Children, Families, and Foster Care: Analysis and Recommendations

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

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

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

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

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

The Current State of Foster Care

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

A Child's Journey Through Foster Care

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

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

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

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

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

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

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

The Child Welfare System

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

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

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

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

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

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

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

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

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

The Push for Reform

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

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

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

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

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

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

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

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

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

Addressing the Needs of Children in Foster Care

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

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

Assessing Developmental and Health Care Needs

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

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

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

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

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

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

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

RECOMMENDATION: Health Assessments

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

Monitoring Developmental Progress

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

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

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

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

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

RECOMMENDATION: Measures of Well-Being

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

Providing Age-Appropriate Care

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

Infants and Toddlers

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

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

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

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

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

Older Children

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

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

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

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

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

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

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

RECOMMENDATION: Specialized Services

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

Providing Culturally Competent Care for Children of Color

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

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

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

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

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

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

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

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

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

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

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

RECOMMENDATION: Cultural Competency

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

Strengthening Families' Ability to Protect and Enhance Development

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

Healing Fragile Birth Families

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

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

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

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

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

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

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

RECOMMENDATION: Services for Birth Families

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

Supporting Nonrelated Foster Families and Kin Caregivers

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

Nonrelated Foster Families

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

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

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

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

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

Kin Caregivers

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

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

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

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

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

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

RECOMMENDATION: Services for Foster Families

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

The Importance of After-Care Services

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

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

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

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

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

RECOMMENDATION: Support to Preserve Permanency

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

Reforming the Child Welfare System

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

Enhancing Accountability

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

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

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

RECOMMENDATION: Enhanced Accountability

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

Improving the Federal Financing Structure for Child Welfare

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

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

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

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

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

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

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

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

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

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

RECOMMENDATION: Flexible Financing

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

Coordinating Services and Integrating Systems

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

Public Assistance

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

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

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

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

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

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

Substance Abuse and Domestic Violence

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

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

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

RECOMMENDATION: Coordinating Services

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

Transforming How Children and Families Experience the System

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

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

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

Rethinking the Role of the Courts

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

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

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

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

Rethinking the Role of Caseworkers

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

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

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

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

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

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

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

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

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

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

RECOMMENDATION: Transforming Frontline Practice

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

Conclusion

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

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

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ENDNOTES

1. Peter D. Hart Research Associates and Public Opinion Strategies. *Results of a national survey of voter attitudes towards foster care.* Washington, DC: Pew Commission on Children in Foster Care, May 7, 2003.
2. Horowitz, S. Judge didn't see report before moving Brianna. *Washington Post.* January 15, 2000, at A1.
3. *St. Petersburg Times.* Newspaper finds children state declared missing. August 12, 2002, at 4B.
4. Polgreen, L., and Worth, R.F. New Jersey couple held in abuse; one son, 19, weighed 45 pounds. *New York Times.* October 27, 2003, at A1.
5. About 60% of child maltreatment victims were found to be neglected by their primary caregiver. U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child maltreatment 2001.* Washington, DC: U.S. Government Printing Office, 2003. Available online at http://www.acf.hhs.gov/programs/cb/publications/cm01/outcover.htm.
6. See note 5, U.S. Department of Health and Human Services.
7. Therapeutic foster care is a family-based treatment program in which specially trained foster families provide care for children with serious emotional and behavioral problems.
8. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. *AFCARS, Report #8.* Washington, DC: U.S. Government Printing Office, March 2003. Available online at http://www.acf.hhs.gov/programs/cb/publications/afcars/report8.htm.
9. Reasonable efforts are not required (but not prohibited) when a court determines that a parent has committed murder, voluntary manslaughter, or felony assault that results in serious bodily injury to his or her child; a parent has subjected the child to aggravated circumstances as defined in state law; or the parental rights to a child's sibling have been involuntarily terminated.
10. See note 8, U.S. Department of Health and Human Services. These children are sometimes referred to as "legal orphans."
11. U.S. Department of Health and Human Services, Administration for Children and Families. *Child welfare outcomes 2000: Annual report to Congress.* Washington, DC: U.S. Government Printing Office, 2003; see also the article by Wulczyn in this journal issue.
12. See note 8, U.S. Department of Health and Human Services; and the article by Wulczyn.
13. The reasons for this decline are complex and largely unknown. One speculation is that the reduction may be a result of the combined effect of rules in the Adoption and Safe Families Act (ASFA) that shortened the amount of time birth parents have to reunify with their children and provided incentives to states for adoptions.
14. In some jurisdictions, court-appointed special advocates are referred to as volunteer guardian ad litums.
15. National CASA Association. *National Court Appointed Special Advocate Association annual report 2002.* Seattle, WA: NCASAA, 2003. Available online at http://casanet.org/download/ncasa_publications/02-ncasaa-annual-report.pdf.
16. Nelson, K. The Child Welfare Response to Youth Violence and Homelessness in The Nineteenth Century. *Child Welfare* (January/February 1995):56–70; and Schene, P. Past, present, and future roles of child protective services. *The Future of Children* (Spring 1998) 8(1):23–38.
17. See note 8, U.S. Department of Health and Human Services.
18. National Center for Youth Law. *Foster care reform litigation docket 2000.* Oakland, CA: NCYL, 2000. Available online at http://www.youthlaw.org/fcrldocket2000.pdf.
19. Malm, K., Bess, R., Leos-Urbel, J., et al. *Running to keep in place: The continuing evolution of our nation's child welfare system.* Occasional paper no. 54. Washington, DC: Urban Institute, October 2001.
20. In New Jersey, for example, the state child welfare agency had been under the leadership of three different directors in three years. See note 19, Malm, et al.
21. See the article by Stukes Chipungu and Bent-Goodley in this journal issue.
22. See the article by Jones Harden in this journal issue.
23. High-risk parent care is defined as children living with single parents with incomes 200% below the federal poverty level. See Kortenkamp, K., and Ehrle, J. *Well-being of children involved with the child welfare system: A national overview.* Washington, DC: Urban Institute, January 2002, p. 2.
24. See note 23, Kortenkamp and Ehrle, p. 3.
25. See note 23, Kortenkamp and Ehrle, p. 3.
26. U.S. General Accounting Office. *Foster care: Health needs of many children are unknown and unmet.* HEHS-95-114. Washington, DC: GAO, May 26, 1995. Available online at http://www.gao.gov/archive/1995/he95114.pdf.
27. See, for example, Magura, S., and Moses, B.S. Outcome measurement in child welfare. *Child Welfare* (1980) 59:595–606.
28. See note 27, Magura and Moses.
29. U.S. General Accounting Office. *Most states are developing statewide information systems, but the reliability of child welfare data could be improved.* GAO-03-809. Washington, DC: GAO, July 2003.
30. Many states have experienced significant delays due to difficulties securing matching funds, staffing shortages, and internal disagreements on design features. Importantly, 41 states reported that the lack of clear, documented guidelines from the Department of Health and Human Services was a major factor in the delays. See note 29, U.S. General Accounting Office.
31. Altshuler, S.J., and Gleeson, J.P. Completing the evaluation triangle for the next century: Measuring child well-being in family foster care. *Child Welfare* (January/February 1999) 78(1):125–47.
32. See the article by Stukes Chipungu and Bent-Goodley.
33. Dicker, S., Gordon, E., and Knitzer, J. *Improving the odds for the healthy development of young children in foster care.* Promoting the Emotional Well-Being of Children and Families Policy Paper No. 2. New York: National Center for Children in Poverty, January 2002.
34. Wulczyn, F., and Hislop, K.B. Babies in foster care. *Zero to Three* (April/May 2002) 22(5):14–15.
35. See note 34, Wulczyn and Hislop.

