An Overview of the Child Welfare System in California:
Today’s Challenges and Tomorrow’s Innovations

**Instructional Guide (Chapter II)**

This chapter of the curriculum provides an overview of California’s child welfare system, including its goals, policies, programs, and services. The evolving characteristics of the children served by California’s system are also described. Finally, the chapter reviews innovations, both within California and nationally, that show promise in responding to some of the child welfare field’s major challenges. While most of the data reported in this chapter were generated from research conducted in California, the chapter’s broad overview has a high level of applicability to child welfare service delivery systems in other states.

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This chapter can be used to foster the following competencies for public child welfare work: 1.7, 1.9, 1.14, 2.6, 2.10, 2.11, 2.14, 2.15, 3.10, 5.4, 5.5, 5.10, 6.2, 6.6, 6.7, 6.8, 6.9 and 6.12.

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SECTION I  
GOALS OF THE CHILD WELFARE SYSTEM

California's child welfare system is a continuum of overlapping programs and services available to children who have been abused or neglected, or who are at risk of abuse or neglect. Accordingly, the single most important goal of the child welfare system is to protect children from maltreatment by their parents or other caregivers.

The child welfare system also strives to support families by promoting the obligations of parents and caregivers to raise children to the best of their abilities. Sometimes, though, parents and caregivers cannot or do not meet the safety and emotional needs of their children. In these instances, the child welfare system aims to promote permanency for children.

Permanency begins with family preservation and reunification of children with their families. When these efforts are not successful, the child welfare system aims to place children with other families who can meet their long-term safety, developmental, and emotional needs in permanent, legal family arrangements. Though definitions sometimes vary, permanency achieved expediently, is in children’s best interest.
SECTION II
POLICIES DESIGNED TO PROMOTE CHILD WELFARE GOALS

GENERAL CHILD WELFARE POLICY
Nearly two decades ago, the federal government passed the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), America’s first explicit child welfare legislation. The major goals of P.L. 96-272 were to (1) reduce unnecessary out-of-home care placements by requiring reasonable efforts to prevent placement, (2) safely reunify children with their families when possible, (3) limit the time toward reunification, and (4) place more children into adoptions when they cannot return home (Legislative Analyst’s Office, 1996).

P.L. 96-272 is contained in both Titles IV-B and Title IV-E of the Social Security Act. Title IV-B, the Federal Child Welfare Services Program, is the major source of federal support for protective and preventive services for abused and neglected children and their families. Title IV-B funds offer a capped entitlement to states with the federal government providing 25% of costs to the states’ 75% match. In 1996, total federal costs for Title IV-B were an estimated $442 million; total Title IV-B costs for California were an estimated $48 million (House Ways and Means Committee, 1996).

Title IV-E the Federal Foster Care and Adoption Assistance program, is the primary funding mechanism for children who have been placed in out-of-home care (Liederman, 1995). Unlike Title IV-B, Title IV-E funds provide an uncapped entitlement at a 50% matching rate for all AFDC-eligible children in foster care. Funds cover an array of out-of-home care costs such as state and local child welfare personnel training, caseworker services associated with placing children in foster care, and out-of-home care maintenance payments. Title IV-E funds also provide funding for the adoption of children with special needs and support for youths who transition from out-of-home care to independent living. For 1995, total federal costs for Title IV-E were more than $3 billion. In California, total Title IV-E costs were an estimated $570 million, including $48 million for adoption assistance and $13 million for independent living programs (HWMC, 1996).

In 1982, through the enactment of Senate Bill (SB) 14, California incorporated various reforms consistent with P.L. 96-272 into state law. The major goals of SB 14 were to (1) reduce unnecessary out-of-home care placements by providing treatment services to families, (2) safely
reunify children with their families, (3) increase the stability of out-of-home care placements, and (4) place more children into adoptive homes when appropriate (LAO, 1996).

Few large-scale federal initiatives have been introduced since 1980. Recent legislative action, however, has helped to fortify the fundamental philosophy endorsed by P.L. 96-272. In 1997, for instance, the Adoption and Safe Families Act (P.L. 105-89) was enacted to clarify that the safety of children is the premier goal of the child welfare service system and that children’s safety should not be compromised by the pressure to preserve or reunify families. The bill also sought to limit further the period of reunification services for families wishing to bring their children home from out-of-home care. Under this new federal law, county child welfare workers are required to make reasonable efforts to reunify children with their parents for up to 12 months. If, after 12 months of services parents are unable to care for their children, courts and child welfare agencies are encouraged to develop permanent placements for children including adoption or legal guardianship.

With the passage of AB 1524 a year earlier, California law articulated some of the principles set forth in P.L. 105-89. With consideration for the developmental needs of very young children, this policy requires permanency planning time-lines to be reduced still further for children ages three or younger. In such cases, families are permitted only six months to show progress toward the reunification of their children. If progress is not evident, a permanency plan must be rapidly developed.

**FAMILY PRESERVATION POLICY**

Family preservation has been developing as a secondary goal of the child welfare system for roughly one hundred years. With the passage of P.L. 96-272, specific policies and programs were developed that encouraged family preservation as an alternative to out-of-home placement in situations where children can remain safely in their homes while receiving services. As articulated in P.L. 96-272, family preservation policy required only that “reasonable efforts” be made by child welfare agencies to prevent placement or reunite families (Nelson, 1997).

In 1993, the Federal Family Preservation and Family Support Services (FPFSS) provisions of the Omnibus Reconciliation Act provided states about $250 million in annual block grants to support preventive services. These services were reauthorized in 1998 as part of P.L. 105-89 under a new name, the Safe and Stable Families Program. California’s share of the block grants will be about
$30 million per year.

PERMANENCY PLANNING & ADOPTION POLICY

P.L. 96-272 established a federal adoption assistance program (AAP) that provides payments to parents who adopt special needs children. AAP subsidies were designed to help families in meeting the special needs of children.

In 1994, Congress passed the Howard M. Meztenbaum Multiethnic Placement Act (MEPA) largely out of concern that racial matching policies were contributing to delays in placing children of color in adoptive homes. As such, MEPA prohibited federally funded agencies and entities from categorically delaying or denying adoptive or foster care placements solely because of the race, color, or national origin of the adoptive parent, foster parent, or child involved. The law also required states to develop plans for the diligent recruitment of potential adoptive and foster families that reflect the ethnic and racial diversity of children in the state for whom adoptive and foster homes are needed. MEPA did not exclude the consideration of race and ethnicity from all placement decisions. Rather, it expressly permitted agencies to consider the background of each child and the capacity of the prospective adoptive or foster parents to meet the needs of a child of this background as one of several factors used to determine the best interest of the child (P.L. 103-382, sec. 552).

One year later, the California Legislature passed Assembly Bill (AB) 1743, thereby replacing the existing placement preferences based on race and culture with provisions that parallel the federal requirements in MEPA, while retaining the preference for placement with relatives. AB 1743 also retained a provision permitting consideration of children’s religion in determining an appropriate placement.

President Clinton signed federal legislation in 1996 entitled “Removal of Barriers to Interethnic Adoption” (Interethnic Adoption Provisions) which repealed and replaced some of the provisions of MEPA to strengthen the prohibition against overusing race and ethnicity when making placement decisions. The new law provides that any person or government involved in adoption or foster care placements may not “deny to any person the opportunity to become an adoptive or foster parent, on the basis of the race, color, or national origin of the person, or the child, involved” (42 U.S.C.§471a(3)(A)). In addition, the Interethnic Adoption Provisions state that any person or government involved in adoption or foster care placements may not “delay or deny the
placement of a child for adoption or into foster care, on the basis of the race, color, or national origin of the adoptive or foster parent, or the child involved” (42 U.S.C.§471a(3)(B)). The Interethnic Adoption Provisions also removed language from MEPA that allowed routine consideration of race, color, or national origin in assessing both the best interest of the child and the capacity of prospective foster or adoptive parents to meet the needs of a particular child. Placement decisions that consider these factors must now prove to the courts that the decision was justified by a compelling government interest and necessary to the accomplishment of a legitimate state purpose—in this case, the best interest of a child. Thus, under the law, the “best interest of a child” is defined on a narrow, case-specific basis (General Accounting Office, 1998).

Also in 1996, Congress granted a one-time $5,000 tax credit to families adopting children and a $6,000 tax credit for families adopting children with special needs to help alleviate financial barriers to adoption. This tax credit was instituted under President Clinton’s ‘Adoption 2002’ initiative, which was designed to reduce barriers to adoption and double the number of children adopted or permanently placed each year, from 27,000 in 1996 to 54,000 in 2002.

