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United States General Accounting Office

Report to Congressional Committees

September 1995

CHILD WELFARE

Complex Needs Strain Capacity to Provide Services

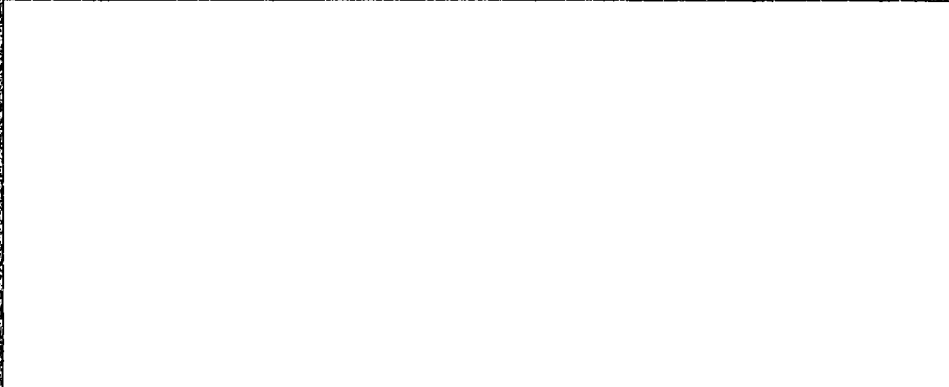


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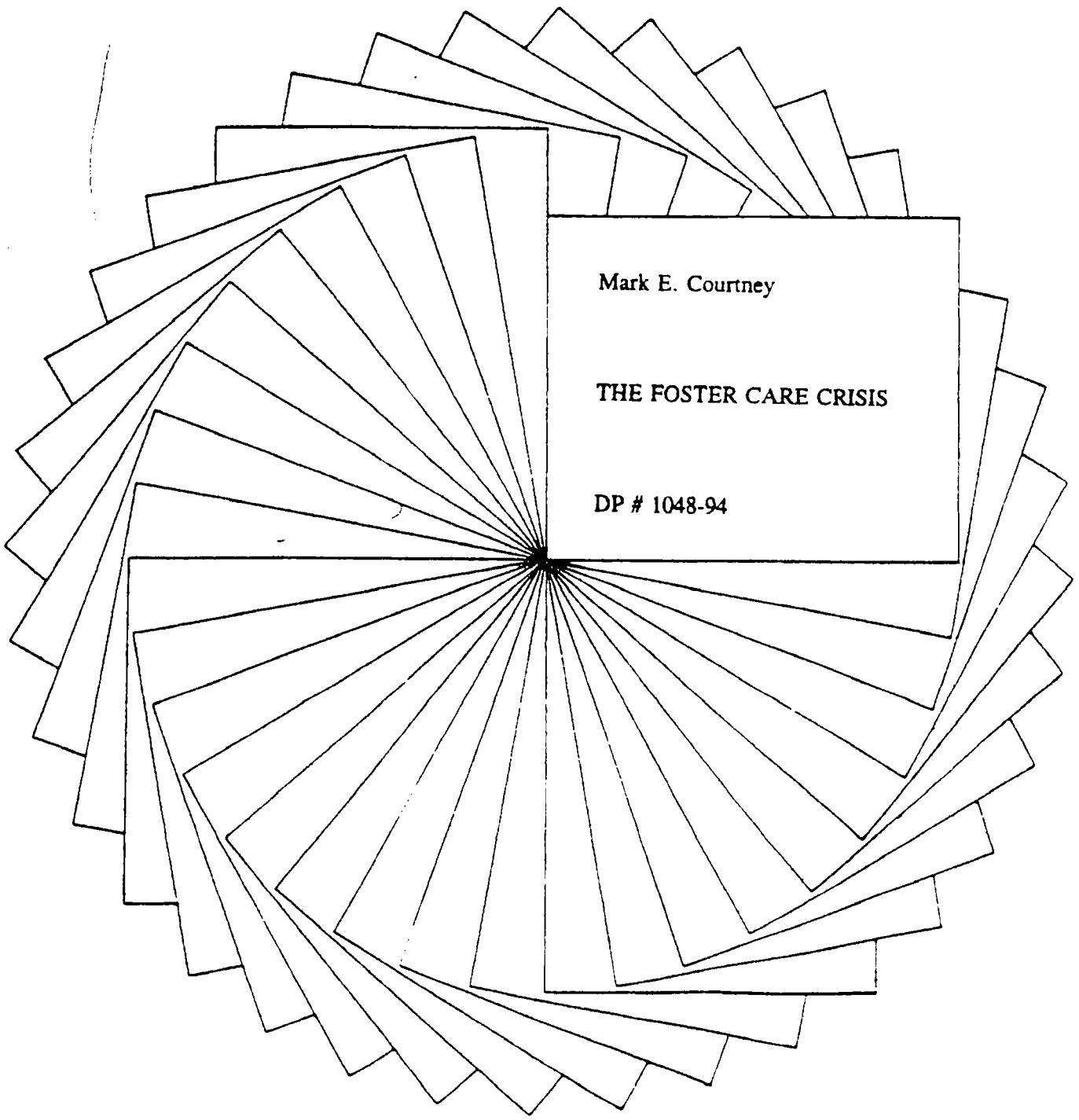
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Institute for Research on Poverty

Discussion Papers



Mark E. Courtney

THE FOSTER CARE CRISIS

DP # 1048-94

The Foster Care Crisis

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Abstract

Foster care is a poorly studied and poorly understood social service program. In particular, foster care has received almost no attention from poverty policy analysts in spite of its growing size and close relationship to the Aid to Families with Dependent Children program. In this article, I describe historical and recent trends in foster care caseloads and costs and suggest that the child welfare services system is in a state of crisis. I describe the current policy framework in child welfare, arguing that it does not hold out much promise for resolving this crisis. Lastly, I argue that it is perilous for politicians and policy analysts to ignore the potential impact of currently discussed welfare reform efforts on the foster care system.

The Foster Care Crisis

In spite of its substantial caseload and the frequent media attention that is drawn to the tragic failures of its young charges, foster care remains a poorly studied and poorly understood social service program. A current case in point concerns the unexamined relationship between foster care and the Aid to Families with Dependent Children (AFDC) program. The makers and analysts of poverty policy have largely ignored the foster care program, even though it is a direct programmatic outgrowth of the AFDC program and about half of the children in care come from families that are eligible for or receiving AFDC. This lack of attention to foster care is a serious and potentially costly oversight. In light of the troubling trends in the foster care caseload, currently discussed attempts at welfare reform may well reap unanticipated—and expensive—consequences.

Federal assistance to help states make maintenance payments for children placed out of their homes by a child welfare agency was first provided in 1961 under the old Aid to Dependent Children (ADC) program (Title IV-A of the Social Security Act), now known as AFDC. The federal role grew out of the recognition that some states were denying ADC payments to children when the determination was made that the child's home was "unfit." The 1961 regulations required that states either continue ADC payments while making efforts to improve the conditions in the home or provide out-of-home care for the child. Federal financial participation was only available for the placement of children who had been receiving ADC in the month preceding foster care placement. Later amendments made the program permanent, made it mandatory for the states, allowed for payments to children in private, not-for-profit institutions, and expanded eligibility to include children from families who were eligible for ADC when the child was removed from the home regardless of whether the family was actually receiving ADC at the time.

Comparisons of the size of the AFDC foster care program relative to its "mother" program, AFDC, provide a strong argument for a better understanding of foster care and its relationship to

overall poverty policy.¹ The number of child recipients of AFDC increased by 29 percent over a recent seven-year period from approximately seven million in 1985 to about nine million in 1992.

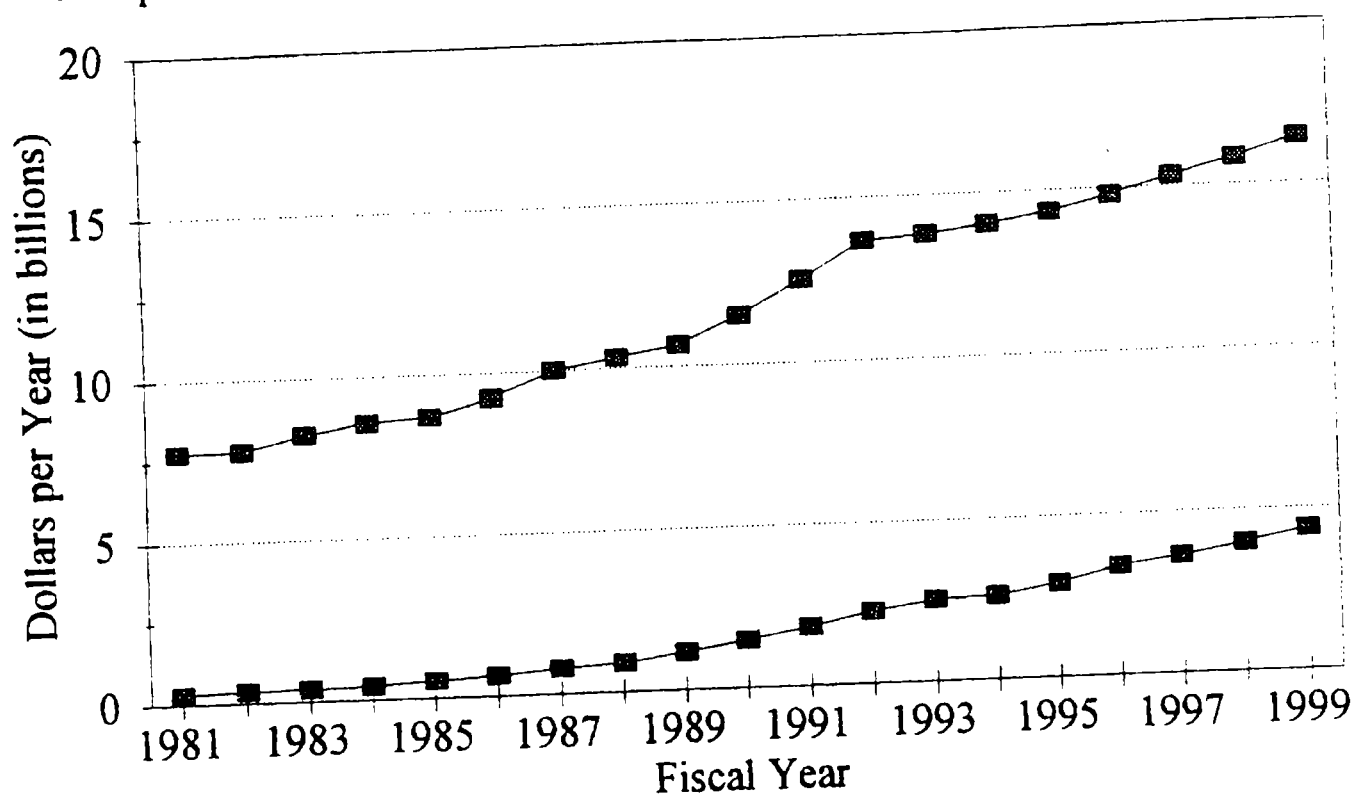
Over the same period of time, the foster care population grew by 60 percent—twice the rate of AFDC growth—from around 276,000 in 1985 to about 442,000 in 1992 (Tatara, 1993).

The relative growth in the federal costs of both programs provides an even more striking contrast (see Figures 1 and 2). Federal expenditures on AFDC benefits and administration grew from \$7.76 billion in 1981 to \$13.79 billion in 1993. In contrast, federal expenditures for foster care maintenance payments and administration leapt from \$309 million to \$2.55 billion over the same period. Under current law, it is estimated that by 1999 federal AFDC expenditures will increase to \$16.43 billion while federal foster care expenditures will grow to \$4.38 billion. Thus, as Figure 2 indicates, although estimated federal spending on AFDC in 1999 will have grown by about 112 percent from 1981 levels, federal foster care spending will have grown by over 1,300 percent! From another perspective, while the ratio of federal AFDC costs over foster care costs was 25 to 1 in 1981, it may well decline to less than 4 to 1 by 1999.

