agencies from Arizona to Pennsylvania to Rochester, Minnesota. The District of Columbia's child and family services agency recently began using a hybrid of FGDM/ Family Team Meetings that it believes will be useful to low-income families and families of color. The Family Team Meetings are initiated in the first 72 hours after a child is removed from his/her home and before a court hearing. The plan for the family is made by the parents, the child (if the child is determined to be developmentally and emotionally ready to participate), relatives, the caseworker, social service providers who have worked with the child, and any other adult who is identified as being connected to the child. The individualized plan that the family team comes up with and agrees upon is then presented to the Court for approval.

The District of Columbia aims to use Family Team Meetings to engage more families early in the decision making process around critical issues such as a child's placement and to empower families with resources so that crises and/or potential crises may be identified, treated, or averted. Preliminary data show that in 42 percent of the 120 team meetings held in the District of Columbia between January and April 2005, kin stepped forward as willing to care for the child when a child was at risk of being removed from the home.⁷⁸

Family to Family

Other approaches used to engage families and communities also build on family strengths and seek to find ways to increase the understanding of the broader community about the problems facing children and families in crisis. The Family to Family initiative, designed in 1992 by the Annie E. Casey Foundation, offers the opportunity for child welfare systems to reconceptualize, redesign, and reconstruct their foster care systems to achieve a set of goals that will better support children and families. Family to Family sites strive to establish high quality services and supports to help families stay together, develop a network of family foster care

that is neighborhood-based, involve kinship families, foster families, and birth parents as team members, and create community partnerships to increase the capacity of the community to address the needs of families involved in the child welfare system.⁷⁹ There are approximately 40 Family to Family sites in 16 states. Each site's approach varies with community needs; however, all employ four core strategies: recruiting, training, and supporting families who can care for children and families in their own neighborhoods; building community partnerships; making decisions as a team; and using evaluation results and data to inform practice.⁸⁰

Family to Family in Wayne County, Michigan, first got the community engaged by documenting the large numbers of children who were being removed from their homes by the public child welfare agency and sent to suburban communities. The high-poverty neighborhood in which Family to Family began understood the impact on the local school system when 100 children were sent out-of-county and more than half a million dollars in resources were lost to the community. There was a recognition that the children belong to the community. Now the county makes no removals without team decision making sessions, at which the family tells of their crises and children 10 and older also are at the table. Eighteen full-time facilitators, hired with funds previously used for foster care, guide this process. More than 70 percent of the children referred for removal from their homes to date have remained at home or with relatives.

Special efforts are made to find foster care placements for children in the community. Once located foster parents must meet with birth parents within a week after children are removed from their home, and support groups are offered for all parents. A parent advocate program is beginning so that parents whose children previously have been involved with the child welfare system can help parents whose children are currently involved navigate the multiple systems, including the courts, to assist in reunification efforts. Teen advocates are trained and available to help when older youth are at the table and need peer support. Two hundred community representatives also have been trained to advocate for the community and its families

Engaging Black Churches

In 2002, in Wake County, N.C., Black children accounted for less than 25 percent of all children in the county, yet they comprised 79 percent of children in foster care in the county. Because Wake County did not have enough foster homes, 20 percent of children entering foster care were placed out-of-county.⁸²

Wake County's Family to Family initiative focuses on keeping children safely in their neighborhoods and close to their birth families and communities. The county has formed a partnership with 33 local churches to help recruit and support foster families. Churches help reach out to potential foster families, support foster families and children, provide space for foster parent training, and work with the child welfare agency to support families at risk so their children will not come into care. Each church, through a liaison, submits a plan of how it will contribute to the larger partnership.⁸³ The number of churches involved in the partnership and the depth of their involvement has increased each year and communities have noted that different denominations and communities of faith have been united in this common goal of improving outcomes for children.⁸⁴ Initial results are very positive. The percentage of foster children who are Black has decreased from 79 percent to 65 percent, and the percentage of children entering foster care who are placed outside the county has decreased from 20 percent to 7 percent.⁸⁵

through the placement process. Family to Family has now been implemented in 27 counties in Michigan and will go statewide in 2007.⁸¹

Contact with Incarcerated Parents

Incarcerated parents raise special challenges for the child welfare system when it is trying to expedite permanency decisions for children in foster care.