Finally, additional federal funding was made available to states in 1997 under P.L. 105-89 to promote adoption and other permanent homes for children who need them. Before P.L. 105-89, federal law did not require states to initiate termination of parental rights proceedings based on a child’s length of stay in out-of-home care. Under the new law, states must file a petition to terminate parental rights and concurrently identify, recruit, process, and approve a qualified adoptive family on behalf of any child that has been in out-of-home care for 15 out of the most recent 22 months, regardless of the child’s age. The law also established a permanency planning hearing for children in care that occurs within 12 months of a child’s entry into care, as opposed to 18 months under the former law (Child Welfare League of America, 1997).

Adoption and permanency planning policies, along with general child welfare and family preservation policies, are likely to have some modest effect on the number of adoptions nationwide. The legislative intent behind most of these policies is to increase opportunities for adoption when family preservation and reunification efforts are not successful, particularly for African American and other children of color, older children, sibling groups, and children with special health and developmental needs.
SECTION III
CHILD ABUSE AND NEGLECT IN CALIFORNIA

Child abuse and neglect are serious and growing problems in California and the rest of the nation. California State law regards child abuse as (1) physical injury inflicted on a child by another person, (2) sexual abuse, or (3) emotional abuse. Child neglect is defined as negligent treatment that threatens the child’s health or welfare (LAO, 1996).

State law requires certain professionals to report known or suspected child maltreatment. Legally mandated reporters include workers in child protective agencies; clinical social workers; school teachers and counselors; employees of day care facilities; nurses and physicians; and commercial film and photographic print processors. About 54% of child abuse and neglect reports are made by legally mandated reporters. The single largest source of these reports—about one-fifth of the total—are mandated reporters who work in school settings (LAO, 1996). Family members, neighbors, acquaintances, and anonymous callers are also heavily involved in reporting their concern that child abuse and neglect are occurring.

Since 1980, the number of child maltreatment reports and the number of children in out-of-home care in California has risen dramatically (Department of Finance, 1996; Needell, Webster, Cuccaro-Alamin, & Armijo, 1998). Between just 1985 and 1989, the number of abuse and neglect reports increased 70%. Since 1989, however, the rate has increased more slowly. In 1994, there were about 664,000 child maltreatment reports. By 1996, there were nearly 707,000 reports (Department of Finance, 1996).

The actual occurrence of maltreatment in California is likely higher than indicated by the number of reports made each year. Because of this, and because multiple reports can be made for a single child, it cannot be determined how much of the increase in reports is due to an increase in the number of children being abused and neglected and how much is due to an increase in the number of reports being made per child. Notwithstanding, California has one of the highest totals of reports in the country and one of the largest totals of children in out-of-home care (Department of Finance, 1996; LAO, 1996). A report of maltreatment prompts a response from the child welfare system, which is designed first to assess subsequent risk to the child and then to offer necessary supports in order to promote the child’s continued safety, usually in the context of a family.
SECTION IV
CALIFORNIA’S SYSTEM OF SERVICES DESIGNED TO PROMOTE CHILD WELFARE GOALS

Child welfare professionals agree that it generally is in the best interest of children to live with their biological families. Emphasis is, therefore, placed on both the value of preventive and rehabilitative services and the need to limit the number and duration of out-of-home care placements. When it is determined that children must be removed, a major principle of professional social work is the provision of permanent living arrangements, either by reunifying children with their biological families, moving them into the homes of relatives, or by placing them into adoptive families or other permanent arrangements, such as legal guardianship or long-term foster care (HWMC, 1996). The children who are placed in out-of-home care are also eligible for services that will help them cope with the circumstances surrounding their placements, obtain medical treatment, and meet other critical needs (GAO, 1998).

Current state law places responsibility and authority for child welfare services with the California Department of Social Services (CDSS). Yet, provisions for the administration of child welfare services rest with county agencies, including county social services departments and county welfare departments (Department of Finance, 1996). Child welfare services in California also involve thousands of other government and private service providers.

County child welfare agencies are responsible for investigating allegations of child abuse and neglect, and for providing case management and supportive services to children and their families. Entrance into the child welfare service system usually begins with a report of child maltreatment. When such a report is made, county child welfare workers must determine whether the case should be pursued through a child welfare “investigation” or referred to other social services agencies. It is at this point that a child who is an alleged victim of maltreatment, and the child’s family, enters the formal child welfare system. The child welfare system consists of five main components: (1) Emergency Response, (2) Family Preservation, (3) Family Maintenance, (4) Family Reunification, and (5) Permanent Placement. Children’s pathways through the California child welfare system can be seen in the simplified figure on the following page.
Children’s Pathways Through the Child Welfare System

Child Maltreatment Report

- CASE CLOSED

- EMERGENCY RESPONSE
  - DSS Assessment/Investigation
    - Sufficient Evidence Of Maltreatment
      - Voluntary Services
        - FAMILY MAINTENANCE
        - FAMILY REUNIFICATION
        - PERMANENCY PLANNING
EMERGENCY RESPONSE

In California, referrals for child welfare services are initiated via a report of child abuse or neglect. To receive these reports, state law requires county child welfare agencies to maintain a 24-hour, seven days a week, Emergency Response (ER) system (Department of Finance, 1996). Once a child maltreatment report is received by the county child welfare agency, decisions are required immediately regarding whether the child can remain safely at home (Barth, Courtney, Berrick, & Albert, 1994). At this stage of the process, a county child welfare worker (usually called a “screener”) determines through a telephone assessment with the reporting party whether an in-person investigation is necessary. Statewide guidelines for screening reports exist to assist and facilitate uniformity among counties.

Depending on their severity, cases assigned for investigation either require immediate attention (within twenty-four hours) or intermediate attention (within three days); or the case may be assessed as less serious and thus require a response within ten days. During an investigation, the child welfare worker usually visits with the child, the caregiver, and other parties in order to detect the risk of maltreatment to the child. A case may be closed or offered services. If the child requires out-of-home protection, a detention hearing is held, and if approved by a county juvenile court judge, the child may be temporarily legally detained. Should the child require continued out-of-home placement, a jurisdictional hearing is held so that the court can decide whether abuse or neglect has occurred as stated in the dependency petition. If no abuse or neglect is found, the case is dismissed. If, however, evidence of maltreatment can be established, a dispositional hearing will be held to determine the child’s placement (the non-custodial parent or a relative are preferred placement options), and to establish the parent’s plan for services. Once placed in out-of-home care, judicial review hearings are generally held every six months to review family maintenance or family reunification efforts.

Most child abuse and neglect cases are closed after an initial intake. In 1995, about 690,000 children received ER services. Of those cases, 91% were closed after initial intake services were provided. These cases were closed because the child welfare worker determined that either: (1) an in-person investigation was unnecessary (i.e., screened out) (34%); (2) services were
unnecessary after conducting an in-person investigation (43%); or (3) the case could be closed after additional ER services (e.g., crisis intervention, counseling, parent training, and transportation assistance) had been provided (15%) (Department of Finance, 1996; LAO, 1996). Some child welfare professionals argue that screening out such a large percentage of cases does not capitalize on opportunities to provide preventive services to children and families, whereas others argue that such a broad approach to screening is necessary to identify and help children most at-risk of maltreatment and their families.

Public child welfare agencies may also offer services to children and their families without involving the juvenile dependency process. This can occur only if there is a voluntary agreement for services between the family and the county DSS. In California, the proportion of families receiving such services varies greatly by county.

When families are mandated to receive services from a child welfare agency, juvenile court oversight is required. Families may either receive in-home services (i.e., “family maintenance” services discussed below) or out-of-home services (i.e., “family reunification”). If after 12 months of family reunification services, these efforts are judged to be inappropriate or unsuccessful, a permanency planning hearing is held to determine the long-term plan for the child. The plan must include one of the following goals: (a) adoption, (b) legal guardianship, or (c) long-term foster care.

Of the total reports of abuse and neglect in California in 1995, about 24% (approximately 164,000) were substantiated. Of those cases, roughly 35,000 (21%) were transferred to family maintenance. Children were removed from their homes and placed in out-of-home care and provided services through family reunification or permanency planning in about 25,200 cases (15% of substantiated cases) (Department of Finance, 1996). Family maintenance, family reunification, and permanency planning are discussed in more detail below.

**FAMILY PRESERVATION & FAMILY MAINTENANCE**

To prevent further abuse and neglect, *Family Preservation (FP)* and *Family Maintenance (FM)* provide support and services to children and families while the children remain in their homes. Generally, these services are targeted toward the parent or caregiver and include services such as counseling, parent training, respite care, and temporary in-home care. Compared with the previous decade, fewer California families are receiving family maintenance services. This
suggests that those children and families who, a decade ago, would have received family maintenance services are now receiving no services at all, or that the children are being placed in out-of-home care (LAO, 1996).

State funding is available to support families receiving family maintenance services for six months. If after six months the family is not able to provide adequate care for the child, the county agency may continue delivering in-home services while supporting the costs through county dollars or place the child in out-of-home care for federal participation.