36. Perry, B.D. Childhood experience and the expressions of genetic potential: What childhood neglect tells us about nature and nurture. *Brain and Mind* (2002) 3:79–100.

37. See note 33, Dicker, et al.

38. See the article by Jones Harden.

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

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

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

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

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

44. See note 11, U.S. Department of Health and Human Services, pp. 13, 18.

45. Wertheimer, R. Youth who 'age out' of foster care: Troubled lives, troubling prospects. Publication #2002-59. Washington, DC: Child Trends, December 2002. Available online at http://www.childtrends.org/PDF/FosterCareRB.pdf.

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

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

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

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

50. See the article by Massinga and Pecora.

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

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

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

54. Zambrana, R.E., and Capello, D. Promoting Latino child and family welfare: Strategies for strengthening the child welfare system. *Children and Youth Services Review* 25(10):755–80.

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

56. Roberts, D. *Shattered bonds: The color of child welfare.* New York: Basic Civitas Books, 2001.

57. Overall, about 41% of the children in foster care come from single-parent households, but this rate may be higher for children of color. See note 23, Kortenkamp and Ehrle.

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

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

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

59. See note 36, Perry.

60. Littell, J., and Schuerman, J. *A synthesis of research on family preservation and family reunification programs.* Chicago: Westat, James Bell Associates, and the Chapin Hall Center for Children at the University of Chicago, May 1995.

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

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

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

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

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

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

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

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

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

70. Urban Institute. *Children in kinship care.* Washington, DC: Urban Institute, October 9, 2003. Available online at http://www.urban.org/UploadedPDF/900661.pdf.

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

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

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

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

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

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

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

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

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

80. See the article by Testa in this journal issue.

81. Festinger, T. *After adoption: A study of placement stability and parents' service needs.* New York: Shirley M. Ehrenkranz School of Social Work, New York University, 1996. Available online at http://childrensrights.org/Policy/policy_resources_adoption_afteradoption.htm.

82. See note 81, Festinger; and Freundlich, M., and Wright, L. *Post-permanency services.* Washington, DC: Casey Family Programs, 2003.

83. Schorr, A.L. The bleak prospect for public child welfare. *Social Service Review* (March 2000) 74(1):124–36.

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

85. Bess, R. *The cost of protecting vulnerable children.* Washington, DC: Urban Institute, November 2002. Available online at http://www.urban.org/UploadedPDF/310586_FactPerspectives.pdf.

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

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

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

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

90. See note 88, Geen.

91. See note 86, Bess, et al.

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

93. See note 88, Geen.

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

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

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

97. See note 92, Billings, et al.

98. See note 92, Billings, et al.

99. See note 92, Billings, et al.

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

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

102. See note 92, Billings, et al.

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

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

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

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

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

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

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

109. See note 56, Roberts.

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

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

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

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

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

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

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

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

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

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

120. See note 19, Malm, et al.