The Annie E. Casey Foundation, in collaboration with the Women's Prison Association & Home, Inc., conducted a needs analysis in Maryland, New York, and Alabama to assess supports given to children in out-of-home placement whose parents were incarcerated. Their findings revealed the need for better coordination between the child welfare and criminal justice systems, more sufficient support for incarcerated parents, regular child visits, and enhanced efforts to reunify formerly incarcerated parents with their children.⁸⁶

New York City's Administration for Children's Services Division of Family Permanency, in collaboration with its Department of Corrections, established the Children of Incarcerated Parents Program (CHIPP).⁸⁷ CHIPP is designed to provide services, training, and technical assistance to the courts, advocates, and child welfare professionals as well as children and families when a child welfare case involves incarcerated parents. The hallmark of the CHIPP program is its coordination of weekly (to Rikers Island in New York City) or monthly (to prisons in upstate New York) child-parent or sibling visits. CHIPP also provides training and technical assistance to caseworkers and other service providers on case-specific and criminal justice-related issues as well as on the needs of children with incarcerated parents.⁸⁸

Meeting the Special Needs of Children in Foster Care and Their Families

For children who must be placed in foster care, there must be continuing attention to their needs and the needs of their families so timely decisions can be made about reunification or alternative permanency plans. Families struggling with substance abuse and mental health problems pose special challenges for the child welfare system. The most effective services for these families often involve cross-system partnerships and are family-centered, strength-based and comprehensive.

Comprehensive Family Treatment

As many as two-thirds of parents whose children are in foster care require substance abuse treat-

ment, but only about one-third of these parents receive the services they need.⁹⁵ Comprehensive family treatment can help prevent child abuse and neglect and often allows for children and families to stay together or to be reunited. Positive outcomes are dependent in large part on getting substance abuse treatment and child welfare agencies, and often mental health agencies as well, working together to assist families in obtaining the help they need.

Such efforts have been undertaken in several states. The Arizona Families F.I.R.S.T. (AFF) program is administered by the Department of Economic Security in partnership with the Department of Health Services to promote permanency for children and stability in families, protect the health and safety of abused and/or neglected children, and promote economic security for families. This is accomplished through the provision of family-centered substance abuse and recovery support services to parents whose substance abuse is a significant barrier to maintaining or reunifying the family.

Arizona Families F.I.R.S.T. provides an array of structured interventions to reduce or eliminate abuse of and dependence on alcohol and other drugs, and to address other adverse conditions related to substance abuse. Interventions are provided through contracted community providers in outpatient, intensive outpatient, and residential settings. AFF includes an emphasis on face-to-face outreach within 24 hours; ongoing strategies to keep clients engaged in treatment; concrete supportive services such as child care, transportation, and housing; and an after-care phase to manage relapse occurrences. Some residential providers also allow children to remain with their parent during treatment. Essential elements, based on family and community needs, are incorporated into the service delivery, such as culturally responsive services, gender specific treatment, services for children, and motivational interviewing to assist the entire family in its recovery. More than 80 percent of the families served are poor enough to qualify for the state's Medicaid program and often require comprehensive services to address the multitude of stressors in their lives.⁹⁶

Evaluations of the AFF programs have shown positive results. Nearly half of the referrals made to

Pulling It All Together to End Poverty and Family Violence

El Paso County, Colorado, has implemented a particularly comprehensive vision for providing families the continuum of services they need to care for their children. However, El Paso County is not alone. A number of counties in California are trying to implement similar models tailored to their specific populations and resources. North Carolina, Arizona, and Alabama also are trying similar approaches on a statewide basis, although some efforts are still in their infancy.

In El Paso County, the Department of Human Services integrated its cash assistance and child welfare programs in order to end both poverty and family violence. County leaders, administrators, front line workers, private providers, and families came to understand that the two problems were inextricably linked and set out to design supports and services that would tackle both problems simultaneously.