**FAMILY REUNIFICATION**

*Family Reunification (FR)* provides supportive services to the family while the child is in temporary out-of-home care. These services, targeted toward both children and parents or caregivers, typically include emergency shelter care, counseling, parent training, and teaching homemaking skills. By law, reunification services are time-limited activities designed to prevent or remedy child maltreatment. Unless other action is taken to end the services before the time limitation, reunification services are restricted to twelve months with the possible extension to a total of eighteen months. To facilitate reunification, county child welfare agency staffs are required to develop a case plan identifying the service needs of the child and family (Department of Finance, 1996).

Agencies can also provide family reunification services to families who accept them voluntarily, i.e., without being mandated by the court to receive them. In these instances, services are limited to six months.

In California, there are four principal types of out-of-home care placements: (1) kinship care, (2) foster family care, (3) foster family agency care, and (4) group home care. *Kinship* homes do not need to be licensed by the state and include those in which the caregiver is a blood relative of the child. *Foster family* homes are licensed homes that provide specialized care to no more than six foster children. *Foster family agency (FFA)* homes are certified to operate under nonprofit foster family agencies that provide professional support. FFAs are required by law to serve as an alternative to group home placements. *Group homes* are facilities of any capacity that provide 24-hour services and supervision, as well as non-medical care, to children. Typically, group homes serve children who require a more restrictive setting because they have serious emotional and behavioral problems (LAO, 1996).
PERMANENCY PLANNING

Permanency Planning (PP) services are targeted exclusively toward children who cannot be safely returned to their biological families or other families of origin. When permanency has been identified as the case plan goal for a child, as opposed to reunification, the county child welfare agency staff must first determine whether the child should be placed for adoption.

In California, children who are adopted out of the child welfare system are usually adopted through a public or private licensed adoption agency. In these instances, the biological parents have had their parental rights terminated by a court action or have relinquished their parental rights to a licensed adoption agency. Though there are no legal differences in the roles of public and private adoption agencies, there are significant and increasing differences between the children served by these agencies. Licensed private adoption agencies continue to place infants, most of whom are healthy newborns voluntarily relinquished by their biological parents (California Department of Social Services, 1995). Children can also be adopted independently or through the State’s Intercountry Adoptions Program (see box).

If adoption is not a viable option for a child, county child welfare staff must then consider placing the child with a legal guardian. While legally and in practice, legal guardianship is generally considered second only to adoption in terms of degree of permanence, this option is often ignored in discussions of permanency planning. Guardians are charged with the care of a child and given authority to make decisions on the child’s behalf that a biological parent would usually make; yet guardians are under no legal obligation to support the child financially. Furthermore, unlike adoption where a child becomes a legal member of the adoptive family, biological parents’ rights to a child are not terminated under guardianship; therefore,
children’s legal ties to their biological family remain intact. In fact, the legal appointment of guardianship can be terminated by successful petition of a parent to reassume guardianship. The appointment can also be terminated by resignation, and it ends automatically when a child reaches the age of majority.

One major feature of guardianship contributes to its “undesirability” as a permanency option. That is, once guardianship is granted, children are no longer eligible to receive social services provided to them as dependents of the child welfare system, and caregivers lose the financial stipend available to them through foster care. Despite this, guardianship can sometimes be seen as a desirable option. Relatives, for instance, can obtain guardianship to secure legal grounds for caring for a child in their home, while maintaining the integrity of the biological family. Caregivers opting for guardianship also may wish to offer a child a greater sense of permanence than is provided by long-term foster care, or they may want to reduce the intrusion they feel due to the presence of a caseworker. For those caregivers who are unsure of the strength of their commitment to the child, guardianship could be chosen over adoption in order to make it easier to relinquish care of the child should they decide to do so.

**Long-term foster care** is the final, and usually least-preferred, permanency option for children who cannot return to their biological families. This type of care generally refers to continued placement in a foster home after a permanency planning hearing has taken place. Permanency planning hearings are usually held after eighteen months of placement. Sometimes, for younger children, hearings can occur before eighteen months, and for older children or in other special situations, they can occur after eighteen months. In California, long-term foster care is used more often for children who are placed with kin than for children placed with caregivers unrelated to them.
SECTION V
CALIFORNIA’S CHILD WELFARE CHALLENGE

California has the largest child welfare system in the country. Of the nearly half million children estimated to be in out-of-home care nationwide, one in five is a ward of the California child welfare system (Administration for Children and Families, 1996). Child welfare researchers only recently have become able to examine trends in out-of-home care controlling for characteristics that put children at risk of placement. This is the result of newly available administrative data along with improved technology allowing for data storage and analyses. Administrative data are comprehensive and longitudinal, thereby allowing the complete child welfare history of every child in care to be described. These career histories can then be examined and analyzed in conjunction with a set of descriptive characteristics for each child (Goerge, Wulczyn, & Harden, 1997). Data on all children who have entered out-of-home care in California since 1988 are contained in the California Children’s Services Archive, which is maintained by the Center for Social Services Research (CSSR) at the University of California at Berkeley. Analyses of these data reveal trends in caseload size and changing characteristics and permanency outcomes of children placed in out-of-home care. Those trends are described in detail below.

CASELOAD SIZE & FLOW

The most familiar indicator used for describing the child welfare system is caseload size, i.e., the number of children in out-of-home care at a given point in time. Caseload size is extremely useful in identifying the most obvious trends in out-of-home care and as an indicator of the magnitude of general child welfare issues (GAO, 1995). With the increase in number of child abuse and neglect reports in California, has come an increase in the number of children placed into care. Between 1985 and 1990, California’s out-of-home care caseload grew more than twice as fast as the national caseload (Barth, Brooks, & Iyer, 1995). Growth in the state’s caseload slowed somewhat in the early 1990’s. Since 1992, however, caseload growth has continued to rise in California. While 74,484 children were on the state’s caseload at the end of 1991, 111,632 children were on the state’s caseload at the end of 1997 (Needell et al., 1998).

Changes in caseload size over time depend on the balance between admissions into and discharges from care, i.e., caseload flow. If the number of admissions exceeds the number of discharges, the caseload will grow even as admissions decline. Conversely, if discharges are
higher than admissions, the caseload will decrease even as admissions increase. Growth in California’s caseload can be attributed generally to the number of entries into and exits from care. The net change in California’s out-of-home care entrances and exits from 1991 to 1996 reveals that there were about 250,000 entries and 212,400 exits (i.e. roughly 37,600 more entries than exits) (Needell et al., 1998). Each year during this period, the number of entrances into care surpassed the number of exits from care, contributing to an overall increase in caseload size.
CHARACTERISTICS OF CHILDREN IN OUT-OF-HOME CARE

Analyses of available data reveal dominant trends in the characteristics of children in California's out-of-home care system. These trends appear to be related to children’s permanency outcomes and are redefining the landscape of child welfare services in California.

Reason for Removal

The moment of initial admission of a child to care—the time at which the state first assumes care and custody—defines the starting point of every individual out-of-home care history. Decisions made about whether or not to admit children and the characteristics of children admitted can have a profound impact on the size and composition of the population of children in care.

First Entries by Removal Reason

In 1997, about three quarters of children entering care in California were removed from their homes due to general or severe neglect, much of which is believed to be related to parental substance abuse (see box on next page). While physical and sexual abuse comprised half the reports received, less than a quarter of the children removed from their homes were removed for these reasons (LAO, 1996).
SUBSTANCE-EXPOSED CHILDREN

Nationally, between 200,000 and 750,000 infants are born each year prenatally exposed to crack cocaine or to some other illicit drug. Unfortunately, there are no systematic data on the number of substance-exposed children who are placed into out-of-home care in California. It has been estimated that, nationally, one in three substance-exposed infants eventually will be placed into care. Indeed, much of the increase over the last decade in the national out-of-home care caseload has been attributed to the increase in placements of substance-exposed infants and children. One of the most striking changes in the characteristics of children placed in out-of-home care in California has been the increase in the number of infants admitted to care. Given this increase, and the fact that more than half of all children removed from their homes are placed into care because of neglect, it is very likely that much of the increase in California’s out-of-home care caseload since 1985 can be attributed to placements of substance-exposed infants and children.

The rise in infant admissions (discussed later) is likely to result in larger caseloads in the future, regardless whether overall admissions begin to decline. Substance-exposed infants who are removed from their homes tend to remain in care longer than non substance-exposed children and children placed at older ages. In addition, substance-exposed children who are placed with kin appear to exhibit behavioral problems that their substance-exposed and non-relative counterparts do not.

