

UNDERSTANDING THE CHILD WELFARE SYSTEM IN CALIFORNIA

**A Primer for Service Providers
and Policymakers**

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CCRWF
CALIFORNIA CENTER FOR RESEARCH
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Dear Social Service Providers and Policymakers:

On any given day in California, 131,000 children and youth are involved in the public child welfare system. Each year, over 500,000 children—six percent of the state's population under age 18—come to the attention of child welfare officials because of reports of suspected child abuse or neglect. How many of us have a basic understanding of the laws and programs set up to care for these children?

This Primer aims to orient service providers to the building blocks and key issues of the public child welfare system. The Primer is also intended to educate local and state policymakers responsible for crafting public policy. There is considerable need for professionals in many fields to understand the many facets of the child welfare system, particularly as many of California's counties move to coordinate services to high-risk families.

In addition to highlighting the major laws, programs, and financing mechanisms, the Primer describes the four services required in each county child welfare agency (Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement) and outlines the juvenile dependency court process. The Primer also reports the reasons that children are involved in the system and describes the children's backgrounds. Looking to the future, the Primer summarizes key challenges facing child welfare professionals and policymakers, ranging from improving data management and evaluating outcomes to assessing the shortage of foster care families.

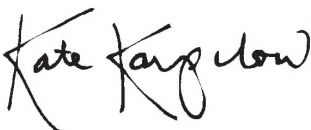
Diane F. Reed, the primary author of the Primer, has our considerable and heartfelt thanks for her thorough research and for her extraordinary dedication to developing a document rich in information, yet concise and accessible to busy professionals.

Throughout the past year, Ms. Reed relied on the knowledge of many individuals who gave generously of their expertise and time. Sylvia Pizzini, Deputy Director for Children and Family Services at the California Department of Social Services, read numerous drafts and offered valuable information and advice. Barbara Needell, Principal Investigator at the Center for Social Services Research at UC Berkeley, responded to frequent queries for statistical information. Linda Orrante, Project Coordinator of the CalWORKs/Child Welfare Partnership Project, offered many professional insights and helped research current law and practice; and Sarah Boehm provided critical assistance with library and website research.

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This Primer is dedicated to the children in California's child welfare system. They are our shared responsibility; and they depend on us to support them, to provide them care, and to help them heal.

Sincerely,



Kate Karpilow
Executive Director

UNDERSTANDING THE CHILD WELFARE SYSTEM IN CALIFORNIA: A PRIMER FOR SERVICE PROVIDERS AND POLICYMAKERS

Introduction

Every year, over a half million children in California come to the attention of child welfare officials through reports of suspected child abuse or neglect. On any given day, 131,000 children and youth are involved in the child welfare system: 39,000 receive emergency services and other forms of assistance to keep the family together safely, and 92,000 live in foster homes, relative homes, and residential care facilities. Today's child welfare system faces many challenges. In addition to investigating reports of abuse and neglect, protecting victimized and vulnerable children, assisting children who are removed from their parents' care, and supporting families to stay together, Congress requires documentation of how well the child welfare system is serving children and families.

This Primer provides an overview of the child welfare system—its history, structure, and funding streams. It also presents a profile of the children who are in the system and the multiple challenges facing a system in transition. The Primer is intended to increase understanding by child welfare professionals, policymakers, and others about the complex nature of the child welfare system and to inform dialogue about systemic changes and improvements that might better serve the children and families of California.

ABOUT THIS PRIMER

Understanding the Child Welfare System in California: A Primer for Service Providers and Policymakers is one in a series of primers offered by the California Center for Research on Women and Families (CCRWF) to assist practitioners and policy leaders in advancing their basic knowledge of complex social services systems. Funded by the Zellerbach Family Foundation, this Primer and a companion publication on CalWORKs support the CalWORKs/Child Welfare Partnership Project, which aims to coordinate welfare and child welfare programs in California.