No matter what door the family knocked on and no matter how the department learned about the family, services would be provided that met the particular needs of that family. The department's philosophy rested on the premise that families have many strengths, in addition to needs, and that often they know best what is needed to make things work.

Together, county officials, private providers and families developed a comprehensive assessment of families and their needs. Based on this assessment, the county offers information to families about cash assistance, Medicaid, Food Stamps, the Low-Income Child Care Program and other services to help *each family* design a plan to meet its specific needs. Staff work with families to continually reassess the plan and adjust it to meet their changing needs; they are accessible to families in schools and community centers.

El Paso County recognized early on that having a dedicated and talented work force was critical to implementing its plan of action. It uses creative training techniques to help staff better understand the challenges families face. For example, in one exercise new workers are given a set of instructions (e.g., pay a phone bill, get utilities restored, visit a food bank, locate affordable housing) and a 20-pound bag of flour (to simulate a small child) that they must carry with them as they visit various agencies to try to get help.

El Paso County also developed a new way to respond to reports of child abuse and neglect. Rather than "investigate" and determine whether the report could be proven, the department uses



its family assessment process in less serious cases to identify families' needs and then to respond appropriately with the services needed for them to care for their children. In 2003, about half the cases were formally investigated and about half used the less adversarial assessment process.⁸⁹

“Direct Link” is another resource developed by El Paso County. It focuses on parents with substance abuse problems whose children are at risk of abuse and neglect and entry into foster care. The program seeks to provide intensive treatment to parents in their own homes and in the community. A team comprised of child welfare, mental health, substance abuse treatment, and cash assistance staff meets with each family in the program to develop and continually revise, *with that family*, a plan that addresses the family's needs. Often the plan includes providing child care for the children during the day while parents participate in treatment, attend job training or school, or receive parenting education or counseling. The plan may involve home visits in the evening and random drug screens. The plan also is likely to include enrolling the family in Medicaid or SCHIP, Food Stamps, or programs needed to help the parents get back on their feet. The local court has partnered with Direct Link to create a Family Treatment Drug Court. Workers report that families are more engaged in and compliant with treatment objectives, and parents report feeling respected and understood.⁹⁰

The department early on also designed a set of flexible services and financial supports for relative caregivers who stepped in to care for children before the child welfare agency became involved. The goal is to keep these children out of foster care when possible. To help achieve this, the county offers financial assistance up to the level of assistance a caregiver could receive in the foster care program, on an individualized basis, according to the particular needs of the family. For example, a grandmother approached the department after her daughter dropped four grandchildren on her doorstep. The grandmother needed help finding a bigger apartment, getting some bunk beds, school clothes and supplies, and basically getting started caring for her grandchildren. The total amount of money she sought was \$3,500—a huge sum compared to a typical cash assistance payment, but a miniscule amount in terms of what it would cost to put four children in foster care for a year. The department also provides other supports such as child care subsidies, respite care, support groups, and legal assistance to help the relatives care for their children. It offers this same help to relatives who have become legal guardians of children and are willing to care for them permanently when they exit foster care.

Pulling it all together is helping the children of El Paso County. Between 1998 and 2003, the number of children in out-of-home placements decreased by 22 percent, while the national number of children in foster care stayed about the same.⁹¹ The number of children in more costly residential placements, instead of family foster homes, decreased by approximately 25 percent during this period.⁹² In 2003, 82 percent of children involved with the child welfare agency were able to remain in their homes. El Paso County also exceeded the national standard for reunification—reuniting 81 percent of the children who return home within 12 months.⁹³ Yet the county continues to have a very low rate of re-occurrence of maltreatment after the department becomes involved. In 2003, the re-occurrence rate was 2.9 percent, less than half the national average of 7.6 percent.⁹⁴