First Entries and Ethnic Background of Children

Much of the recent growth in caseload size in California can be explained by growth in first entries. Between 1988 and 1997, California had a fairly stable rate of about 3 first entries per 1,000 children in the population. First entries for infants peaked in 1989, with nearly 14 per 1,000 infants in the population placed in care. First entry rates for infants have fallen since 1989 (except for a temporary increase in 1994). The rate for infant first entries dropped from nearly 12 per 1,000 infants in the population in 1990 to less than 10 per 1,000 in 1997 (Needell et al., 1998). Despite the drop, infant first entries continue to be a major contributor to out-of-home care in California, comprising roughly one-fifth of all first entries between 1989 and 1996. Moreover, the California rate of infant first entries is approximately three times the rate for children of other ages (Barth et al., 1995; Needell et al., 1998).
Beyond varying by age, trends in first entries also vary by ethnicity. African American children are disproportionately represented among California children who are removed from their homes and placed in out-of-home care. In 1988, approximately 38% of California's caseload consisted of African American children. In 1997, African American children represented 37% of children in care, while Caucasian children represented 33%, Hispanic children represented 28% children, and children of other ethnic backgrounds represented about 3% of children in care (Needell et al., 1998).

Between 1988 and 1994, the percentage of Caucasian and Hispanic first entries increased slightly, while the percentage of African American first entries decreased (Goerge et al., 1997). In 1997, Caucasians (40%) were the clear majority of first entries to care, followed by Hispanic children (34%). African American children made up 22% of first entries, and children from other ethnic backgrounds made up roughly 4% of first entries.

California data on first entries by both age and ethnicity further reveal that 24% of African American children placed into care in 1997 were less than one year old, compared to about 18% of Caucasian and 17% of Hispanic children. African American children, despite age, entered care at a much higher rate than other children. This was especially true for infants: nearly four percent of African American infants in the population entered care, compared with about one percent of Caucasian infants and less than one percent of Hispanic infants. Infants of other ethnic groups entered care at an even lower rate than Hispanic children (Needell et al., 1998).

Infant Placements
The increase, discussed above, in infant first entries has had a dramatic impact on the age distribution of children in the California child welfare system, resulting in a greater percentage of younger children in care. In spite of increases in placements of infants and young children, most of the children in care in California are older children, with a mean age of 8.78 years.
Since 1990, infants have comprised less than 6% of the out-of-home care population in California; children one to two years old have comprised less than 15% of the care population. The number of children in care who were three years or older, however, has grown each year since 1990. The proportion of children three to five years has remained stable at about 19%. The proportion of older children (i.e., children six to eighteen years) has increased substantially, from 56% in 1990 to 67% in 1997.

**Placement Type**

Another significant feature of the California out-of-home care population is the changing proportions of children in different placement settings. Most striking has been the growth in kinship (i.e., relative care) and Foster Family Agency (FFA) placements, along with a decline in numbers of children placed in non-relative foster homes. Indeed, in California, increases in the total out-of-home care population have been paralleled by increases in kinship care and FFA placements.

Every year beginning in 1992, more children have been placed in kinship care than in non-relative foster care. The number of children in kinship homes in California increased slightly from 43% of the total caseload in 1990 to 48% in 1997, while the number of children in non-relative foster homes decreased greatly from 43% to 30% during the same period. FFA homes served about 2,600 (4%) children in 1990 and about 12,600 (12%) in 1997 (an overall increase of more than 300%). The number of children in group homes grew about 26% between 1990 and 1997. Children in group homes comprised roughly 8% of the caseload in 1997 (Needell et al., 1998).

In general, kinship care is used more often as a placement option for African American children. In 1997, African American children were the largest group of children in kinship homes in California, while Caucasian children were the largest ethnic group of children in foster homes, FFA homes, group homes, and other placements. Further, the number of African American children placed with non-relatives has declined each year since 1991. Like African American children, Hispanic children were more likely than Caucasian children to be placed in kinship homes. Specifically, 53% of African American and 50% of Hispanic children were placed with kin, compared with 40% of both Caucasian children and 39% of children from other ethnic groups. Twenty-eight percent of African American children, 34% of Caucasian children, 25% of...
Hispanic children, and 38% of children of other ethnicities were in non-relative foster homes. Hispanic children were slightly more likely to be in FFA homes (15%) than Caucasian (13%) or African American (10%) children. Caucasian children were slightly more likely to be in group homes (10%) than African American (7%) or Hispanic (7%) children (Needell et al., 1998).

The use of kinship homes also appears to vary by the age of the child being placed. Most children in kinship or foster homes in California in 1997 were between six and twelve years old. Only 6% of the children in group homes were under the age of six. Though most children overall were placed with kin in mid-1997, kinship homes were used less for infants and teenagers than for children of other ages. Thirty-nine percent of the infants in care were in foster homes and 15% were in FFA homes. Thirty percent of teenagers in care were placed in foster homes and 17% were in group homes (Needell et al., 1998).

The rise in kinship care can be attributed to several factors, including changes in federal legislation, a growing recognition of kin as a resource, and a decrease in the number of foster parents. Federal law (P.L. 96-272) mandates that children in out-of-home care be placed in the least restrictive and most family-like environment. Kinship care exemplifies these aims by allowing children removed from their parents to continue living within the bounds of their extended family.

In the past, workers often encouraged voluntary placement of children with kin as an informal and often unregulated means of resolving child protection cases. Over the past decade, states such as California have moved increasingly toward more formal kinship foster care. The strengths of kinship care (e.g., it helps children remain with their own family, encourages the role of community in helping care for its children and families, and reduces stigma children may experience from becoming “foster children”) have led to recognition of kin as a resource (Berrick, Barth, & Needell, 1995). At the same time, there has not been an increase in county foster parents to match the growth in the out-of-home care caseload.

As discussed above, the enormous growth of FFA home placements is another phenomenon shaping child welfare in California. Originally developed as a transitional program to help children move primarily from residential treatment back to family settings, FFAs are private non-profits that receive higher foster care payments than those paid to county foster homes. This allows FFAs to employ foster parents at a higher payment rate and to provide special training and
enhanced supportive services to children. These “treatment foster care” placements were intended as a family-like alternative to more restrictive institutional settings, though recent evidence suggests FFAs may be used more often as a substitute for county foster homes, particularly in small counties (Webster & Barth, 1997). Over the past eight years, the number of FFA placements has grown from 3% to about 12% of all placements statewide and in some counties, roughly one-third of all children in foster care are placed in FFAs.

PERMANENCY FOR CHILDREN IN OUT-OF-HOME CARE IN CALIFORNIA

Child welfare initiatives of the 1970s focused on moving children out of long-term care into permanent homes. The assumption was that children need nurturing, stable, and permanent living arrangements. Permanent homes were believed to afford qualities essential to normal childhood development that foster care might not (Emlen, Lahti, Downs, McKay, & Downs, 1978).

Today, the preferred permanency outcome for most children in care is reunification of the child with her or his biological family. Prevailing models of policy and practice consider out-of-home placements as temporary arrangements for maintaining children while the home environment is stabilized for their safe return (Goerge et al., 1997). When reunification is not possible, the preferred placement is usually an adoptive home or other permanent arrangement, such as legal guardianship. For the most part, long-term foster care is considered the least desirable permanency outcome for children.

While the size and demographic characteristics of the out-of-home care population outline the scope of children served, key indicators of children's experiences while in care reflect how well the system is achieving its aims to provide safety and permanence to children in need. Among the key indicators are how long children remain in care, how likely children in care are to be returned to their biological families or to be placed in other permanent families, and what proportion of children leaving care subsequently are re-placed in the child welfare system. These “performance indicators” and “permanency outcomes” yield insights for evaluating the child welfare system. Moreover, they are critical for shaping child welfare policies and services.

Placement Duration

The time children spend in out-of-home care, i.e., placement duration, is an important measure of how effectively the child welfare system serves children and their families. Although placement duration does not capture children’s experiences while in care, the measure does indicate the
length of time a child is in the protective custody of the state. Thus, this performance indicator provides evidence of how well the system is meeting its expressed goal of achieving permanence for children by moving them out of temporary out-of-home care and into settings that will permit them to develop lifelong relationships. Further, important placement patterns can be seen when placement durations are examined with respect to different characteristics of the child welfare population and types of placements.

With many children in care, duration effects have a large impact on caseload size (Goerge et al., 1997). In California, the median spell durations for children in care between 1988 and 1994 have been growing shorter (Goerge et al., 1997; Needell et al., 1998). (The median is the estimated time for half (50%) of the children who enter to leave a first spell in out-of-home care.) Presently, children who are removed from their homes have median stays in out-of-home care of about 25 months.

Identifying and understanding which groups of children have longer placement durations can help to explain why caseloads have remained high and which children are at risk of long-term stays in care (Goerge et al., 1997). Data for California demonstrate that African American children stay in care longer than children of other ethnic backgrounds. For children first entering care between 1991 and 1997, African American children in kin placements stayed in care about 40 months, while their Caucasian and Hispanic counterparts stayed in care 18 and 20 months, respectively. African American children placed with non-relatives had a median spell duration of 23 months, whereas the median duration was 14 months for Caucasian children and 13 for Hispanic children.