In essence, AFDC foster care is a program whereby the government takes over primary childrearing responsibilities from poor parents based on the assumption that it can and must do better. The numbers presented above imply that soon the federal government will be spending about one-fourth as much attempting to raise the children of poor families as it spends on the primary income support program for poor families.

In considering such changes, it is important to note that these foster care costs are for Title IV-E eligible (i.e., AFDC eligible) children only—about half of all children in foster care. Although there are no reliable national figures on the total cost (including state and local expenditures) of the foster care program, an American Public Welfare Association analysis of thirty-one state child welfare plans in 1990 found that states expected to provide 68.1 percent of foster care maintenance payments

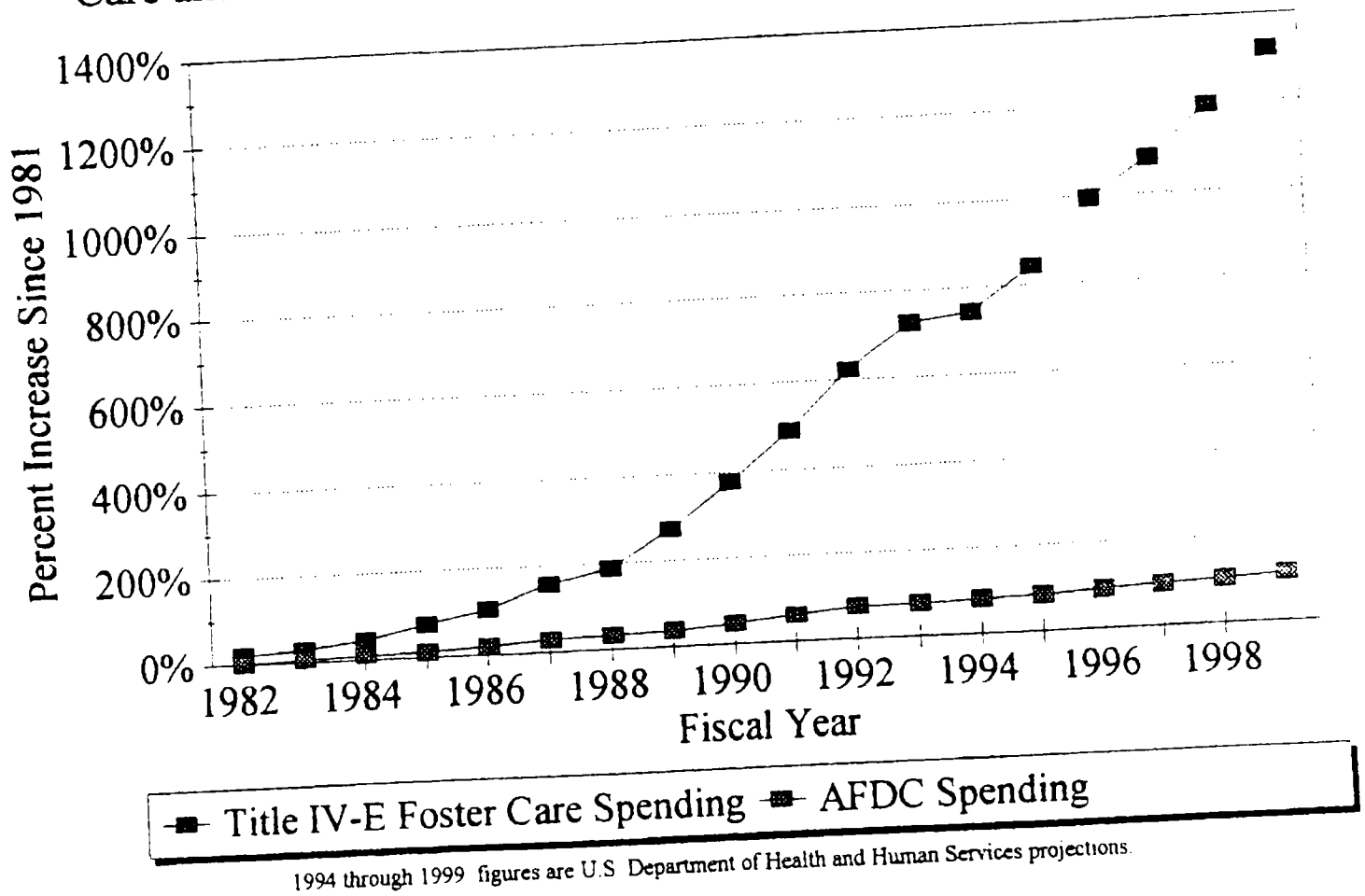
Figure 1: Federal Spending on Title IV-E Foster Care and AFDC Compared, Fiscal Years 1981 to 1999



■ Title IV-E Foster Care Spending ■ AFDC Spending

1994 through 1999 figures are U.S. Department of Health and Human Services projections.

Figure 2: Percentage Growth in Federal Spending on Title IV-E Foster Care and AFDC Compared, Fiscal Years 1982 to 1999



and 57.2 percent of foster care service payments in that year. In contrast, states and localities paid approximately 45 percent of total AFDC expenditures in 1993. Thus, assuming that the federal government continues to pick up about 40 percent of the costs of all foster care spending, including the costs of non-IV-E children, and 55 percent of all AFDC costs, the ratio of total AFDC spending to total foster care spending will likely be closer to 3 to 1 by 1999.

To understand and appreciate the nature of the crisis in foster care underscored by the trends noted above, one must go beyond the growing size of the foster care program and consider the factors contributing to the current foster care caseload, including legislative and judicial elements of child welfare policy. Such an examination leads to two conclusions: (1) it is highly unlikely that foster care caseloads will be reduced or their growth stemmed, given the resources associated with child welfare services and the framework within which policies pertaining to those services are made; and (2) the crisis in the system presents problems for reform of the AFDC program. This paper focuses primarily on the fiscal implications for government of the neglect of foster care.

THE MORASS OF CHILD WELFARE SERVICES: HOW DID WE GET HERE ANYWAY?

The federal government, by design and lack of enforcement of existing child welfare regulations (Ellertson, 1994), allows the states great latitude in the administration of child welfare programs. The consequent variation in foster care programs from one state to another makes difficult any effort to discuss "national" foster care policy. Nevertheless, it is increasingly clear that federal legislation as well as federal and state court decisions has had enormous, if not always planned, impacts on the foster care system. In particular, laws mandating that child abuse be reported and that public agencies respond to such reports, the "permanency planning" movement, and court decisions leading to the growing use of paid foster care by relatives are critically important parts of the context

of the current crisis. The increasingly troubled nature of the clients of the child welfare system also contribute to the crisis.

The Response to Child Abuse and Neglect

The "rediscovery" of child abuse and neglect during the 1960s and early '70s led to federal legislation that has done much to increase the "demand" for foster care. Spurred on by the focus on "the battered child" during that period, state legislatures began to enact laws requiring that child abuse be reported by teachers, doctors, etc. (Antler, 1978; Stein, 1984). By 1974, the Child Abuse Prevention and Treatment Act (CAPTA, Public Law 93-247) was passed by Congress providing federal financial support to states that chose to develop programs for the prevention, identification, and treatment of child abuse and neglect. As part of the law and its revisions, states which receive assistance must enact laws that require various professionals (e.g., teachers, physicians, social workers, psychotherapists) to report suspected incidents of child maltreatment to law enforcement officials.

* Mandated child abuse and neglect reporting has profoundly influenced the foster care system, since these reports must be responded to by child welfare authorities and are the primary means by which children come to the attention of the child welfare system. Since the passage of CAPTA and supporting legislation by the states, the reported prevalence of child abuse and neglect has dramatically increased in the United States and continues to rise, thus contributing to a drastic increase in the demands on child welfare services including foster care (Besharov, 1990; Kamerman & Kahn, 1990). Altogether, reports of child abuse increased 50 percent between 1985 and 1993, approaching 3 million (National Committee to Prevent Child Abuse, 1994). In contrast, about 670,000 reports were filed in 1976 (American Humane Association, 1989).

Permanency Planning

By the late 1970s, interest in finding adoptive homes for hard-to-adopt or "special needs" children in foster care (e.g., ethnic minorities, older children, children with disabilities), along with the perception that many children were being placed inappropriately in foster care or were spending inordinate amounts of time in the system, led to demands for reform of the existing child welfare services system. The primary legislative consequence of this reform movement was the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272).

Public Law 96-272 transferred the foster care program from Title IV-A to a new Title IV-E. The law altered the funding mechanism for foster care by retaining its entitlement status but linking it to Title IV-B (Child Welfare Services) spending in order to encourage states to use their IV-B monies for prevention of out-of-home placement and rehabilitation of families. Prior to this, many states had used much of their Title IV-B funding to help defer state costs of foster care placement. It also created a program of adoption assistance payments to parents who adopt children with special needs.

Public Law 96-272 requires the states to implement a number of programs and procedural reforms in order to obtain maximum federal financial participation in their child welfare programs.

These include:

- a statewide information system and inventory of children in foster care;
- a preplacement preventive services program providing "reasonable efforts" to prevent child placement;
- procedural safeguards regarding child removal and placement;
- a detailed case plan for every child in care;
- standards for care emphasizing placement in a "least restrictive" environment, in close proximity to parents, and with kin when possible;

- judicial or administrative case reviews done every six months and a dispositional hearing within eighteen months of a child's placement; and
- services to reunite children with their families or find another "permanent" placement.

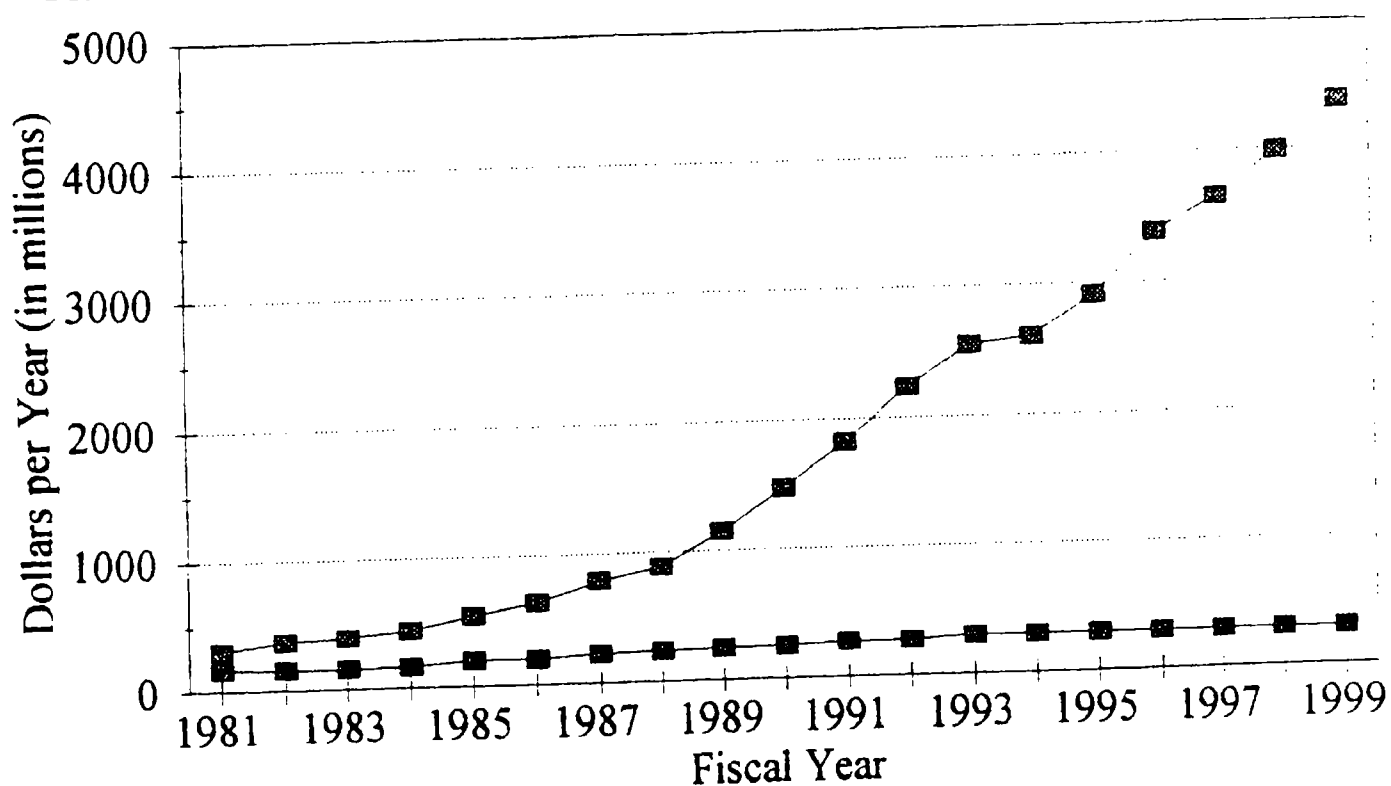
In essence, the focus on "permanency planning" in Public Law 96-272 calls for prompt and decisive action to maintain children in their own homes or place them, as quickly as possible, in permanent homes with other families (preferably guardianship or adoption).