STORIES FROM THE STATES

Lou Della Casey

Research shows that when mothers enter quality, comprehensive family treatment programs for substance abuse they are better equipped to keep their families together. Mrs. Casey grew up in foster care herself and later lost parental rights to two of her children due to emotional and psychological neglect associated with her substance abuse problems. When Mrs. Casey realized she was pregnant with a third child, she says she thought, “Not this time...I was going to fight...I want to be a parent.” When Mrs. Casey tested positive for drugs and alcohol during this pregnancy, she was referred to a program that enabled her to get the family treatment she needed so that she could be a good parent to her daughter. With the help of the program, Mrs. Casey is raising her young daughter and attending college part-time. She explains the difference this treatment has made in her life: “I have tools and resources now: a treatment program and Healthy Start.... They went above and beyond.”

the agencies resulted in the client receiving treatment and the agencies were successful in keeping clients in treatment for the time allotted by the AFF. AFF program directors noted that families involved with child protective services where treatment was court mandated were motivated to stay in treatment to keep their children or to reunify with them. Among the 2,180 families participating in AFF who were referred by Child Protective Services (CPS) during fiscal year 2004, 96 percent had not experienced a subsequent substantiated report of abuse or neglect when their status was reviewed after six months of treatment.⁹⁷

The Women's Treatment Center (TWTC) in Chicago, Illinois, is a public-private collaboration that provides a range of substance abuse treatment services to families. It includes comprehensive residential family treatment for mothers with children under five years of age, a special outpatient program for women referred by the Illinois Department of Children and Family Services who are in danger of losing custody of their children because of substance abuse, and a department of corrections program that offers parenting skills, case management, and recovery home services for inmates with less than two years to serve for non-violent offenses. The comprehensive residential program offers recovering mothers a continuum of

care, beginning with medically supervised detoxification and recovery. Mothers and their young children are then given housing and continued supports as they make the transition from residential treatment to outpatient care and beyond. This multi-level step-down program includes supervised housing for women as they continue outpatient treatment and education; and help finding employment and transitional housing for women who have completed treatment and are working or attending school. In 2003, TWTC directly served 1,200 women and 400 children.⁹⁸

Mental Health Treatment for Parents and Children

The President's New Freedom Commission on Mental Health report emphasized the importance of expanding community-based treatment options for children and youths with serious emotional disorders. The commission supports programs that promote broad system improvements, a reduction in mental health problems, and heightened school performance and residential stability that can help reduce the number of children who must turn to the child welfare or juvenile justice systems for help when other services are not available.⁹⁹



There are several states taking important steps to expand and improve treatment options for adults and children with mental health treatment needs. In New Mexico, for example, state agencies are working together to address the gap in mental health and substance abuse services. The New Mexico Behavioral Health Purchasing Collaborative has a legislative mandate to implement an integrated behavioral health service delivery system. This system will blend numerous funding streams and is expected to not only greatly improve the delivery and quality of services, but also to be cost-effective.¹⁰⁰

Improvements in the child welfare system must address the mental health needs of parents as well as children. It is recognized in many jurisdictions, for example, that maternal depression brings some families to the child welfare system because mothers who are depressed and without appropriate treatment may not be able to ensure their children's needs are met. The Invisible Children's Project (ICP) is a nationally recognized program for parents with mental illness. ICP is run by the National Mental Health Association (NMHA) and funded by the Center for Mental Health Services (CMHS) in the Department of Health and Human Services.¹⁰¹ In 2000, five pilot sites in New York, New Jersey, Virginia, and Tennessee were selected to survey the mental health needs in their communities, and a few states began ICP implementation. The majority of referrals to ICP come from child welfare authorities and sometimes ICP is mandated as part of a Department of Social Services state plan. ICP services are family-centered, strengths-based, and comprehensive. ICP offers 24-hour family case management services; referrals and links to community resources, crisis services and advocacy, and support services including respite child care, parenting education, access to financial assistance, and supported education and employment as well as supported housing services.¹⁰² Case studies of the program in New York, conducted in 2002, found significant improvements in outcomes for families involved with ICP. At the time of the study, all children had returned home from state child welfare custody or remained home despite having been considered at-risk for removal.¹⁰³

Providing Permanent Families for Children

Central to providing permanent families for children are processes and strategies designed to expedite the permanency decision making process in a thoughtful way. In some jurisdictions this is done with extra effort by the court, whereas in others the additional pressure comes from the agency or from advocates for children and families.