Usually, children entering care as infants have longer placement durations than older children. Additionally, males and children from urban areas stay longer in care than females and children in non-urban areas (Goerge et al., 1997; Needell et al., 1998). Compared to children in non-relative homes, children in kinship homes in California also stay in care longer. Yet, of all placement types, children placed in foster family agency (FFA) homes appear to have the longest stays. For children first entering care between 1991 and 1997, for instance, the typical duration was 27 months for those in FFA placements, 22 months for children in kinship placements, and 14 months for children in either non-relative or group home placements (Needell et al., 1998).

It is important to point out, however, that children who were placed with kin had more stable placements than those placed with non-relatives. For instance, 53% of children placed with kin
who were still in care two years later had only one placement, compared with 31% of children placed with non-relatives. Overall, 17% of children with kin and 37% of children with non-relatives had three or more placements if they remained in care two years after entry. For children still in care at six years, 27% of children with kin and 52% of children with non-relatives had been in at least three placements (Needell et al., 1998).

**Permanency Outcomes**

Child welfare policy and practice are grounded in the belief that children should only be removed from their biological families as a last resort and that, if taken into care, they should be reunified with their biological families or placed in another permanent, family-like setting as soon as is reasonably possible. Thus, another critical performance indicator addresses the question, “What permanency outcomes do children placed in out-of-home care likely experience?” A useful approach to this question is to track the proportions of children over time who reunify, are adopted, placed in guardianship, or remain in out-of-home care.

**Reunification**

Increasingly more children who exit the out-of-home care system are likely to be reunified with their biological families. Data on children who entered care between 1991 and 1992 indicate that about 56% of children in care in California were reunified with their biological families by the end of 1996. About 10% of reunifications occur within one month of placement; another 8 to 9 percent during the second and third months; 6 to 7 percent during the third to fifth months; and 9 to 10 percent within 6 to 11 months. Therefore, within one year of placement, approximately 33% of children will return home. Less than 20% of children remaining in care will be reunified within two years of placement; roughly 16% within three years; and approximately 12% within four years (Goerge et al., 1997).

Overall, Caucasian and Hispanic children are more likely than other children to be reunified with their biological families. Children in kinship care and non-relative foster homes are also slightly more likely than children in FFA and group home placements to be reunified (Goerge et al., 1997). In California between 1989 and 1993, the percent of reunifications for children across placement types remained stable during this period. More than half of all children in 1993 were reunified with their families, despite placement type. Overall, infants and teenagers were less likely than other children to be reunified (Needell et al., 1998).
Adoption

In California, about 9% of children who entered care in 1988 were eventually adopted. In general, children who entered care as infants were more than twice as likely to be adopted as any of the other young children. About one-third of all children adopted are adopted within four years of placement in out-of-home care. Among young children who are not reunified, African American children are about half as likely as Hispanic children, who in turn are about half as likely as Caucasian children, to be adopted as they are to remain in care. Adoption levels sharply decrease for children of all ethnic backgrounds as the age of entry increases from one year upward. At the same time, more older children return home and therefore do not need adoption services. Children in non-relative placements are three times as likely as children in kinship placements to be adopted. Very few children in group home placements are adopted. Adoptions increase slowly as a percentage of exits, so that by four years, they actually are the most likely destination at discharge for children still in care (Goerge et al., 1997).

Legal Guardianship

In California, guardianship is a permanency outcome primarily opted for by kinship care providers. Overall, about 7% of children originally placed with relatives exit the child welfare system via guardianship; this is true for about 1% of children placed in other types of care. Younger children placed with relatives are more likely to exit care via guardianship: about 7% of infants are placed in guardianship compared with 5% for older children, and 3% for teens. About 8% of Caucasian children, 5% of Hispanic, and 4% of African American children in kinship care exit the system to guardianship.

Long-Term Foster Care

The population of children in long-term care is large enough to have a profound impact on the caseload size and on the resources expended by the child welfare services system. In fact, across time, children in long-term care consume the vast majority of system resources (Goerge et al., 1997). Unfortunately, data on the number of children in long-term care are not readily available. Nevertheless, data on placement durations can be used to gauge the percentage of children remaining in care for any substantial period of time.

The percentage of children in long-term care in California varies depending on placement type. For instance, 31% of children placed with kin between 1990 and 1993 were in care for four years or more, compared with 21% of children in non-relative foster placements, 31% of children in
FFA placements, and 20% of children in group home placements. The permanency outcomes of children in out-of-home care in California by placement type are summarized in the figure below.

![Permanency Outcomes for Children](image)

**Reentries to Care**

Finally, another key performance indicator is the likelihood of reentry to out-of-home care for children who are reunified with their families or placed in legal guardianship. Overall, a striking trend in the past several years is the increasing rate of children who reenter the child welfare system. Children who experience exits from kinship care typically are less likely to reenter than those exiting from non-relative placements.

Data on children who entered care for the first time in 1988 in California show that 19% of California discharges reentered care. The proportion of all children returned home who subsequently reentered care within three years increased steadily from 18% in 1990 to 23% in 1994. In 1994, the proportion of children who were placed with kin and reentered was 18%, compared with 27% for children who were placed with non-relatives and reentered (Needell et al., 1998).

Children who reenter care usually do so within two years of reunification. More reentries tend to occur from initial spells that are of shorter duration. Generally, it appears that about 25 to 30 percent of children who leave their first spell within six months reenter care, about 20% of
children who exit between 6 months and 18 months eventually reenter, and less than 15% of children who remain in their first spell for more than 18 months reenter care.

**Independent Living Programs**

Children who are emancipated from out-of-home care require a service plan to help them transition to independent living. Less than half the children who are eligible for independent living skills services (such as job seeking, priority setting, budget and money management, and time management skills) receive them through the state’s *Independent Living Program (ILP)*. Child welfare professionals generally agree that additional funds are needed to expand the ILP and evaluate its effectiveness (LAO, 1996).

**Summary of Caseload and Out-of-Home Care Population Characteristics**

Within the growing California out-of-home care population, administrative data show that one of the most notable characteristics of California’s out-of-home care population is that children are disproportionately taken into protective custody for reasons of parental neglect. The growth of kinship and FFA placements, and the decrease in foster family placements, are other defining trends of the California out-of-home care caseload. The caseload is further characterized by large numbers of infant (i.e., less than one year old) first entries; and children entering care tend to be disproportionately African American.

Data on children’s permanency outcomes reveal that children in non-relative care are more likely to be adopted but less likely to be placed in guardianship than children placed with relatives. Children in kinship care also are more likely to be reunified than those in FFA or group homes. Overall, infants and teenagers are less likely to be reunified than children from other age groups, while Caucasian and Hispanic children are more likely to go home than children from other ethnic groups.
SECTION VI

INNOVATIONS IN CHILD WELFARE

The history of child welfare reveals a persistent pattern of innovations in response to the needs and problems of vulnerable children and their families (Maluccio & Whittaker, 1997). Government at all levels has been committed to integrating the work of the many agencies that serve children and families and is, increasingly, soliciting help from community institutions (Children’s Bureau, 1998). As such, new approaches and models of support in the public and private sectors are continuously being explored in order to promote the child welfare system’s ability to achieve its goals of protecting children, supporting families, and promoting permanency. This section describes some approaches, both nationally and within California, that show promise in responding to current and anticipated challenges in child welfare. Consistent with the goals of child welfare, innovations are presented around the five major components of California's child welfare system, i.e., Emergency Response, Family Preservation, Family Maintenance, Family Reunification, and Permanency Planning.

EMERGENCY RESPONSE

Throughout the country, responsibilities of Emergency Response (ER)—unlike the other components of the child welfare system—are left almost exclusively to public child welfare agencies. Indeed, under California law, ER services cannot be contracted out to private agencies or organizations. Despite this restriction, new approaches to assessing risk, the primary function of ER, are being attempted throughout California and the rest of the country. Structured decision making is the most prominent approach in this area.

Structured Decision Making

Recently, state and county child welfare agencies have attempted to improve the predictive validity of their risk assessment processes by adopting empirically based risk assessment instruments instead of the traditional consensus-based approaches. This innovative way of assessing risk is often called structured decision making.

All child welfare agencies engage in risk assessment of some sort. Upon substantiating a report of child maltreatment, child welfare workers must decide whether to remove a child from her or his home. At this point, a judgment is made about the likelihood of further maltreatment if the child is left at home. Similarly, when child welfare agencies consider whether to return a child
from out-of-home care, a judgment is made about the likelihood of recurrence of abuse or neglect after the child returns home. Although these judgments may sometimes be subjective and based wholly or largely on the intuition and experience of the child welfare worker, agencies engage in risk assessment when deciding the likelihood of maltreatment (Department of Finance, 1996).