Although the procedural and programmatic requirements associated with permanency planning are based on laudable intentions, in practice they also lead to considerable paperwork and time spent in court on the part of child welfare workers. Crucial to an understanding of the impact of these reforms is that they were put in place just as reports of child abuse—the primary source of "demand" for child welfare services—were beginning to skyrocket. Unfortunately, while foster care spending has grown with the foster care caseload, the funding for casework services under Title IV-B Child Welfare Services has not (see Figure 3). For example, while IV-E spending grew over 700 percent between 1981 and 1993, IV-B spending only increased about 80 percent over the same period, from \$163.4 million in 1981 to an estimated \$294.6 million in 1993. Even after adjusting for inflation, federal foster care spending grew by over 400 percent between 1981 and 1993 while IV-B spending only grew by about 14 percent. Furthermore, although an unknown portion of funds provided by the Title XX social services block grant are spent by the states on child protective services, these funds have declined in real terms since the early 1980s. Thus, after the implementation of CAPTA and P. L. 96-272, the child welfare services system is left providing fewer and poorer services to a much larger and growing clientele (Kamerman & Kahn, 1990; Maluccio & Fein, 1992).

The Changing Characteristics of the Foster Care Caseload

If foster care is intended to be the "life raft" for children who can no longer remain safely at home, then the boat is being swamped, not only by the sheer number of its passengers, but also by

Figure 3: Federal Spending on Title IV-B Child Welfare Services and Title IV-E Foster Care Compared, Fiscal Years 1981 to 1999



■ Title IV-B Spending ■ Title IV-E Spending

1994 through 1999 figures are U.S. Department of Health and Human Services projections.

their numerous and expensive special needs. Various studies have found that up to 60 percent of foster children suffer from moderate to severe mental health problems and that about 40 percent have physical health problems (Halfon, English, Allen, & DeWoody, 1994). The mental and physical health problems of foster children create a significant, although for the most part unquantified, impact on the need for services. For example, a recent study of the utilization of Medi-Cal—California's version of Medicaid—found that foster children are almost ten times more likely to use mental health services and are likely to be hospitalized almost twice as long as other children on Medi-Cal (Halfon, Berkowitz, & Klee, 1990). Thus, while foster children make up only about 4 percent of California children on Medi-Cal, they account for 40 percent of all Medi-Cal mental health expenditures. Furthermore, recent surveys of child welfare agency personnel indicate that alcohol and drug abuse is a serious problem for somewhere between one-third and two-thirds of the families coming into contact with child welfare agencies (Curtis and McCullough, 1993). The problems the clients of the child welfare system bring with them call attention to the fact that the magnitude of the costs associated with the foster care program should not be measured by foster care maintenance payments alone.

The past several years have also seen a significant change in the age distribution of children entering foster care, with new entrants being much younger than entrants in earlier cohorts. According to data from the Multistate Foster Care Data Archive, between 1990 and 1992, infants accounted for nearly 25 percent of all first admissions of children entering foster care in California, Illinois, Michigan, New York, and Texas (Goerge, Wulczyn, & Harden, 1994). In contrast, infants accounted for about 23 percent of all entries between 1987 and 1989 and about 16 percent of entries between 1983 and 1986. In all of these states except Texas, infants are remaining in care considerably longer than children in any other age group, and even in Texas they are staying longer than all but adolescents. The likelihood of these infants being adopted after they spend any significant time in foster care is quite low (Barth, Courtney, Berrick, & Albert, 1994). Thus, the recent rise in

foster care caseloads includes a foster care "baby boom" which will almost inevitably result in a historically unprecedented number of children being raised for virtually their entire childhoods in some form of foster care.

African-American children are particularly likely to wind up in foster care. In 1990, the likelihood that African-American children would be in foster care ranged from three times (Texas) to over ten times (New York) that of Caucasian children (Goerge et al., 1994). The overall foster care prevalence rate in 1990 for African-American children was about 4.4 percent in California and 4.2 percent in New York, the states with the largest foster care populations. Over 5 percent of African-American infants in these two states lived in foster care at any given point in time in 1990.

Of course, an overall point-in-time prevalence rate likely greatly underestimates the proportion of children who will spend some time in foster care over the course of childhood. For example, like other children, many African-Americans born in the past several years who did not enter care in their first year will do so before they reach adulthood, given that about three-quarters of first entries to foster care happen after the age of one. Furthermore, since best estimates indicate that nearly two-thirds of children entering care exit within three years (Goerge et al., 1994) and fewer than one-quarter of these reenter care (Courtney, in press; Wulczyn, 1991), prevalence rates for older children are not exclusively, or even largely, a function of infants or other young children staying in the system indefinitely. Thus, although an accurate estimate is not possible at this time, current numbers suggest that by the end of adolescence a large proportion of African-American children in at least some of our largest states, if not across the country, will have spent some time in foster care.

Kinship Care

Landmark federal legislation and the myriad problems facing America's children are not the only contributors to the current face of foster care. The relatively recent development of paid foster care by relatives of court dependents—kinship care—has resulted in a drastic and rapid change in the

types of settings in which foster children are likely to grow up. For example, while in the early 1980s placements with kin accounted for fewer than 10 percent of foster care placements in such large states as California, Illinois, and New York, by the end of the decade they accounted for about half of all placements (Courtney, 1994; Goerge et al., 1994; Goerge, 1990; Wulczyn & Goerge, 1992).

Early evidence indicates that the shift towards kinship care is having a major impact on permanency outcomes for children entering foster care, including slower family reunification rates and lower adoption rates (Barth, Courtney et al., 1994; Courtney, 1994; Goerge, 1990; Thornton, 1991). In other words, children entering kinship care are more likely than children placed in foster family homes or group care to remain in the foster care system for a long period of time, if not indefinitely. Even if child welfare authorities wished to alter this trend, it would be very difficult, given that the number of non-kinship foster family homes in this country declined from about 147,000 in 1984 to 100,000 in 1990 (National Commission on Family Foster Care, 1991).

What are the reasons for the phenomenal growth of kinship care? Various states, localities, and individual social workers and judges have no doubt contributed to this trend in ways that cannot be easily observed, let alone described, given the decentralized nature of child welfare services. However, certain factors other than the obvious lack of other placement options in the face of growing substitute care caseloads appear to have played a major role.

In response to P.L. 96-272, current permanency planning philosophy in child welfare places emphasis on keeping children "with family" even when they are removed from the home of their birth parents. This is particularly important when the permanency plan is for the child to be returned home to the birth family, which is the case for the vast majority of children entering the foster care system. Common sense suggests that a stay with a relative is likely to be less traumatic for a child removed from parental care than placement with unfamiliar foster parents or group care providers. In addition, it is also possible that the option of paying kin to care for a child, as opposed to having to

find an appropriate foster home, makes the difficult decision to remove a child from home easier for social workers and judges.

Anecdotal and some empirical evidence suggests that child welfare workers believe that because the child is still living with family, placement with kin reduces the need to provide reasonable efforts to return children to their biological families (Barth, Berrick, & Needell, 1994; Iglehart, 1994). Presumably, the ability to find kin to take a child frees up time for social workers to spend on casework activities related to other clients on their normally large and demanding caseloads. If this relative lack of attention to kinship care is true, it may contribute to the slower rate of family reunification for children placed with relatives.

Though the emphasis in P.L. 96-272 on finding the most family-like and least restrictive placement for foster children helps to make kin an attractive placement resource, judicial rulings at the federal and state level have probably contributed most to the impetus to place children with kin by providing equitable financial support to relative caregivers (Gleeson & Craig, 1994). In particular, the ruling by the U.S. Supreme Court in Miller v. Youakim (1979) opened the way for kinship care by requiring that relatives not be excluded from the definition of foster parents eligible for federal foster care benefits. If a child considered for out-of-home placement comes from a birth-parent's home that is AFDC eligible, relative caregivers are eligible for the same reimbursement provided to non-kin foster parents, as long as the kin can meet state standards for foster care. Relatives who care for children placed by court order who do not come from an AFDC-eligible family are eligible only for AFDC payments, rather than AFDC foster care payments. In practice, numerous states have established more lenient standards for the approval of relative foster care homes than for non-kin foster homes, and at least sixteen states reimburse kin at the same rate as other foster care providers regardless of whether the child in care is AFDC eligible (Gleeson & Craig, 1994).

The argument over the provision of foster care payments to relatives is understandable given the differences between AFDC and foster care reimbursement practices. States set their own foster care rates. Comparisons between AFDC and foster care rates are complicated by the fact that states generally vary their foster care payments according to the age of the child, but by any measure AFDC per capita payment rates are generally not as high as foster care boarding rates. For example, the median AFDC payment for one person was \$212 in 1993, while the median foster care payment for a child of nine (the midpoint of foster care rates nationally) was \$318. At \$294, even the median AFDC rate for a family of two—an amount intended to support two people—was slightly less than the foster care rate for one.

Similar to AFDC, foster care rates ranged widely between states from a low of \$161 for a child of two in West Virginia to \$621 for a youth of sixteen in Alaska. Even so, the lowest foster care rate paid nationally was significantly higher than the \$60 Mississippi paid for one person on AFDC, and the highest rate was greater than the maximum AFDC rate of \$504 paid by the State of Alaska.

In addition to being greater than AFDC rates, foster care rates are proportional to the number of children placed (i.e., two children of the same age will generate twice the foster care rate of one), while AFDC per-capita payment rates decrease with increased family size. Thus, the larger the number of children in a family, the greater the difference between the amount of money the family may receive from AFDC and the amount it may receive in foster care reimbursement.

The decision to make foster care reimbursement the same for kin and non-kin foster families can be easily justified on the grounds of equity. Why should the state pay "strangers" more than kin to care for a child in need? Indeed, it is hard to envision a child welfare system consistent with our cultural or "family" values that did not support the ability of the extended kin network to care for children in a time of family crisis.

At the same time, current funding arrangements may provide a perverse financial incentive for AFDC families to have children placed in kinship care, since the higher foster care rates usually represent a net financial gain for the extended family. This financial incentive can be quite large when there are two or more children involved.