Reunification

A number of states have implemented programs that focus on the need for family reunification services from the time children enter care until after they return home. Low-income families face special barriers to achieving reunification because often they lack the services and supports necessary to reunify with their children even after the crises have subsided. The Allegheny County, Pennsylvania, Office of Children, Youth and Families has had success in keeping children out of foster care and safe with their families or returning them home quickly when it is safe to do so. From January 1997 to January 2004, Allegheny County decreased the number of children in out-of-home placement by 24 percent. The county reports a total of 902 children were returned home from foster care in 2003 and that their focus on reunification helped reduce the average length of time that children spend in an out-of-home placement by 30 percent between January 1997 and January 2004.¹⁰⁴

Allegheny County's approach to reunification is integral to its anti-poverty initiative and commitment to achieving permanency for children. The county invests resources in prevention and in-home services, which include family support centers, crisis intervention services, treatment programs, and family group decision making. If children do need to enter care, the agency works hard to reunify them with their parents and/or with a relative. The county offers housing and transportation assistance, among other services, and contracts with agencies such as the Center for Family Excellence, which provides social services and legal counsel and facilitates family visits. Over 60 percent of the chil-

dren maintain some sort of family connection by being placed with a relative. Marc Cherna, director of the Allegheny County Office of Children, Youth and Families, explains they have been successful in keeping children with their families in safe and stable homes because they understand that “so many people come to our attention because of poverty.” Allegheny County recognizes that family breakdown can be prevented or family reunification can be achieved if families are given the services and supports to meet their basic needs.¹⁰⁵

Santa Clara County, California, has implemented an approach to achieving reunification that is focused solely on children who have been placed or are at risk of being placed in a residential facility because of their severe mental health and behavioral health disorders. This population of high-needs children usually has the most difficulty attaining reunification. The county, through its “wrap around” approach, seeks to help families and communities build a system of comprehensive services and supports upon which they and their children can depend in the future. A facilitator from the program works with a “family team” to develop a service plan and an emergency plan for emotional, psychological, and medical crises. The program also establishes a community team that includes representatives from the child welfare, mental health, juvenile probation, and education agencies to ensure that the wrap around services are administered properly. Although the services are only temporary, families are followed for some time after children have returned home. The cornerstone of the wrap around services’ success is that they help families and communities build and enhance a system of care and support so that reunification is successful and children do not re-enter care. Of the 274 children discharged from the service programs, 82 percent were living with parents or other relatives, a high rate of reunification for this population of children who have many serious needs.¹⁰⁶

Adoption

The focus nationally and in states on finding adoptive families in a more timely manner for children waiting in foster care also continues.

Particular emphasis has been placed on increasing adoptions of older children in foster care. The Adoption Promotion Act of 2003, for example, seeks to increase the number of older children adoptions, as well as other adoptions. States receive an adoption incentive payment for an increase in the number of children adopted from foster care and the number of special needs children adopted from care. States then receive an additional bonus for an increase in the number of children over the age of nine adopted from foster care. In October 2004, close to \$18 million was awarded to 31 states and Puerto Rico for their success in increasing the number of older children adopted from foster care.¹⁰⁷ The Administration for Children and Family Services also launched a Web site, www.adoptuskids.com, to help recruit and retain adoptive families and is now highlighting older children in its outreach efforts.

These older youth who are among the most difficult to place in adoptive families are also at a very high risk for living in poverty and becoming homeless upon leaving foster care if they aren’t placed with families. You Gotta Believe!, The Older Child Adoption and Permanency Movement, Inc., is a program that seeks to prevent homelessness by finding permanent foster families or legal adoptive homes for teens and preteen children in foster care. It places youth ages 10 and older, who are free for adoption, with parents who are willing to adopt, and those youth who may not be free for adoption but upon discharge will have no home to which they can return with foster parents who are willing to offer the youth a life-long family. Recruitment is conducted through television and radio programs and community-based education sessions. Case workers have found, however, that the youth themselves are often best equipped to identify adults with whom they have had positive relationships. Case workers reach out to these individuals, be they former teachers, case workers, or relatives. Training is offered in six metro areas and is conducted on a rolling basis so that interested parties can begin the certification process immediately. It consists of a 10-week program that emphasizes the importance of permanency for older youth. You Gotta Believe! expects to place between 40 to 50



youth in New York this year. Its influence extends beyond New York as staff speak across the country about the importance of permanency for older children and its effectiveness in preventing homelessness and other negative outcomes for youth.¹⁰⁸