Since 1980, there has been a movement among child welfare organizations and advocates to formalize the risk assessment process. Risk assessment instruments typically have three basic purposes: (1) predicting recurrence of abuse or neglect and the potential for future harm if the child is left with the parent or other caregiver; (2) helping caseworkers more effectively target services by identifying the most important risk factors present; and (3) helping children's services agencies prioritize cases, thereby allowing caseworkers to spend more time with the highest-risk families (Department of Finance, 1996).

Some child welfare experts argue that basing risk assessment on the probability of recurrence of child maltreatment is short-sighted and that this may result in placing too much weight on only high-risk cases. They argue, therefore, that to be effective, risk assessment instruments should be structured and highly reliable not only in predicting the likelihood of recurrence but also in predicting the severity of future maltreatment, particularly in lower-risk cases (Department of Finance, 1996).

**FAMILY PRESERVATION & MAINTENANCE**

The passage of the Family Preservation and Family Support Act in 1993 nearly doubled available federal funds for child welfare services. Equally important, the Act helped to generate innovation in child welfare services concerning the provision of family preservation and maintenance services. State, local, and foundation contributions to child welfare services also have grown substantially in recent years and much service development has occurred using funds for programs targeting families who are having difficulties meeting the needs of their children. Generally, these family-based, in-home programs provide either family support or family preservation services to families and children who are at risk of maltreatment.

**Family Support** (Rogers, Ferguson, Barth, & Embry, 1997)

The beginning of the modern family support movement occurred early in the 1970s as a number of individuals and groups initiated programs exhibiting characteristics currently associated with family support programs (Weissbourt, 1987). The impetus for the original programming revolved
around the perceived needs of families in their own communities. Early program managers began incorporating the emerging ecologically-oriented (i.e., “child in environment”) child development theories into their program philosophies and describing their programs as ‘child and family’ programs that provided social support (Weiss & Halpern, 1990). A new perspective evolved—one that suggested that “child and family well-being could be enhanced if families could be joined to share child-rearing resources, support each other’s child-rearing efforts, and perhaps make communities more child oriented (Weiss & Halpern, 1990).

Family support programs have continued to develop. Shared elements include a commitment to prevention—focused on alleviating familial stress and increasing parental competencies—and the development of supportive networks and connections to existing resources. More innovative approaches to providing family support services include (a) home visiting, (b) family resource centers, and (c) family group decision making.

**Home Visiting** (Department of Finance, 1996)

The notion of *home visiting*, that is, of agencies providing services to vulnerable children and their families in their homes, is not a new one. Home visiting programs have become increasingly popular as child welfare experts in the 1980s expressed concern about the health of and social risks to substance-exposed children. Consequently, home visiting programs have turned their attention to prevention and early intervention programs. Some home visiting models have proven effective in reducing child maltreatment and increasing children's chances of completing high school and becoming employed.

Home visiting programs typically are based on the belief that services provided in the home are more likely to benefit the recipients than are services provided through the more traditional delivery systems. Home visiting programs have been, or will soon be, implemented statewide in several states, including Hawaii and Vermont. Home visiting programs have operated in many more states, including California, on a much smaller scale.

California's current participation in home visiting programs for abused and neglected children and their families centers around two efforts: (1) ten early in-home family support services projects; and (2) the San Diego Healthy Families Program (HFP). The ten early in-home projects are located in seven urban and three rural sites throughout the State. Each project's design was based on local community needs but intended to provide support services to families assessed to be at
high risk for maltreatment of their children from birth to age five. The HFP uses paraprofessional home visitors to provide services to families and includes support groups and a child development specialist.

*Family Resource and Youth Services Centers* (Dokton & Poertner, 1996)
The Kentucky Family Resource and Youth Services Centers—an example of another innovative family support program—were born out of the statewide education restructuring effort prompted by a 1989 Kentucky Supreme Court decision that declared the state’s public school system unconstitutional. Reformers maintained that ensuring a high level of achievement for all children required additional services designed to help families and complement the public school education program. Consequently, *Family Resource Centers (FRCs)* were set up throughout the state to focus service delivery in an effort to strengthen family functioning and nurture the individual development of family members.

Other FRCs throughout the country usually operate under the same basic principles and criteria as those of the Kentucky Family Resource and Youth Services Center. They are differentiated somewhat, however, by the ages of children served and the required programmatic components. Some core values associated with FRCs are the emphases on resident involvement in governance and service delivery, and a neighborhood-based, whole family approach to service design. FRCs may be associated with elementary schools and offer additional core components such as preschool and after-school programs, parent and child education programs, technical assistance for child care providers, and health services and referrals.

Many FRCs are also located in neighborhood settings and provide an array of services based on community members' expressed needs. *Youth Services Centers (YSCs)*—a variant of family resource centers—typically are associated with middle schools or high schools and offer core components such as referrals to social and health services, employment counseling and development services, and counseling services for substance abuse and mental health issues.

Family resource centers and youth services centers have developed rapidly across California with the substantial support of the S. H. Cowell Foundation, the Office of Child Abuse Prevention, the Stuart Foundations, and the Zellerbach Family Fund.
**Family Group Decision Making**

A recent innovation in family-based services is the *Family Group Decision Making (FGDM)* model of family support (also called “family group conferencing”). The primary goal of the FGDM model is to empower at-risk families to make decisions about their children in order to improve the implementation and outcomes of service plans (California IV-E Waiver Proposal, 1998). This goal is based on the philosophy that families have the responsibility to care for and provide a sense of identity to their children. FGDM further assumes that families can be empowered to make decisions about their children’s safety and well-being in a non-adversarial context and that families have strengths that can be drawn upon and used to decide their own futures.

With FGDM, decisions regarding at-risk families are made through a series of meetings with families, individuals in their community support system, and child welfare workers. These meetings differ radically from traditional case conferences in that families define the decision-making process and are encouraged to be proactive rather than passive (Graber & Nice, 1991). The meetings also differ from traditional case conferences in that they often include family members, including extended family, and other supportive individuals (California IV-E Waiver Proposal, 1998).

The FGDM model was first developed in New Zealand in response to the concerns of the indigenous Maori people that community autonomy was being undermined by the removal and placement of Maori children with strangers and in government institutions. Oregon is one of the only states to implement a U.S. version of family group decision making (the Family Unity Model) statewide.

Many California counties are now experimenting with FGDM. Santa Clara County, in particular, has been especially vigorous in implementing the model for a large portion of their out-of-home care population.

Although formal evaluations have not been made of this program to date, preliminary reports of Oregon’s Family Unity Model, show a decrease in foster care after one year of implementation. A formative evaluation is under way in Santa Clara County by the American Humane Association in concert with Walter McDonald and Associates (California IV-E Waiver Proposal, 1998).
**Shared Family Care** (AIA Fact Street, 1997)
The provision of in-home services to children and their families has been limited by restrictions on federal funds. Title IV-E funding has been widely used to place children in out-of-home care. Innovations in the area of family maintenance services have therefore been scare. Some programs, however, are stretching conventional notions of in-home support. **Shared Family Care (SFC)** (sometimes called “Whole Family Placements”) shifts the traditional model of foster care by allowing entire families to be placed together in foster family homes. When children are placed in out-of-home care, they are by nature, separated from their parents and their parents' home. The SFC model—which was imported from Sweden—offers families a chance to remain together while the parents address the problems that led to their involvement with the child welfare system and attempt to establish positive connections with community resources. The model has been employed in the U.S. in Minnesota, Philadelphia, and Texas (California IV-E Waiver Proposal, 1998).

SFC involves placing a whole family (i.e., at least one child and one parent) in the home of a SFC mentor family who supervises and teaches parenting and living skills. Parents must display a desire to care for their children and a readiness to learn parenting and living skills. They must also be willing and able to leave their current living situations temporarily. Though the mentor serves as a teacher, resource, and advocate for the family, the biological parent maintains the primary responsibility for the care of the child. A particular strength of SFC is its application for both prevention (making it unnecessary to separate children from their parents) and reunification (providing a safe environment for children and parents to reunify). SFC is not recommended, however, for families in which the parent is abusing drugs and/or alcohol, involved in illegal activities, or is actively violent or psychotic.

Since SFC is a relatively new model of family support (and reunification) in the U.S., most existing programs recruit mentor families from their existing pools of foster families. While mentor families are not subject to the stricter licensing requirements of foster care, they must have sufficient space and sleeping areas, and meet health and safety regulations. SFC has been widely adapted in other states and is now being attempted in California in San Francisco, Contra Costa, and Alameda Counties.
FAMILY PRESERVATION

Perhaps the most significant innovation in child welfare in recent decades is the emphasis on and the provision of family preservation services to at-risk families. Family preservation became national policy in 1980 with the enactment of P.L. 96-272. State, local, and foundation contributions to family preservation have since grown substantially with much innovation occurring in states across the country. Family preservation services are intended to avert placements in out-of-home care by providing appropriate services to families involved in substantiated cases of child maltreatment. Such programs have tried to provide intensive (see box), but more flexible and appropriate services to reduce long, developmentally, and fiscally costly placements for children.