The Clothes Have No Emperor and Are Not Likely to Find One Soon

Existing child welfare policy reflects frequently conflicting values and a lack of political will. CAPTA acknowledges our desire to enlist nearly all adults who have meaningful contact with children in the project of protecting all children from child maltreatment. Unfortunately, one of its main effects given current resources is to lay at the steps of the child protective services office a mountain of child abuse reports too large for adequate response. Nevertheless, mandatory reporting creates an entree to foster care for ever growing numbers of children. CAPTA largely reflects the American tradition of "child saving," but not family preservation.

In contrast, the 1980 legislation of P.L. 96-272 and court decisions supporting its implementation are also concerned with protecting children, but emphasize a commitment to keep a child "in the family." In the absence of resources adequate to provide any meaningful help to the overwhelming number of families coming to their attention, child welfare authorities are forced to engage in a process of triage. Agencies increasingly decline help to a growing proportion of families being reported for child abuse and neglect (Kamerman & Kahn, 1990), and shuttle an increasing number of children to kin with little provision of supportive or permanency planning services.

Further complicating the problems cited above is an apparent lack of political will to reform the child welfare system. This is manifested in the scant attention paid to the system's current predicament and the unwillingness of federal and state governments to allocate sufficient resources to allow child welfare personnel to do their jobs. While the inclusion of \$1 billion over five years in the Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66) for funding of an array of family

preservation and family support services is laudable, this is only a drop in the bucket, unlikely to have a sizable impact on the growth of troubled families and the demand for foster care. One need only consider that the federal government will spend over \$16 billion over the same period on foster care to appreciate that the family preservation and support initiative does not represent a significant fiscal commitment to supporting families and preventing out-of-home care.

It is hard to see how the child welfare system will cope with the growing foster care crisis in the absence of both a serious attempt to reconcile existing contradictions in child welfare policy and the emergence of a political commitment to allocate the resources necessary to implement such policy changes. Of course, the lack of rigorous program evaluation research in the area of child welfare services—partly a function of minimal federal funding—leaves policymakers and administrators with little concrete guidance as to what to do even if funds were forthcoming (Curtis, 1994).

It may be that it is not even possible to reform the child welfare system within the context of our residual approach to supporting families and children (Pelton, 1989; Lindsey, 1993). We as a society have a long tradition of coming to the aid of families only when parents have "failed" in some significant way to care adequately for their children. Even then we do so grudgingly, and our efforts are feeble at best. As long as this is our approach, it is likely that we will find ourselves paying "strangers," or even more ironically, kin, much more to care for children than we will pay to support parents to care for their own.

WELFARE REFORM AND FOSTER CARE

As mentioned above, federal foster care expenditures should approximate one-quarter of federal AFDC expenditures by 1999, and the total costs nationally (i.e., federal, state, and local expenditures) of the program may be more than one-third as great as the total costs of AFDC by that time. It is quite likely that one of the most popular current public policy initiatives, "welfare

reform," will further accelerate foster care expenditures, particularly if reform results in the reduction or elimination of benefits for poor single mothers. The vast majority of children entering foster care come from single-parent homes, and nearly half are from AFDC-eligible homes. Given the greater costs of foster care per child relative to the costs of AFDC per child, it should be clear that it will not take a very large shift of the AFDC child caseload onto the foster care caseload to threaten financial savings that the government might hope to accrue through reform efforts.

For example, what will be the net fiscal impact of one of the most popular reforms, "two years and you're out," when foster care is factored into the equation? Although there is no way to know for sure given the poor state of current knowledge, the trends described above should give pause. Poverty is the best predictor of child neglect, as well as a strong predictor of other forms of child maltreatment (Jones and McCurdy, 1992; Pelton & Milner, 1994; Sedlak, 1993). Most children placed in foster care today are there because of neglect or parental incapacity (e.g., chronic substance abuse) rather than physical or sexual abuse. Thus, many of the families who are most likely to be unable or unwilling to find work after two years of education and training are, by and large, the types of families already considered at relatively high risk of neglecting or abusing their children. Many of their children are likely to end up in foster family care or group care at much greater cost to the public than existing welfare programs.

The expansion of work requirements in the absence of the provision of adequate child care could also contribute to a movement of children from AFDC to foster care. Many current AFDC recipients do not work because they are barely able to adequately care for their children while devoting all of their time to child care. Many may end up neglecting their children to the point of endangerment when they are forced to work. In such cases it is arguably the state, rather than the parent, that is engaged in child neglect.

In the absence of significant legislative or judicial action regarding the status of kinship care, current incentives also make it likely that a large number of children from families which fare poorly under reform efforts will simply end up with extended family, at a much greater cost than AFDC. In particular, efforts to coerce single unwed mothers who are minors into living with an adult relative may contribute to pushing up the numbers of children in kinship care. "Reform" of kinship care, like reform of AFDC, is also easier said than done. Attempts to limit the growth of kinship care fly in the face of society's commitment to keep children with family, and restrict placement options for social workers to even more expensive alternatives.

Needless to say, hard-line approaches to welfare reform such as the elimination of AFDC benefits for young unmarried mothers and the placement of children in orphanages are likely to result in even more serious cost externalities than those mentioned above. It is hard to see how advocates of such ideas have given any thought whatsoever to the potential foster care costs of such actions. Even a small increase in the number of children in congregate care facilities—services which generally range in cost from \$2,000 to \$6,000 per month—could significantly offset any fiscal windfall resulting from a reduction in AFDC. This is to say nothing of the fact that institutional care of very young children—the bulk of the AFDC caseload—has been considered anathema to healthy child development for many years, even among the staunchest advocates for children's institutions.

In fact, it bears repeating that my analysis has focused almost exclusively on the fiscal implications of the foster care crisis and its relationship to welfare reform. Needless to say, this focus neglects monumental and still unanswered questions about the well-being of nearly one-half million children at any point in time: children that we as a society presume to be better able to raise than their parents can.

CONCLUSION

The growth of the number of children in foster care, the magnitude of the difficulties they bring with them into care, and the rapidly rising cost of their care should have already drawn significant attention to the crisis in the child welfare system. This has not happened. It is usually the case that the cost of a government program bears little relationship to the public or political attention it garners: witness the never-ending uproar about the relatively inexpensive AFDC program.² Perhaps the perilous relationship between foster care and its more "glamorous" forebear AFDC will finally awaken the makers and analysts of public policy to the importance of a better understanding of the foster care crisis. All other considerations aside, the ongoing debate over welfare reform must include a serious consideration of the impact of such policy and program changes on the foster care system and its clients. Furthermore, evaluations of welfare reform efforts should be required to take into account the probable impact on foster care caseloads and weigh these costs against possible benefits. Policy analysts have too long neglected the importance of foster care as a de facto poverty program. If we continue to do so during this period of public debate about the future of public assistance, we are only asking for a rude awakening at a later date.

Endnotes

¹Unless otherwise noted, data on the AFDC and child welfare services programs, including foster care, come from U.S. House of Representatives (1994).

²The AFDC, Supplemental Security Income, and Food Stamp programs combined represented .7 percent of gross domestic product and approximately 3.2 percent of the federal budget in 1990 (U.S. House of Representatives, 1994).

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APWA

American Public Welfare Association
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Washington, DC 20002-4267

FAX TRANSMITTAL COVER SHEET**Fax: (202) 289-6555**

To: Andy Tomlinson
From: Theresa Finchio
Re: Foster Care Rates
Date: 7-18-96
Number of pages including this one: 6

If you do not receive this entire document or have any other problems, call _____
at (202) 682-0100 Ext. _____.

Lyn-

Do you want me to hold onto
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or what?

Some will cost \$1, unless they
are in the library (CDF book, etc.)

Do we have the Green Book?
(or does somebody)



APWA's 1994 Survey of Foster Care Maintenance Rates

Background

APWA began surveying state child welfare agencies in 1986 to collect information on the basic foster care maintenance payment rates for family foster care providers. The first survey proved so useful to state administrators and advocates in documenting progress in increasing payment rates and allowing states to compare their own rates with those of other states that APWA's National Council of State Human Service Administrators recommended that APWA conduct the survey annually. In recent years, the survey has also explored policies and practices regarding the use of relatives as foster care providers. The purpose of this article is to report the results of the *1994 Survey of States*.

The information furnished by this survey has been used to track basic foster care maintenance rates as well as to support efforts to increase payments to foster families. Family foster care is an integral component of the broad array of child welfare services for providing abused and neglected children with the protection, services, and supportive environment necessary for their health and well-being. The number of children entering the child welfare system continues to increase each year. According to the APWA Voluntary Cooperative Information System (VCIS), the preliminary estimate of the total number of children in out-of-home care on the last day of FY 93 was 445,000, as compared to the 273,000 children estimated to be in care at the start of FY 86 when this study began.

While the number of children in out-of-home care continues to rise, agencies report the ongoing challenge of recruiting and retaining foster families to provide temporary care to children in crisis. The issue of inadequate foster care maintenance payments has often been cited as a reason for the insufficient number of foster parents available to meet the continuing demand for children needing out-of-home care. While maintenance payments to foster families represent only one component of the variety of supports provided to foster families, they do indicate a level of state commitment to children in need and the foster families that provide a healthy and safe environment for these children. Maintenance payments and the use of relatives as providers are two elements that child welfare agencies are addressing as they continue to work to improve and enhance services to children and families through a variety of innovative initiatives.

The survey was sent in December 1994 to child welfare administrators in all 50 states, the District of Columbia, Guam,

Puerto Rico, and the Virgin Islands. The survey questions were designed to reflect data collected in previous years. The questions were divided into two sections: basic foster care maintenance rates and relative foster care. For the purposes of reporting survey responses in this article, the District of Columbia and the territories are hereafter referred to as states.

Basic Maintenance Rates

Family foster care maintenance payments are intended to cover the cost of food, clothing and shelter, daily supervision, school supplies, general incidentals, liability insurance for the child, and reasonable travel to the child's home for visits. States are required to provide foster care maintenance payments to all children eligible under Title IV-E of the Social Security Act who are the responsibility of specified public agencies. That is, children removed from the home of a relative if the child received or would have been eligible for AFDC prior to removal from the home. Maintenance payments are also provided for non-IV-E children and children removed from the home through a voluntary placement agreement. It also includes children removed from the home through a judicial determination that remaining in the home would be contrary to the child's welfare and reasonable efforts were made to eliminate the need for removal or to return the child to his or her home.

The basic monthly family foster care rates paid by the states shown in Table 1 are those paid for family foster care and differ from rates paid to institutions or for group-congregate care. The family foster care rates collected from the survey are only generally comparable due to variations in the administrative structures of the states. In states with state supervised-county administered services, states set the basic or maximum state reimbursement for foster care maintenance rates and counties supplement or match the state payments. One state, for example, does not reimburse foster care based on age, but rather reimburses based on each child's level of need. It is also important to note that the basic maintenance rate as it appears in this survey *does not* always reflect the actual payment made for the care of the child. Most states or counties supplement these rates with additional payments. Although the basic maintenance rates provided do not reflect the actual payments made by states and counties to foster families, these rates are important in that they provide a benchmark from which to measure progress.

Table 1 compares the monthly basic maintenance rates

paid by states for children age 2, 9, and 16 in 1994 with those paid in 1992 and 1993. The national average monthly maintenance payment in 1994 was \$329 for 2 year olds, \$350 for 9 year olds, and \$407 for 16 year olds.

When comparing the 1994 basic maintenance rates with 1993 basic maintenance rates, the following was observed:

- Rates for 2 year olds: 22 states reported increases, 25 states' basic rates remained the same, and 5 states reported basic rates that decreased.
- Rates for 9 year olds: 22 states reported increases, 25 states' basic rates remained the same, and 5 states reported basic rates that decreased.
- Rates for 16 year olds: 23 states reported increases, 24 states' basic rates remained the same, and 5 states reported basic rates that decreased.

The rate of increase in the 1994 national average monthly rate from 1993 was 2.5 percent for 2 year olds, 3.2 percent for 9 year olds, and 3.3 percent for 16 year olds.