Subsidized Guardianship

For children for whom returning home or adoption is not possible, permanent placement with grandparents or other relatives who are legal guardians is another extremely viable permanency option. In fact, a number of states have developed subsidized guardianship, programs that offer subsidies and ongoing services to children exiting foster care into legal guardianship and a few states have used these subsidized guardianships to prevent children from entering foster care unnecessarily in the first place. Thirty-five states and the District of Columbia now have subsidized guardianship programs.¹⁰⁹ Most of these programs are funded totally by state and/or local dollars. Even though legal guardianship was recognized as a permanency option in the federal Adoption and Safe Families Act, it was not accompanied by federal financial assistance as adoptions are. There are, however, nine states that have received waivers from HHS to use federal foster care funds under Title IV-E of the Social Security Act to provide subsidies to some legal guardians.

California's Kin-GAP Program provides kinship caregivers who are unable to adopt the children in their care with another financially supported option for permanency. In order to be eligible, the child must be an adjudicated dependent and have been in foster care with the relative for at least 12 months, and reunification and adoption must have been ruled out. Subsidies are equal to foster care payments minus the cost of services. Although the child welfare system maintains minimum contact through annual visits, this option provides many children a more permanent placement. An evaluation of the program 18 months after it had been implemented found that 6,701 children had exited foster care to Kin-GAP. More than 60 percent of these children had been in care for more than three years and for almost three-quarters of

them the kin placement was their first or second placement in foster care.¹¹⁰ Building on the experience of California and other states, a bipartisan group of Senators introduced the Kinship Caregiver Support Act, which would allow all states to use federal foster care dollars for subsidized guardianship programs.¹¹¹

Kinship Navigator Program

Another key to preserving placements with kin is getting the relative caregivers information about essential services and supports that exist for which the children are often eligible. For example, about 20 percent of relative-headed households live in poverty, and many of the children in these families are eligible for federal and state benefits such as TANF, the State Children's Health Insurance Program (SCHIP), Medicaid, and food stamps. Many caregivers, however, are not aware of the resources available to the children and sometimes themselves. At least two states, Ohio and New Jersey, and several others on a pilot basis, have made special efforts through Kinship Navigator programs to ensure that kin, at a minimum, receive the services, supports, and benefits for which they are eligible. Ohio's Kinship Navigator Program helps relative caregivers "navigate" their way through government systems and find local supports and resources. The program works to educate kinship caregivers about a wide variety of available community services and assist them in getting access. It also offers a minimum of core services, including information and referral and access to legal services, child care services, respite care, training, and financial services. In 2002, the Kinship Navigator Program served at least 4,000 kinship families with 6,000 children.¹¹² The Kinship Caregiver Support Act previously mentioned would authorize federal funds to expand navigator programs.

Other Post-Permanency Supports and Connections

Children who have been returned home, adopted or placed in a guardianship arrangement

without access to a navigator program sometimes experience instability because families do not continue to get the supports they need. Post-adoption and other post-permanency services help to assure support for families and also can help families connect with available treatment. They are particularly important for children who have a history of child abuse and neglect, are older when they leave care, have experienced multiple foster care placements, and/or have special needs and who require more costly services and supports. Casey Family Services, which serves about 4,000 children on the East Coast, has found that the availability of post-adoption services may actually help decrease the number of children waiting in foster care for adoption as access to these services is a determining factor in prospective parents' decision to adopt.¹¹³

To promote post-permanency services, Oregon's Department of Human Services helped establish the Oregon Post-Adoption Resource Center, which provides free-of-charge information, referrals, and technical assistance to families across the state who have adopted a child from foster care. Welcome packages are sent to parents who have adopted children, describing services available through the center. Other services include training for eligible families, a lending library and resource center, a comprehensive Web site with references and announcements, assistance in securing support for adoptive parents, a newsletter, and referrals to community services for children.¹¹⁴