In California, family preservation services are defined as “intensive services for families whose children, without these services, would be subject to any of the following: (1) Be at imminent risk of out-of-home placement, (2) Remain in existing out-of-home placement for longer periods of time; (3) Be placed in a more restrictive out-of-home placement.” (California IV-E Waiver Proposal, 1998).

Homebuilders

Among the early leaders in the family preservation movement was the Edna McConnell Clark Foundation, which provided funds to many local child welfare agencies to implement a specific model of intensive family preservation services developed by Homebuilders in Tacoma, Washington (Department of Finance, 1996).

The Homebuilders model, the most influential of family preservation programs, provided both concrete and counseling services, including parent education, assistance with obtaining resources, and 24-hour crisis services, to families with children at imminent risk of removal. Services were time limited (usually four to eight weeks), and focused on stabilizing families in crisis.
Assessments of the Homebuilders models as implemented in Washington (Pecora, Fraser, & Haapala, 1991), Florida (Callister, Mitchell & Tolley, 1986), and Utah (Kinney, Haapala, Booth, & Leavitt, 1991) have generally found positive gains in preventing out-of-home placements with a much greater number of treated families intact twelve months after receiving services. Evaluations of other programs based on the Homebuilders models, such as the Families First program in Michigan, have also established the model’s success (Berquist, Szwjda, & Pope, 1993). Critics, however, have noted that reported gains are relatively short-term with little information provided about how these families are faring two or more years after receiving services. In addition, lack of treatment randomization or appropriate control groups, and the small sample sizes of the studies have compromised the research findings of these evaluation studies (Bath & Haapala, 1994). Indeed, when evaluations have conformed more closely to an experimental design, the results have been less encouraging. For example, family preservation services were studied in California with a randomized experimental design and although family preservation children were placed for fewer days, at a slower rate, and in less restrictive settings, no difference in overall placement rates were found (Yuan & Rivest, 1990).

One of the most ambitious evaluations of family preservation services was the evaluation of the Family First Placement Prevention Program in the state of Illinois (Schuerman, Rzepnicki, & Littell, 1994). The prevention program was a flexible time-limited intervention delivered in the home of at-risk families with the aim of keeping children in their homes. The study design featured the largest randomized experiment ever conducted with extensive sampling from seven sites around the state. Qualitative and quantitative data were gathered from multiple sources including supervisors and administrators of child welfare agencies, case workers, service providers and the families themselves.

Process evaluations suggested that the Family First program dramatically altered the responsiveness of the child welfare system and that Family First parents were more involved in services and decision making. Nevertheless, measurable gains for families and children were few. Neither placement rates nor recurrence of maltreatment showed significant differences when measured at regular intervals for up to three years from referral. Though the program did not meet its intended objectives, clients participating in Family First services were more satisfied with their child welfare experience.
FAMILY REUNIFICATION

Despite the child welfare system's success in achieving permanency for many children, innovations are needed to return more children to their biological families, and to return them sooner, when appropriate. Traditionally, efforts to reunify children have been focused on the family. A new framework has emerged, however, in which the foundation for reform is the belief that out-of-home care must be both family- and community- based. Programs, such as Family to Family, have incorporated this belief into their service delivery approach and are now targeting whole neighborhoods as a way to speed up and increase the number of reunifications.

Family to Family

Family to Family was designed in 1992 in consultation with national experts in child welfare. The Family to Family initiative has been an opportunity for states to reconceptualize, redesign, and reconstruct their foster care system. States and counties funded by the Annie E. Casey Foundation were asked to develop family-centered, neighborhood-based family foster care service systems within one or more local areas. Local communities targeted for the initiative were those that had a history of placing large numbers of children out of their homes. The local sites then became the first phase of implementing the newly conceptualized out-of-home care system throughout the state. The new system envisioned by Family to Family was designed to:

• better screen children being considered for removal from home, to determine what services might be provided to preserve the family safely and/or what the needs of the children are;

• be targeted to bring children in congregate or institutional care back to their neighborhoods;

• involve foster families as team members in family reunification efforts; and

• become a neighborhood resource for children and families, and invest in the capacity of communities from which the foster care population comes.

The Foundation’s role has been to assist states and communities with some of the costs involved in both planning and implementing innovations in their systems of services for children and families, and to make available technical assistance and consultation throughout the process. The Foundation also provided funds for development and for transitional costs that accelerate system change. The states, however, have been expected to maintain the dollar base of their own investment and sustain the changes they carry out when foundation funding ends. The
Foundation is also committed to accumulating and disseminating lessons from states’ experiences and information on the achievement of improved outcomes for children. The initiative is now operating in six states. Los Angeles county is currently preparing a proposal to become the next operational site.

**WrapAround Services**

Building on early models of family preservation, programs that provide wraparound services are currently being touted as one of the more promising recent innovations in child welfare.

Wraparound models of care attempt to integrate and provide intensive services to children and families with the most complex needs. Such models dispense traditional, inflexible delivery models instead of service delivery tailored to the specific needs and strengths of each case (California IV-E Waiver Proposal, 1998). Further, wraparound models are based on a philosophy that embodies two concepts: unconditional care and normalization. According to this philosophy, children best learn to become competent and productive adults if they live in, and learn from a normal environment (i.e., their own family or in a family-like setting, and within their own community surrounded by their own culture) (California IV-E Waiver Proposal, 1998).

**Kaleidoscope**

Founded in 1973 in Illinois by agency-employed child care workers who were dissatisfied with the type of care they were able to provide, Kaleidoscope (Stein, 1995), one of the most promising models of wraparound care, was built on two unique principles: First, no child is refused care, and second, no child is punitively discharged for bad behavior. Kaleidoscope began with small group homes but evolved to a foster family model in which children are served in family settings or independent apartments in the community. Currently, Kaleidoscope serves the most difficult to place youth, those with multiple or institutional placement histories, and those with mental and/or physical disabilities. Whenever possible, the program attempts to place children with kin or in other natural family settings. Paid foster family settings are used when natural family settings cannot be obtained.

Kaleidoscope uses two basic models to serve foster care children—the Therapeutic Foster Family Home model and the Youth Development Program. Under the Therapeutic Foster Family Home model, foster parents are carefully recruited, trained, and paid to care for a single child full time. Foster families provide 24-hour supervision, discipline that encourages caring and responsibility, and transportation to appointments and activities. Foster parents become involved in their child’s
school and community activities. Foster families receive support by teams of social workers, counselors, therapeutic recreation specialists, and administrators. Agency personnel provide treatment planning that includes a minimum of two treatment sessions per month, therapy with qualified professionals, educational and vocational services, and structured recreation. Agency staff also arrange necessary medical and dental care for a child.

Wraparound was introduced to California by Kaleidoscope staff and has since been adapted in several private agencies. Recent legislation (e.g., AB 163) encourages the expansion of wraparound services. In California, Wraparound is based on a set of principles that include an unconditional commitment to create and provide individualized services in the most normal environment possible. These principles include: (1) the development of an individualized service plan by a Child and Family Team that includes the child and family and is composed of no more than half professional staff; (2) the development of a plan that is strength-based and needs driven rather than deficit-based and service driven. The plan also must be family-centered and child-focused based on the unique strengths, values, norms, and preferences of the family; (3) the parent is an integral part of the team and has ownership of the plan; (4) a plan focused on normalization within a family, community and cultural context; (5) service teams that demonstrate an unconditional commitment to care that allows for changing the service plan to meet changing needs of children and families; and (6) services that are community-based, culturally competent, comprehensive, and customized to meet the unique needs of a family (California Department of Social Services, 1998).

Although there is always a crisis plan, this model is not crisis-oriented. Services are not delivered on a time-limited basis based on an acute situation. Instead, children are referred because of serious and ongoing emotional difficulties. Children receiving such services can be living in a variety of settings including residential treatment, foster families, or their own homes.

**PERMANENCY PLANNING & ADOPTION**

Recent legislation at the federal level (P.L. 105-89) mandates shorter time frames for permanency placement hearings, and at the California state level (AB 1544) requires agencies to carry out planning practices that include reviewing both reunification and legal permanency plans at each court hearing and making diligent efforts to identify relatives for placement. In large part, these goals are the result of the most exciting innovation in permanency and adoption planning—concurrent planning.
Concurrent Planning
The idea of concurrent planning arose from an emphasis on permanency that has been building since the early 1980s. The primary goal of concurrent planning is to achieve timely legal permanency for children in out-of-home care. Concurrent planning can be simply described as planning that provides for reunification services while simultaneously developing an alternative plan, in case it is needed (Katz, Spoonemore, & Robinson, 1994).