According to the survey results, 45 states supplement these basic maintenance rates based on a child's special needs or particular items. Of those states, 34 provide supplements for clothing, 33 for respite care, 32 for level of need, 31 for transportation, 27 for day care, and 12 for educational expenses. In addition to these supplements, many states provide other supplements such as infant equipment, medical care not covered by Medicaid, formula, and other special dietary needs. Counties in 14 states supplement state foster care rates.

Relative Foster Care

The increase in children requiring out-of-home care and a lack of foster care providers to meet this need have contributed to a significant rise in relative care placements. States continue to develop policies and procedures in response. Although there has been no guidance from the federal government regarding appropriate use of relatives as caregivers, more than half the states currently require child welfare staff to consider relatives as the preferable placement for a child before considering a nonrelative care placement. While such placements have been increasing, there are limited national data available concerning the demographics, characteristics, service needs, and outcomes for children in relative foster care.

The second part of the APWA 1994 survey focuses on

relative foster care and is intended to provide an update to information collected by last year's survey questions on relative foster care. States were asked to respond to the following questions:

- What is the number of children under state responsibility known to be in relative and nonrelative foster care in your state as of December 31, 1992, 1993, and 1994?
- What source of funding does your state use to financially support relative foster homes caring for children under the legal responsibility of the state?
- Has there been a significant change (or pending change) in policy in your state in the past three years regarding relative foster care?
- Does your state have specialized services to support children and family members involved in relative foster care? Does your state provide special training to workers, foster parents, or biological (origin) families specific to relative care issues? Does your state human service agency have a relationship with family court to establish safety of the child?

States were also invited to add any additional information regarding relative foster care services that they would like to share with other states.

With respect to the number of children under state responsibility known to be in relative and nonrelative foster care in each state as of December 1992, 1993, and 1994, many states were unable to provide this information, particularly as it pertained to licensed and nonlicensed relative foster care. Most of the states that provided a reason for their inability to furnish this information indicated that their information systems were unable to provide the data. One state mentioned it does not distinguish between licensed and nonlicensed relative care and another state said it does not separate licensed relative foster care from nonrelative foster care.

Twenty-three states were able to provide data for at least one year on the number of children in *nonlicensed relative* foster care. For the 20 states able to provide comparative data for both 1993 and 1994,

- 14 states reported an increase, and
- 4 states reported a decrease.

Two states reported that the number of children in nonlicensed relative care was zero for both 1993 and 1994. It is

probable that for some states not answering this question, the number of children in nonlicensed relative care is zero as well.

As for the number of children in *licensed relative* foster care, 22 states were able to provide data for at least one year. Of those able to provide data for 1993 and 1994 (18 states),

- 13 states reported an increase, and
- 5 states reported a decrease.

Thirty-three states provided data for at least one year on the number of children in *licensed nonrelative* foster care. Of those reporting data for 1993 and 1994 (27 states),

- 18 states reported an increase, and
- 9 states reported a decrease.

These numbers were provided either as a cumulative total for the year or as of a "point in time."

States were asked to indicate the source of funding used by their state to financially support licensed and unlicensed relative foster homes caring for children under the legal responsibility of the state. Most states use a combination of sources for funding. With respect to funding sources for *licensed relative* foster homes, 46 states responded to the question. Of these 46 respondents,

- all use federal Title IV-E subsidized foster care program as a source of funding for licensed relative foster homes, except the Virgin Islands, which is not eligible for IV-E funds;
- 37 of the states use the state-funded foster care program (non-IV-E eligible);
- 21 states use AFDC (IV-A) Emergency Assistance funds;
- 10 states use the AFDC (IV-A) benefit level; and
- 1 state indicated it uses a special relative care rate.

As for funding sources for *nonlicensed relative* foster homes, 33 states provided information.

- 28 states use AFDC (IV-A) benefits.
- 15 use AFDC (IV-A) Emergency Assistance funds.
- 8 states use their state-funded foster care program.
- 5 states reported they use the federal Title IV-E foster care program.
- 2 states use a special relative care rate program.

Several states indicated that relative foster homes must be licensed in order to be reimbursed.

In response to the question of an explicit policy regarding the use of relatives for foster care, 43 states indicated that they did indeed have such a policy, while three specifically indicated they did not. Although the survey did not ask what the particular policy was, a few states volunteered this information. Two states indicated that their state looks to relatives first for consideration when making placements. Two states require assessment/certification of the relative's home in the event of placement. When asked if there has been a significant change in state policy regarding relative foster care in the past three years, 13 states said yes, 10 states had pending changes, and 27 had no significant changes.

Policy developments in the states covered a range of issues. One state reported that, based on a state Supreme Court decision, it is required to provide all children under the placement responsibility of the state a payment equal to the foster board payment. The intent of this order is to assure that children are treated equally regardless of relative versus non-relative placement. One state enacted legislation that allows the court to authorize relatives providing long-term foster care the same legal consent authority as the custodial parents for the child's medical care and education. Another state requires its counties to use Title IV-E foster care for children in relative care rather than the smaller AFDC payment, and also requires relatives to have the same training as nonrelative foster parents. One state is seeking ways to expand kinship care to include nonrelatives with whom a child has a significant relationship. In another state, all certified grandparents can receive a maintenance payment regardless of whether the child is eligible for Title IV-E. Another state indicated it waives certain foster care licensing requirements for relative caretakers such as the number of beds, limits on the number of children, and training hours required.

The survey asked a series of questions regarding certain services and training. Ten states indicated they provide specialized services to support children and family members involved in relative foster care; 39 said they did not offer such services. Eleven states said they provide special training to workers on issues unique to relative care, while 37 indicated they did not provide such training. Eleven states said they have foster parent training specific to relative care, and 39 indicated they did not. Forty-six states denoted that they provide services to biological (origin) families in cases of relative foster care, while three

STATE	AGE 2			AGE 9			AGE 16		
	1992	1993	1994	1992	1993	1994	1992	1993	1994
Alabama	199	205	205	222	229	229	234	241	241
Alaska	588	588	588	523	523	523	621	621	621
Arizona	295	295	297	284	284	286	362	362	365
Arkansas	300	300	300	325	325	325	375	375	375
California	345	345	345	400	400	400	484	484	484
Colorado	302	313	319	302	313	319	359	372	379
Connecticut	497	515	567	506	524	586	572	593	637
Delaware	301	301	342	304	304	342	391	391	440
District of Columbia	304	437	431	304	437	431	361	526	519
Florida	296	296	296	296	296	296	372	372	372
Georgia	300	300	300	300	300	300	300	300	300
Hawaii	529	529	529	529	529	529	529	529	529
Idaho	198	198	228	205	205	250	278	278	338
Illinois	295	311	322	329	346	358	358	377	390
Indiana	405	405	405	462	462	462	518	518	518
Iowa	258	308	328	289	322	342	356	382	405
Kansas	305	304	205	305	304	277	386	386	351
Kentucky	263	263	263	285	285	285	330	330	330
Louisiana	283	298	298	316	331	331	349	364	364
Maine	296	296	296	304	304	304	353	353	353
Maryland	535	535	535	535	535	535	560	550	550
Massachusetts	410	415	410	410	415	410	486	492	486
Michigan	354	354	383	354	354	383	442	442	454
Minnesota	358	377	377	358	377	377	464	487	487
Mississippi	175	175	175	205	205	205	250	250	250
Missouri	212	212	212	259	259	259	286	286	286
Montana	318	322	330	318	322	330	402	406	416
Nebraska	326	326	326	393	394	394	463	461	461
Nevada	281	281	281	281	281	281	337	337	337
New Hampshire	200	324	314	251	354	342	354	418	404
New Jersey	256	264	272	272	280	288	320	320	340
New Mexico	258	258	308	270	270	341	281	281	367
New York	353	367	367	424	441	441	490	510	510
New York City	386	401	401	455	473	473	526	547	547
North Carolina	265	265	315	265	265	365	265	265	415
North Dakota	260	265	265	312	318	318	416	424	424
Ohio	297	381	413	342	381	413	381	381	413
Oklahoma	300	300	300	360	360	360	420	420	420
Oregon	295	305	315	306	317	327	378	391	404
Pennsylvania	330	306	315	392	357	368	450	459	473
Rhode Island	270	273	279	270	273	279	330	334	341
South Carolina	182	182	212	209	209	239	275	275	305
South Dakota	237	251	259	291	308	317	349	370	382
Tennessee	225	336	336	226	262	262	267	385	385
Texas	554	476	476	554	476	476	554	476	476
Utah	300	310	300	300	310	300	300	310	300
Vermont	321	321	416	321	321	416	397	386	504
Virginia	246	251	256	288	294	300	365	372	379
Virgin Islands	315	315	315	315	315	315	315	315	315
Washington	278	278	292	342	342	359	405	405	425
West Virginia	161	161	161	202	202	202	242	242	242
Wisconsin	231	240	276	257	267	301	324	337	361
Wyoming	400	400	400	400	400	400	400	400	400
Average Monthly Rates	310	321	329	331	339	350	385	394	407

Note: Figures are rounded to the nearest dollar. Most states and/or counties supplement these basic rates with additional payments. Published by the American Public Welfare Association, June 1995. All rights reserved.

indicated they did not. Several states mentioned that relatives providing foster care receive the same services as nonrelative foster families. In addition, states were asked about their relationship with family court to establish the safety of the child. Thirty-two states indicated that their state human service agency has such a relationship, while eight states indicated that their agency did not. As states continue to utilize relatives for foster care, they are learning more about the particular needs of children and relatives associated with this kind of care and are developing policies and programs to address them.

Foster care maintenance payments continue to be an important means for ensuring that abused and neglected children are provided with a safe and nurturing environment, whether they are placed with relatives or with other substitute care providers. These payments may be affected by federal and state proposals that could alter the funding streams for public child welfare programs. The current legislative environment provides an opportunity for states to examine how foster care and other child welfare programs are designed and how these services may be integrated with a broader range of human service programs.