Illinois' Adoption Project and Guardianship Preservation Services offer a range of services to support a child's placement in either adoption or guardianship as soon as the adoption or guardianship is finalized. The state assesses the level of care necessary for each family and takes into consideration the special education needs of children. Services to families statewide include 24-hour crisis intervention; comprehensive assessments; intensive therapeutic interventions focusing on the dynamics of adoption and the impact of past loss and trauma on present circumstances. They also include support groups; cash assistance to help families purchase needed items or services, such as transportation to support group meetings, and fees for specialized camp; and advocacy and referral, including education advocates to support the families.¹¹⁵

Ongoing support for children who are reunified with their families has not been as forthcoming, but is very much needed. Some programs such as, Connection Inc., described on page 126, that provide housing assistance to help parents reunite with their children, do continue to provide supportive housing after the child welfare agency's involvement with the family ends. There are also states, like Michigan and North Carolina, that have defined their efforts at family preservation to include ongoing supports for families after children are returned home. In Michigan, the Family Reunification Program provides intensive services that are designed to improve child safety, reduce length of out-of-home stay, and reduce re-entry into care. The agency conducts an assessment of the family's needs and provides strengths-based services, including individualized therapy, parenting skills classes and family workshops. The agency also provides case management, and is available 24 hours a day to children and their families.¹¹⁶

Recently, there has been more attention at the federal, state and local levels to provide ongoing supports for youth who age out of foster care without being reunited with their families. Since 2003, the Chafee Education and Training Voucher (ETV) Program has offered tuition assistance payments of up to \$5,000 a year to help with the costs of higher education. HHS distributed \$42 million to states in FY 2003 and \$44 million in FY 2004. The funds are available for young people who age out of foster care or were adopted from foster care after their 16th birthday. Funds may be used for tuition, school supplies, computers, and approved living expenses including rent, health care, and child care. Several states, including Alabama, Arkansas, Colorado, Indiana, New York, North Carolina and Ohio, have partnered with the Orphan Foundation of America (OFA), a private non-profit that offers scholarships, financial aid assistance, and mentoring programs for youth aging out to administer their ETV programs and ensure a comprehensive approach to getting youth the help they need. OFA looks at every applicant individually, assessing their tuition needs and the cost of daily living, and each student gets the ETV disbursement that best suits these needs. The OFA also provides three gift boxes a year through the



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Care Package Program and offers group and individualized online mentoring.

In order to successfully transition into self-supporting adulthood, youths need not only systemic supports, but also permanent connections with caring adults. Several jurisdictions have programs underway to enhance such connections. In Roxbury, Massachusetts, the Department of Social Services, in collaboration with Children's Services of Roxbury's Massachusetts Families for Kids program, is working to help adolescents in the foster care system develop lifelong family relationships before aging out of care.¹¹⁷ The youth-driven, strengths-based, and culturally competent program identifies, locates, and consults with individuals willing and able to make a commitment to a teen.

Specialized adolescent recruitment develops potential permanent placement and/or lifelong family ties for youth who do not have permanent connections.

New York City's Administration for Children's Services also has developed a policy aimed at facilitating permanency options for older youth who end up aging out of foster care. The policy seeks to connect every youth on an independent living track with a caring adult willing to serve in a parental capacity. Child welfare workers are trained to identify and reconstruct relationships that adolescents may have had with a caring adult in the past. New York City's policy also restricts the use of independent living as a permanency goal and emphasizes that every child needs permanent family connections.¹¹⁸



Recommendations for Moving Forward

The goal for 2006 must be to keep all children safe in nurturing, permanent families and communities. We must build on what we know about the strengths and needs of children and families in crisis and how to prevent and treat the child abuse and neglect, domestic violence, substance abuse, and mental health problems that threaten children's safety and well-being. Partnerships are needed that link multiple child serving systems, agencies, both formal and informal, and parents, grandparents and other relatives, youth, foster and adoptive families, community and business leaders, faith-based organizations, and advocates for children and families—they all have a role to play. Public child protection agencies, courts and other service providers also must be willing to do business differently. Policy, practice and program activities should be focused on the following:

Promoting community child protection strategies that keep children safe and support families.