As agencies begin to put concurrent planning into practice, the challenges and complexities of instituting this philosophy and legal mandate will become more evident. Few practice models have been documented in the literature and the best known was developed by a private agency (Katz et al., 1994). A concern that has emerged about this permanency planning model is that shortened time frames for reunification may not be sufficient to allow parents to meet the requirements of case plans. Child welfare agencies in California are now experimenting with variations of concurrent planning services. The impact on promoting permanency for children will be seen in the years to come.

SYSTEM REFORMS
The public child welfare system is designed and implemented to achieve several critical goals. Few could argue against protecting children, preserving families, and providing permanency for children as worthy aims; nevertheless, the current service system is considered by many as overwhelmed by problems and much in need of reform. A growing foster care population, increasing costs of special needs youth in out-of-home care, and poor coordination of services for children and families are among the developments that have led to a call for privatization and managed care as means to “fix” a “broken” child welfare system (Field, 1996). Ultimately, child welfare reform must ensure that attempts to more efficiently manage services and contain costs do not undermine the system’s principal goals.

Privatization
Recently, the growth of the private sector in providing child welfare services that formerly were overseen by public agencies, has received significant attention. The notion of privately provided child welfare services, or privatization, has gained increasing political acceptance due in part to the view that the private sector is an innovative, responsive, and cost-efficient alternative to public social services. The state of Kansas has moved perhaps furthest in this direction and has privatized much of its child welfare system. Intake, assessment and eligibility functions in
Kansas are overseen by public child protection agencies, while all other services are provided by private agencies.

In California, privatization in child welfare has occurred primarily in the growth of private, nonprofit agencies. For example, out-of-home care settings such as group homes have been overseen by nonprofit providers. Contracts with private practitioners to help meet clients’ individual service needs are another example of privatization in this state. More recently, there has been considerable growth in the number of private, nonprofit agencies that certify and oversee foster family homes; therefore, California’s foster care population is being increasingly served in settings operated by private agencies.

Private child welfare initiatives will likely continue to grow as the private sector is seen as a means for more efficient uses of resources, though there exists little empirical evidence to support this view. Although California state law currently prohibits these parties from allocating public funds, new welfare laws provide federal reimbursements to private, for-profit agencies for as much as 50% of placement costs.

While privatization may increase in child welfare, continued case management and some degree of continued public service provision or management will no doubt be necessary given the state’s role as *parens patriae* (i.e., temporary or permanent parent) for the children served by the child welfare system. A partnership between the private and public sectors may be optimal for service planning and development and also for defining and measuring quality of care for children and families.

**Managed Care**

*Managed care* is a fiscal strategy to purchase essential services while simultaneously removing economic incentives for unneeded, long-term, and occasionally high cost care. This approach allocates a certain amount of funds (i.e., a ‘case rate’) to serve a given client based on a profile of their expected service needs. Clients with greater projected needs have higher case rates. Case rates are ‘capitated,’ however. That is, the rates have a maximum dollar amount that can be spent depending upon the profile of service use and duration of time in care projected for a client. Case rates are expected to meet all normal and crisis needs of clients with a given profile, and service providers retain unspent case funds. A capitated rate, thus, allows service providers the flexibility to serve clients with greater and lesser service needs and the incentive to curtail unnecessary or
long-term care toward service reinvestment. Performance-based rewards or penalties are also
managed care mechanisms that encourage providers to achieve desired case outcomes.

Many view managed care as an inevitable component of the future of child welfare services. This
service strategy has been used increasingly in the primary and mental health care systems and has
garnered growing support among policymakers and administrators. The child welfare system will
likely emulate primary and mental health care systems as child welfare policymakers and
administrators begin to question whether the successes of managed care in other service fields can
be duplicated in child welfare. More important, funding changes, through either block grants,
waivers, or other federal policies, make it probable that fewer federal resources will be available
in the coming years. States will be required to assume a greater share of child welfare costs and
will need to develop ways of rationing services while continuing to protect children. Certainly,
managed care could provide a means to contain costs and control human service budgets; though,
whether this will also compromise the needs of children and families is unclear.

As with any system reform, implementing managed care in child welfare would not be without its
difficulties. Measuring providers’ achievement in performance-based contracting requires
sophisticated, and highly-maintained management information systems. Further, there are critical
differences between the child welfare system and other systems employing managed care. Child
welfare clients most often do not voluntarily seek out the system for help. Unlike the health care
field where patients are motivated to seek out the system to improve their well-being, child
welfare clients are usually involved with the system unwillingly. As such, they can be resistant or
even hostile to provided services.

Primary and mental health care systems may withhold expensive treatment if a client is deemed
to be a poor candidate for success. This is not the case for the child welfare system, which must
procure and pay for services to treat a child in need, despite the child’s potential for a ‘successful’
outcome. Finally, no empirical evidence has yet emerged regarding whether managed care in
child welfare encourages premature discharge from care and thus increases children’s risk for
placement failure or re-abuse. Only one study has empirically examined the application of
managed care principles to child welfare (Wulczyn, Zeidman, & Svirsky, 1997). While this
research reported positive findings, the study period was for only one year. In California, Project
Destiny is another program that is exploring principles of managed care.
**Project Destiny** (Project Destiny Overview)

Project Destiny is a partnership between Alameda County Health Care Services, Social Services and Probation, the Alameda County Office of Education, and three community-based service providers—Seneca Center for Children and Families, Fred Finch Youth Center, and Lincoln Child Center. The program is designed to provide individualized wraparound services for Alameda County’s most troubled children and their families. Services are provided under a fully capitated funding model, where for each child served, the three community-based agencies assume case management authority along with complete responsibility for payment for necessary services up to and including psychiatric hospitalization.

Project Destiny applies five main principles when serving seriously emotionally disturbed children and their families: (1) unconditional care; (2) parent-driven, strength-based service planning; (3) individualized services; (4) cultural competency; and (5) maximum use of community resources in the service delivery process. Project Destiny services are designed to expand the use of family-based treatment and support services for seriously disturbed children and youth who would otherwise be placed in institutional care.

**Title IV-E Child Welfare Waiver Demonstration Project**

In experimenting with innovative system reforms in child welfare, the federal Department of Health and Human services recently implemented the Title IV-E Child Welfare Waiver Demonstration project. California has been selected as one of ten participating states in the project. As such, California is permitted to use Title IV-E funds in flexible and innovative ways, with the hope that creative service delivery strategies will promote permanence for children and families, divert some children from an overburdened child welfare system, and facilitate the movement of children to less restrictive levels of care at no additional cost to federal, state, or county governments.

The California Waiver Demonstration project consists of two different components. The ‘Extended Voluntary Placement’ component will extend federal funding for voluntary placements from 6 to 12 months under some circumstances. The ‘Intensive Services’ component will permit the use of Title IV-E funds for innovative service provision to reduce out-of-home placement or divert children already in care into less restrictive, more permanent, and family-like settings. Counties wishing to participate in one or both of the components have been invited to submit proposals for implementing local service plans.
Among the outcomes the Waiver project is aimed at producing is a reduction in court workload and costs, and a decrease in the numbers of children living in group homes. The Waiver project will be carried out over a five-year period, with the Center for Social Services Research conducting a rigorous and comprehensive evaluation of program innovations and project benefits.
SECTION VII
CLOSING

California faces steep child welfare challenges. For some children, the fundamental goal of child protection is breached when they must be reported to child welfare authorities multiple times before their case is heard, or when they are re-abused following reunification. Family support may be minimal for some California citizens when social worker’s caseloads are so large that they cannot offer services or assistance to reunify children. And permanence is too often a last opportunity for children who remain in long-term, out-of-home care when they might otherwise have lived with a stable family. These fundamental challenges should be faced squarely by California’s state and local governments so that the foundation upon which the child welfare system stands can adequately support the families it is designed to serve. Standards of “adequacy” should be used as a first benchmark of success and when this threshold has been reached, “excellence” should be pursued.

The government’s role in supporting children and families has traditionally developed within a residual model of social service provision. This model presumes that the primary obligation for maintaining families lies within families. Family members are, therefore, expected to provide support and assistance to other members in need. When families are not able to maintain themselves, government-sponsored services may be provided temporarily, until family or individual conditions improve. By nature, the residual model is minimalist with regard to child welfare. That is, the fundamental standard of “minimally adequate care” is used as a benchmark for offering and withdrawing service and support.

Based on a residual model, conventional, government-sponsored child welfare services offer children basic protection from harm, general support for the family, and assistance in promoting permanency outcomes for children. Yet, the public child welfare system does little to enhance children’s optimal emotional, behavioral, cognitive, or physical development, and even less to support the development of healthy families. Until the government moves beyond minimally adequate care, our review of the child welfare data for California suggests that there exist special opportunities – opportunities to augment and strengthen the child welfare system as it currently exists, as well as opportunities to move beyond the current residual model to a child welfare system that optimizes child and family development and outcomes.