Outlook

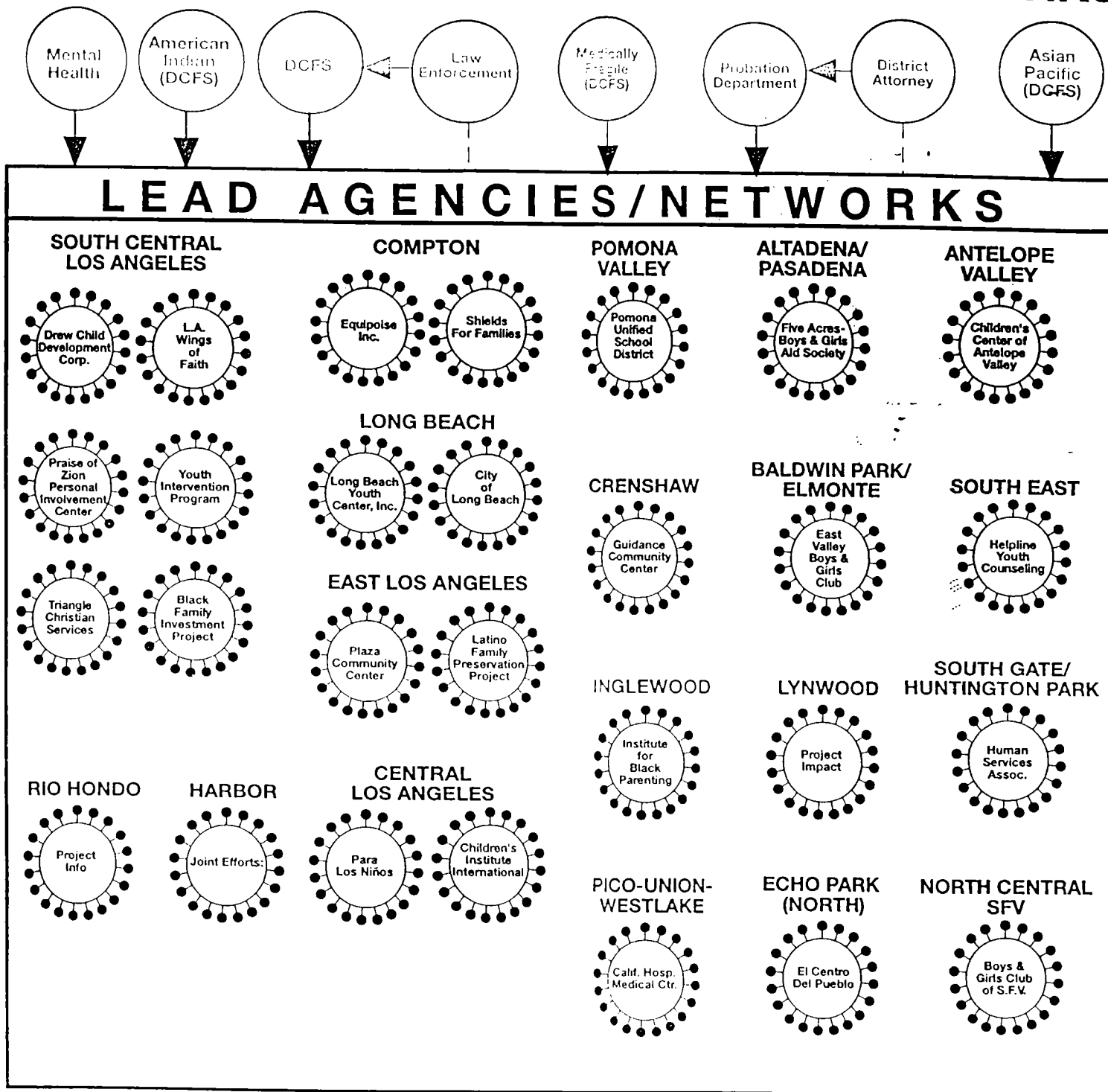
Congress is currently considering legislative proposals to block grant funding for federal welfare programs to the states. With respect to child welfare, the House-passed bill, the Personal Responsibility Act, combines 22 current federal child welfare and child abuse programs into a single child protection block grant. The bill passed by the Senate Finance Committee, the Family Self-Sufficiency Act, maintains as current law the child welfare programs under the committee's jurisdiction—Title IV-B and IV-E. At press time, the Senate bill was awaiting action on the Senate floor. It remained unclear whether child welfare funding would be included as a block grant and if the entitlement for foster care would be maintained in the final legislative package. Regardless of whether child welfare funding is included as a block grant, these proposals have the potential for presenting significant opportunities for and challenges to child welfare programs and personnel. Welfare reform bills that block grant AFDC and emergency assistance could have an impact on child welfare. As this survey indicated, AFDC funding, including cash benefits and emergency funds, are used by many states to support child welfare activities. With these changes in the pipeline, states will need to continue developing innovative programs and services to meet these and the future challenges before them.

—Melissa Baker and Theresa Finchio

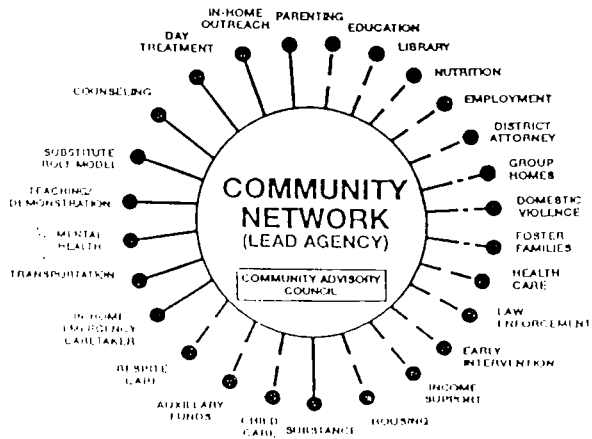
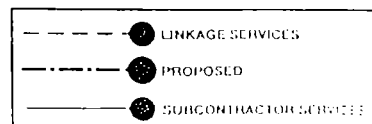
IN COMING ISSUES OF THE W-MEMO:

- Information Systems and Block Grants
- Comparison of Senate and House Child Support Proposals
- Medicaid Reform Update
- Seven-year Balanced Budget Plan

COMMUNITY FAMILY PRESERVATION NETWORKS



COMMUNITY NETWORK MODEL
(Services Provided)





University of California, Berkeley

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The Importance of Legal Permanency for Children

Richard P. Barth, Ph.D.
Hutto Patterson Professor

Presented at

The 1996 Annual Conference on Legal Permanency

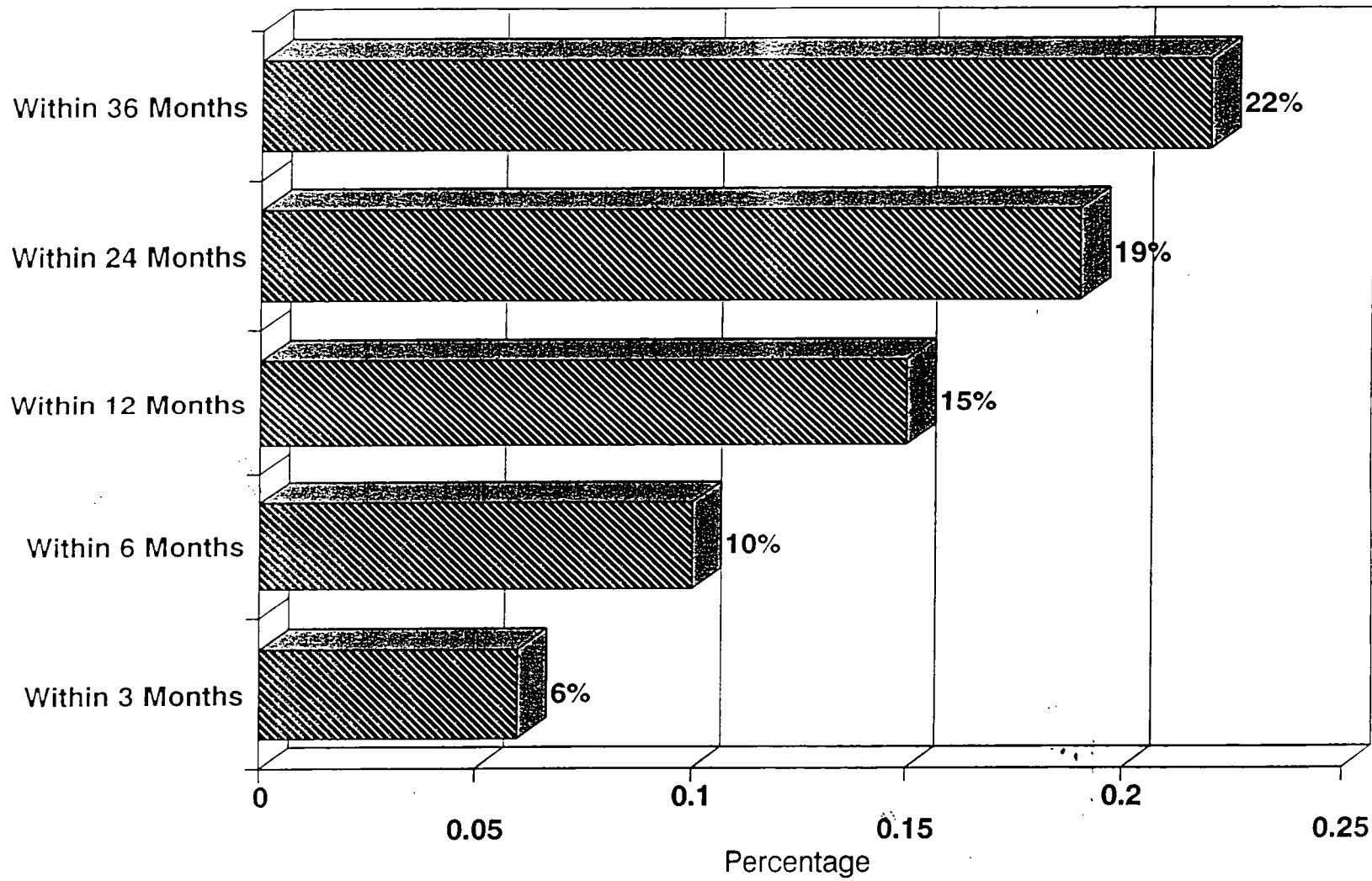
Los Angeles, California
June 5, 1996

Funding for the research upon which this keynote was based was supported by the California Department of Social Services, the David & Lucile Packard Foundation, and the Children's Bureau of the U.S. Department of Health and Human Services.