Keeping children safe must be everybody's business. Child protection agencies should partner with families and communities and use new strategies that protect children and build on family strengths.

- Provide incentives to states and communities to encourage the use of family and community engagement strategies, such as family support programs, family group decision making, family-to-family and others that recognize the importance of asking parents what they need to protect their children.
- Encourage faith-based organizations to open their facilities to services for children and their parents, pairing members of their congregations with children and families in need of assistance; sponsoring scholarships for children to participate in colleges, universities and special recreation activities; and surveying their members about ways they can offer help to children and their families in the community.

Expanding opportunities for addressing the challenges associated with substance abuse, mental health problems, and domestic violence that bring families and their children to the attention of the child welfare system.

Prevention and specialized treatment can help to keep children in families struggling with substance abuse, mental health problems, and domestic violence out of the system or to get them out more quickly when placement is necessary.

- Make available comprehensive individualized family treatment services that address the needs of parents with alcohol and drug problems and the needs of their children, including offering the after-care services that are central to meaningful recovery.
- Expand opportunities for addressing the mental health needs of young children, youths with serious emotional disturbances, and parents whose mental health problems bring their children to the attention of the child welfare system.
- Take steps to expand community-based treatment services so parents will not be required to relinquish custody of their children to the child welfare system in order to get them the treatment they need.
- Educate children's services and domestic violence service providers, the courts, and law enforcement about the impact of domestic violence on children and the need for appropriate individualized responses and steps to prevent it and minimize its harmful effects.

Moving children in foster care to permanent families through reunification, adoption, subsidized guardianship or other permanent adult connections.

Permanency should be a goal for children throughout their time in care.

- Promote permanency for children when they first come to the attention of the child welfare system, by seeking out extended family when children cannot remain safely with their parents.
- Provide services quickly to ensure timely permanency decisions for children in care.

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- Promote a range of post-permanency services for children who return home, are adopted, or placed permanently with kin to help ensure they do not return to foster care. Include investments to provide mental health and other specialized services for children in permanent placements.
- Assist youth to live independently when they leave care, regardless of their permanency plans. Help expand new supports for young people to address their unmet needs for health care, housing, education, employment, and personal support and permanent adult connections when they leave care.
- Ensure that every state takes advantage of the new federal option to extend Medicaid to youths up to age 21 who were in foster care on their 18th birthday.

Supporting grandparents and other relatives who are caring for children whose parents are unable to do so.

Supports to relative caregivers and their children will help keep families together and prevent children from entering foster care unnecessarily.

- Establish, expand, and support state kinship care navigator programs to provide comprehensive information and support to kinship care families who are struggling to find appropriate resources and to educate service providers about the unique needs of these families.
- Increase state and federal support for subsidized guardianship programs that provide an important permanent alternative for children who exit the child welfare system into the legal guardianship or custody of caring relatives. Ensure that

these families are provided both cash assistance and post-permanency supports when necessary.

- Offer information and technical assistance to community and faith-based organizations, which are often the only providers that relative caregivers are willing to approach for help.

Promoting a quality work force for vulnerable children and families in the child welfare system.

Significant reforms in child welfare require new attention to practice and increased investments in training, supervision, recruitment, retention, and work load reduction, so children can get the individualized services and treatment that are essential to improved outcomes for children.

- Promote training and ongoing professional development for caseworkers and supervisors that will build the competencies necessary to help staff respond appropriately to the needs of children.
- Implement caseload and workload standards that are consistent with national standards established by the Child Welfare League of America and allow staff to respond to the individual needs of children and families.
- Improve the quality of care children receive by offering training to staff from other child serving agencies and programs working with children in the child welfare system, including those addressing substance abuse, mental health, and domestic violence.
- Ensure that child welfare practice is oriented toward a vision of child welfare that promotes the engagement of families and communities and builds on their strengths.



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