Fos Care Re-Entry After Reunification

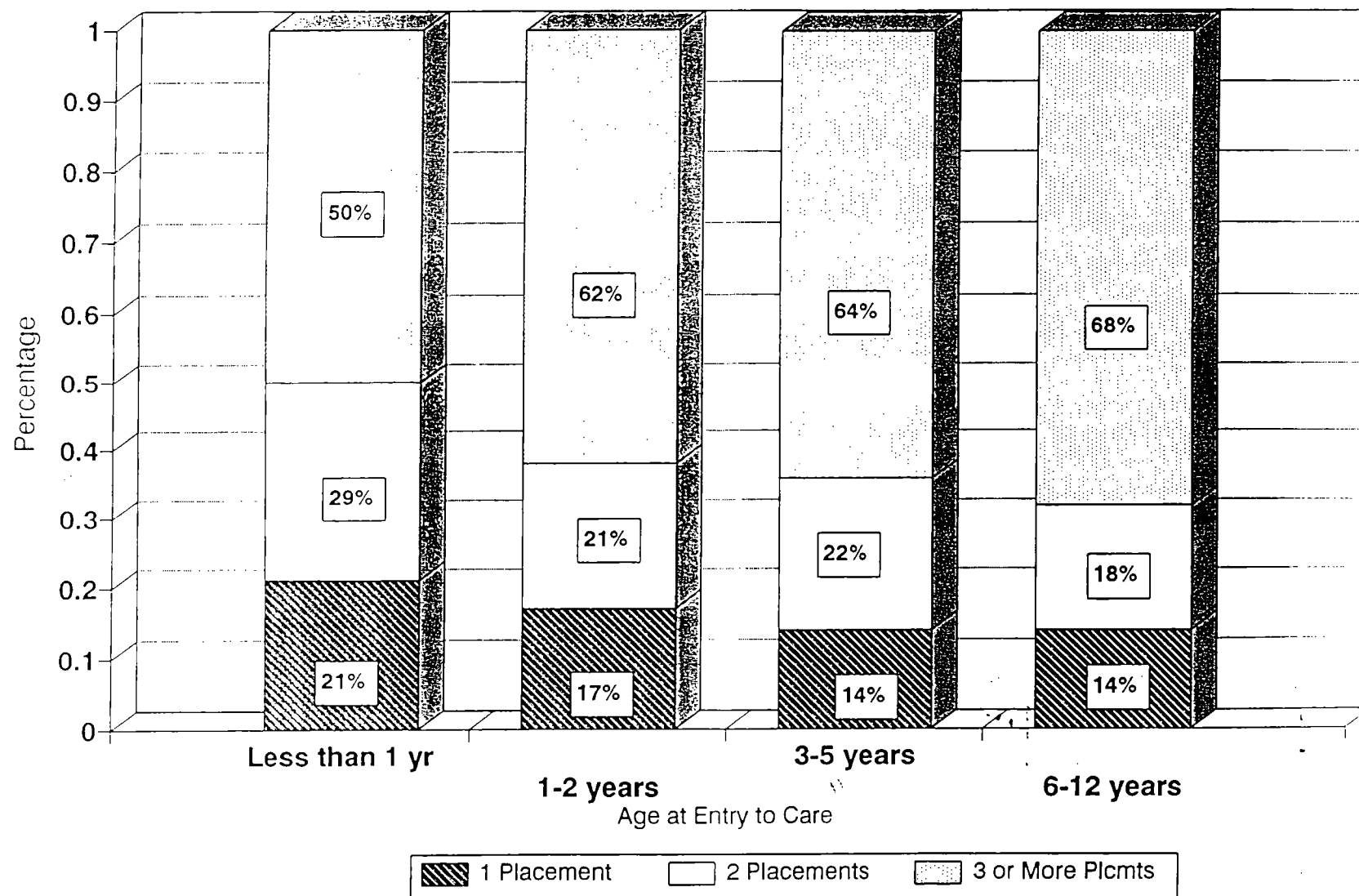
Calif Cumulative Probability Totals

For Infants



Placements After 6 Years in Foster Care

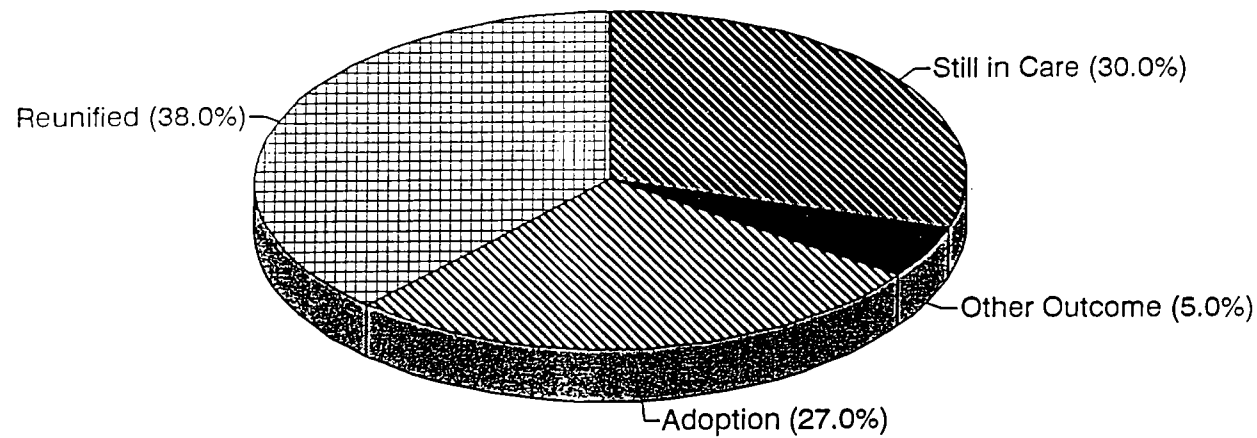
Non-Kin Foster Care Placements



Outcomes at 4 Yrs: Non-Kin Foster Care

Infant <1 Month Old @ Foster Care Entry

CALIFORNIA



DEPARTMENT OF CHILDREN AND FAMILY SERVICES



SPECIAL INFORMATION

FOR IMMEDIATE RELEASE TO STAFF AND POSTING ON EMPLOYEE BULLETIN BOARDS

To: All Staff
Each CFPN Director
Each IUC Dean
Each IUC Center Director
IUC Director

March 12, 1996
(Release of New Year's Day, 1996
May Day, 1995
November 1, 1994
September 1, 1994
September 1, 1993
New Year's Day, 1993)

OUR TOP PRIORITY IS CHILD SAFETY

As we implement the final Phases of our family preservation and family reunification resources (we now have 23 programs -- see Attachment A), I want to stress that child safety continues to be our top priority. Family preservation or reunification services should be seen as means to eliminate risk to children and increase the safety of children in their own homes. Use of family preservation or family reunification services should always be governed by an overriding concern for child protection and child safety.

Implementation into practice of the policies contained in this Special Information Bulletin is so critical to our top priority of child safety that I am requiring that all managers review and be familiar with its content. I am also requiring that all managers train all their staff at all times as to the content and practice issues presented. In addition, all CFPN Program Managers should review these policies in detail with their staff, member network agencies, Community Advisory Councils and any others who may contribute to the protection and well-being of our children. This is also the top priority for all our IUC and other training.

The situation for children in Los Angeles is becoming more dangerous and will continue to do so because (see Attachments B and C):

- economic despair and stress are widespread;
- the number of drug-exposed babies is large and continues to grow;
- abuse/neglect reporting has increased vastly, especially dangerous physical and sexual abuse;

7. Relative home studies and background checks (citation: CSWH #Placement 92-03, Out-of-Home Placement with Relatives). Include background checks on persons who may not live in the home but assume caregiver/babysitting roles, such as girlfriends/boyfriends and non-custodial fathers (citations: CSWH #Court 93-06, Clearances: CII, JAI, CAI and CIS/WCMIS; and, Special Information Bulletin entitled Child Abuse Index [CAI]: Clearances for Relative Placements, dated March 12, 1996). Make sure you check the garage and all areas of the home and property for safety (citation: FYI #95-81 [Rev. 2/96], Additional Requirements for Relative Placements);
8. Use of the DCFS 550, Body Chart, per procedures. Get medical help in physical abuse assessments, as required. Follow our procedures regarding diagnostic imaging. Often, old broken bones and injuries are hidden. Use our nurses in each office fully to obtain needed professional opinion, resources, and technical assistance (citations: CSWH #ER 92-02, Completing the Initial Contacts on New Cases; CSWH #HCI 93-08, Public Health Nursing Component of the Protective Services Child Health System; and, FYI #96-29 [Rev. 2/8/96], Diagnostic Imaging: A Requirement of the Medical Examination for Physical Abuse & Severe Neglect Cases);
9. Limiting the number of kids in foster home placement locations to six, unless the RA approves an exception (citations: #AD 92-10, Capacity in Relative or Foster Family Home Placements; and, CSWH #92-03, Out-of-Home Placement with Relatives);
10. Use of VIP and ensuring that all homes are within licensed capacity and properly licensed for the type of child(ren) placed (citations: FYI #93-23, VIP Plan to Verify Population and Capacity in Foster Homes - Vacancy Information Placement [VIP]); and, FYI #96-17, Technical Assistant Expanded Responsibilities);
11. Supervision of medically/technologically complex kids by our Medical Placement Unit (citations: CSWH #HCI 92-01, Medical Placement Unit Intake and Assessment Criteria; and, FYI #95-47, Medically Fragile Children), or a placement plan approved by Amaryllis Watkins only.
12. Risk assessments (citations: CSWH #ER 92-02, Completing the Initial Contacts on New Cases; and CSWH #CP 93-01, Initial Case Plan);
13. Use of County Counsel to appeal adverse decisions when children are endangered (citation: CSWH #Court 91-01, Adverse Decisions by the Court. Note: This CSWH will soon be cancelled and replaced by CSWH #Court 95-03,

Additionally, I would like you to consider the following casework issues as you provide services to our families: give him your

The first issue is that of other adults who live in or are in and out of the home, OR WHO LIVE OUT OF THE HOME BUT FUNCTION AS CAREGIVERS/BABYSITTERS (this includes such persons as non-custodial parents, boyfriends, girlfriends and other significant others who may have contact with the child). These relationships may be of short duration, and the children may be seen as "in the way." This may lead to impatience and anger on the part of a live-in or visiting adult. Keep in mind also that children's behavior, especially those under age six, will become more clinging and demanding of the parent's attention when a stranger moves into the family. Consequently, a dynamic may be set up where the other adult and the child may become competitors for the parent's attention and affection. This can be a dangerous situation in that the child may become a target of the rage.

Understanding the sociopathic personality is the second critical protective and child welfare issue addressed here. Keep in mind that what is said concerning sociopathic behavior can apply to parents, stepparents, other live-in adults or caregivers. Do not look for any obvious signs of neurosis or psychosis in sociopaths. They may, in fact, come across as charming and even have a disarming attitude of over-protectiveness and cooperation. This behavior is exhibited to mislead the Children's Social Worker, who may also become the object of charm and superficial civility. Not being aware that this extreme cooperativeness may be a cover for abusive behavior has led to tragedy in some instances. Sociopaths will go to extremes to hide abuse of their children, so diligence is required. They will tell workers anything that they think the workers want to hear, and will appear to be "making progress." You may find yourself proud of the power of your services to change lives, while the abuse continues.

What are the practice implications for these two situations? When either condition is present, always consider their impact before deciding that the home is safe for continued placement or for reunification of the child. In the case of suspected sociopathic behavior, check the history very thoroughly. (Sociopaths may use different hospitals in order to cover their tracks.) Get professional diagnostic support from clinicians. Check medical records. Have the child medically examined in reports of physical or sexual abuse. Look for patterns of inconsistencies in attachment, bonding and affect. Be skeptical of problems that are too readily resolved. Demand a thorough and complete explanation for all injuries to the child. Get diagnostic imaging to check for old injuries. While an accurate history is critical in identifying this personality, keep in mind that sociopaths have probably fooled others before you, so look closely at unfounded reports, a pattern of "accidents" and "sibling" or "self-inflicted" injuries. Never accept the excuse that the baby is sleeping or otherwise unavailable so you can't

- recognize that those who charm you with their progress may require careful analysis;
- hope for progress must be balanced with analysis backed up with facts;
- compliance with the case plan must be analyzed with cautious professional judgment to make sure risk factors are eliminated;
- examine the children. Do not be put off by excuses that they are sleeping or otherwise unavailable;
- evaluate the impact of pregnancy as an added stress on the family; and,
- increased economic stress is increasing abuse and neglect and the severity of abuse and neglect.

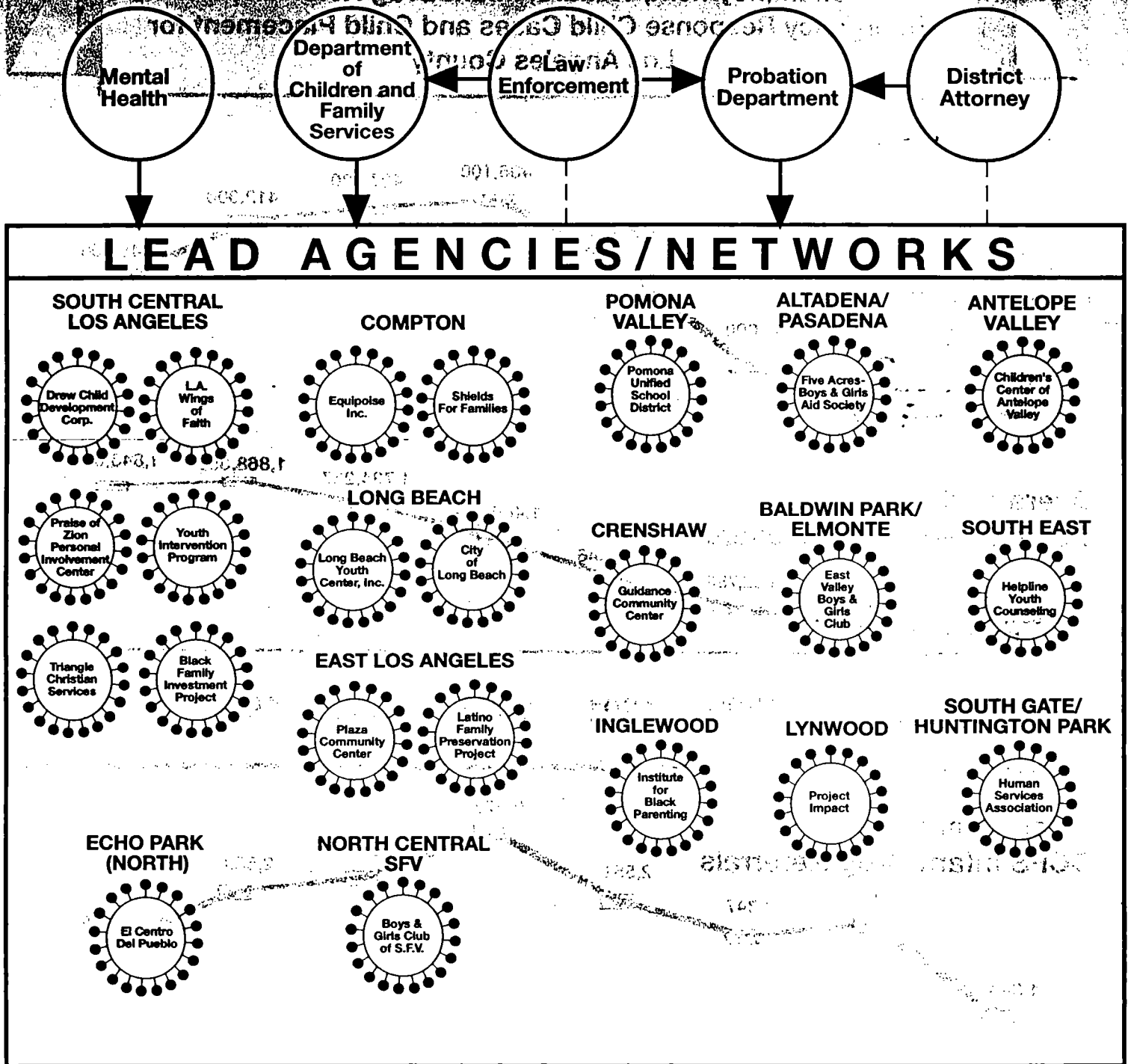
I firmly believe that we can enhance our ability to protect children by following the guidelines discussed in this Bulletin. By combining basic child protection steps with casework skills, we will be able to increase the safety of children in our County.



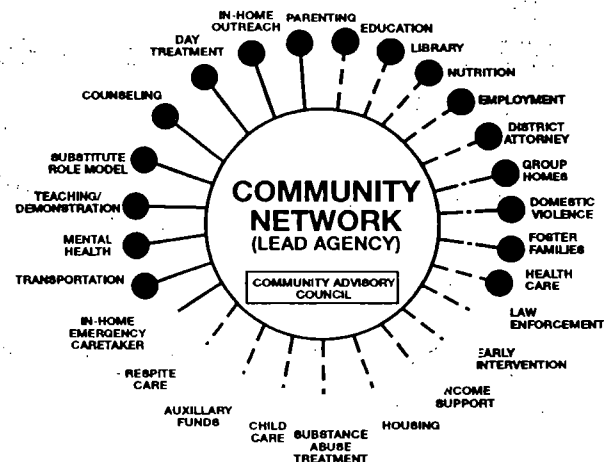
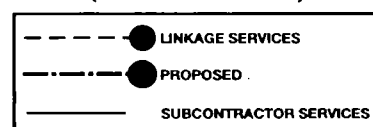
PETER DIGRE, DIRECTOR

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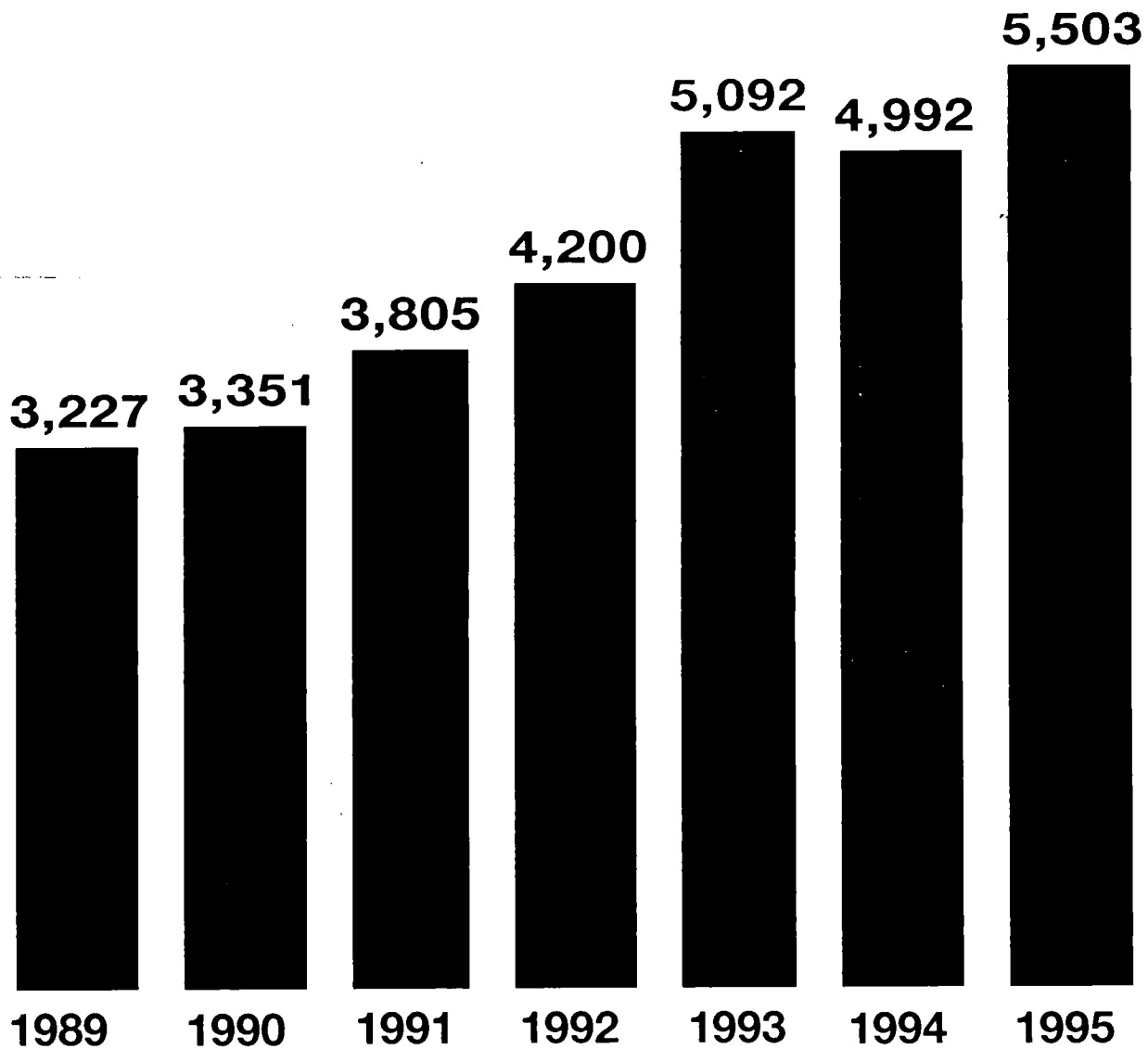
COMMUNITY FAMILY PRESERVATION NETWORKS



COMMUNITY NETWORK MODEL (Services Provided)



**Average Monthly Emergency Response Services
for Physical Abuse
In The County of Los Angeles**



Statistics Provided By the County of Los Angeles
Department of Children and Family Services



SPECIAL INFORMATION

FOR IMMEDIATE RELEASE TO STAFF AND POSTING ON EMPLOYEE BULLETIN BOARDS

TO: All Staff

April 23, 1996
(Reissue of Labor Day, 1995)

OUR FIRST PRIORITY IS SAFETY AND OUR PRIMARY MISSION IS LEGAL PERMANENCY

Achieving legal lifetime permanency for children is the primary mission of DCFS in any interaction with children and families. Our first concern remains the safety of children. No action should ever be taken which puts a child at jeopardy. However, legal permanency is an essential component of developmental, psychological and economic safety for children. No child can ever feel truly safe and secure when he or she can be taken from a placement at any time with little warning. This feeling of insecurity is deeply detrimental to a child's development and may have lifelong consequences.

The increasing numbers of children entering the child welfare system nation-wide who remain in foster care until adulthood has created serious community concern about the fate of these children. Our Department shares this concern and has renewed its efforts to increase the incidence of legal permanency and refocus our attention on the importance of achieving legal permanency for our children.

Legal permanency is achieved when a child is safely reunified with his/her parents or, when reunification is not possible, the legal relationship of adoption has been established. The child should be assured that no governmental agency, including DCFS, can intervene to remove him or her from home without legally sustainable allegations of abuse or neglect. Similarly, the parent should not be able to divest him or herself of responsibility to the child at will. While it is clearly true that some biological parents abandon their children and some adoptions are rescinded, the intention of a legally permanent family is to live permanently as a family. ¹The hallmarks of permanency are the parents' legal and personal responsibility for the child, an intent on the part of the parents and family to make

¹ Our statistics indicate that the number of finalized adoptive placements that disrupt is significantly lower than the disruption rate for legal guardianship situations. "Statewide in the last two years there was an average of only 14 total setaside petitions (which are filed to legally nullify a finalized adoption) versus a statewide rate of 8% (or 1 out of every 12) for guardianship disruptions." SOURCE: CDSS and CWDA 1994 Permanent Placement Caseload Survey. "In terms of stability of foster placements, a 1994 survey by CWDA found that statewide 9.4% of PP children had 6 or more placements during their current stay in the system with 76.7% of the PP children having between 1 and 3 placements. The same survey showed that 23.3% of the PP children statewide had spent over 5 years in placement. Another 22.3% PP youth had been in placement 3 to 5 years." SOURCE: CWDA 1994 Permanent Placement Caseload Survey.

the needs of each child under our care who cannot return home and to plan together for the future of these children.

It is often difficult to determine with certainty at any given time that a child will never be able to return home safely. Because we recognize the importance of family ties, we try to give a family every opportunity to create a safe environment for its children. At some point, however, when families do not improve in a timely manner, a decision has to be made to find another permanent home for a child. Federal and State laws define relatively narrow time limits for family reunification. These limits were developed to prevent children from growing up in foster care without permanent homes and families.

Attempting to be lenient in the application of these laws does not serve our children well. Our own statistics show that the likelihood of a family reunifying declines sharply after the first 18 months to 2 years that the child is in care. Giving a family an open-ended period of time to reunify directly defeats the purpose of the law by delaying effective planning for the child's future and apparently does not substantially increase the chances that the child will go home.

The law and good practice clearly establishes a hierarchy of placement options for children who cannot return home which favors legal permanency over less permanent alternatives. If there is a qualified family willing to adopt the child, placement with that adoptive family is preferable to legal guardianship even if the child must move from an existing foster home to a new adoptive placement. This principle holds true regardless of the child's "bonding" with the potential guardians. While it is extremely undesirable to continually move a child, there is lasting value to moving a child from a temporary placement to a permanent one. We clearly accept this view when the move is from foster care to the child's own family. This is no less true for a legally permanent family newly created through adoption.

Relative guardianships present a different situation. Although a child in relative placement does not have a legally permanent home, the kinship relationship is permanent. So, in many instances, relative guardianships do provide the psychological and social permanency that is the goal for every child. For this reason, in many cases, but not all, relative guardianships may be an exception to the rule that a permanent placement is always preferable to one that is less than permanent. As with all permanent placement decisions, a thorough assessment must also be done to determine if this is the best home for the child. On the other hand, unrelated legal guardianship does not provide the assurance of permanency for a child. The decision to choose guardianship over adoption represents a conditional commitment to the child rather than a permanent one.

Long-term foster care provides the least stability and security for the child of all long term placements and indicates the lowest level of commitment to the child. All too often these placements are temporary and the child moves many times. The resulting lack of permanency or belonging can lead to isolation, despair and ultimately withdrawal from society.

children's lives forever. All of our children deeply need, long for, and deserve legally permanent parents. The achievement of our mission and the very value of our professional lives depends on our success in ensuring that all children are provided with the security and emotional well-being that comes from being part of a legally permanent family.

A handwritten signature in cursive script, reading "Peter Digre". The letters are fluid and connected, with a prominent capital "P" and "D".

PETER DIGRE, DIRECTOR