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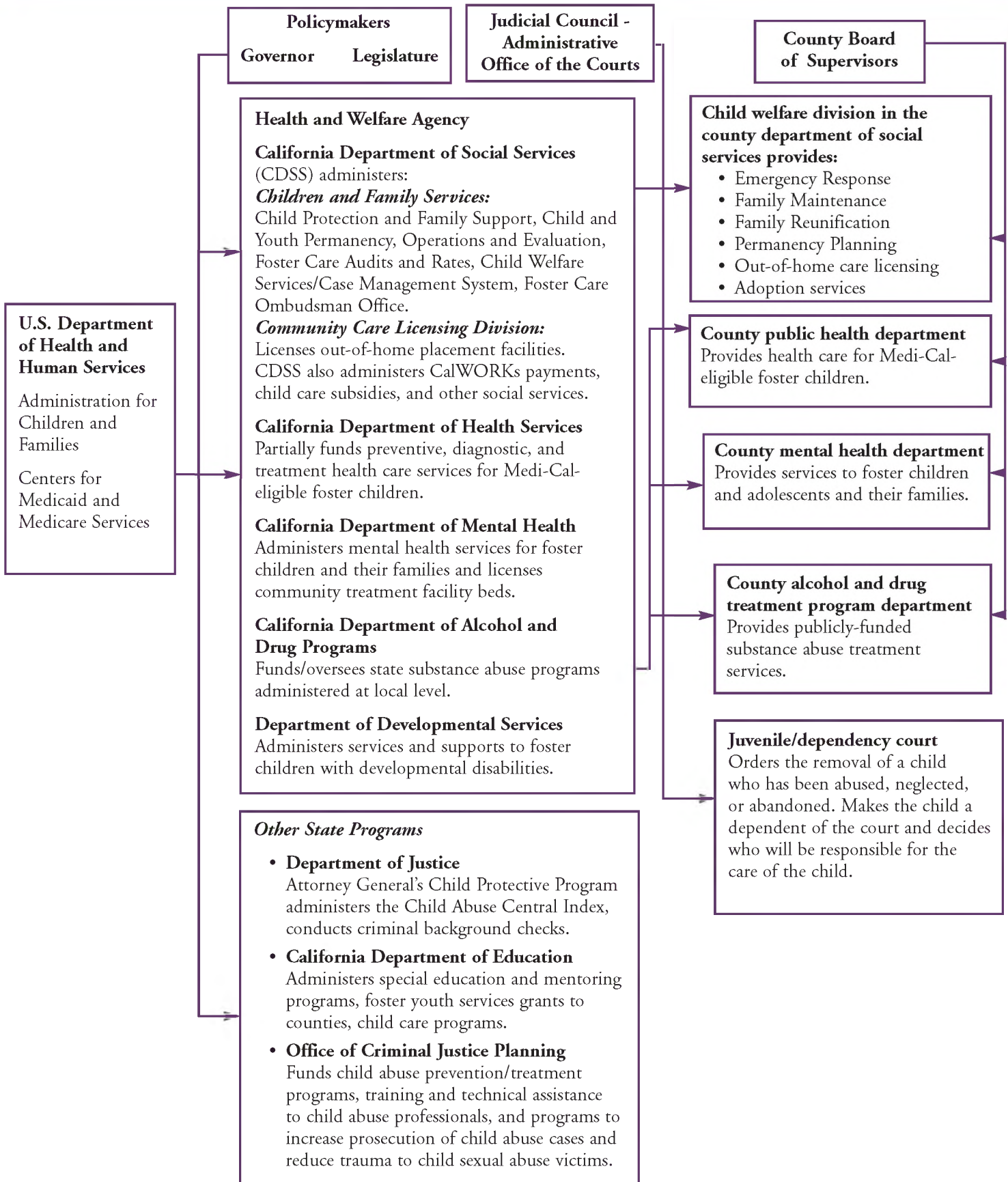
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Table Of Contents

Introduction	1
The Child Welfare System	3
Federal Government	3
State Government	5
County Government	7
Components of the County Child Welfare Agency	9
Emergency Response	9
Family Maintenance	11
Family Reunification	11
Permanent Placement	13
Juvenile Dependency Court	15
Children in the Child Welfare System	16
Reasons for Child Welfare System Involvement	16
Children Receiving Services	16
Children in Foster Care	17
Out-of-Home Providers	18
Kinship Care	18
Foster Care Placements	19
Funding the Child Welfare System	20
Title IV-E	20
Title IV-B	20
Title XIX	20
TANF	20
Funding Streams	21
Need for Coordination	21
CalWORKs	21
Health Care	21
Mental Health	22
Substance Abuse	22
Domestic Violence	22
Education	22
Key Issues: 2002 and Beyond	23
Administration and Practice	23
Reporting and Information Systems	23
Accountability	23
Flexible Funding	23
Service System Coordination	24
Prevention Programs	24
Adoption	25
Social Worker Shortage	25
Child Welfare Worker Caseload	25
Promising Practices	25
Children and Families	27
Overrepresentation	27
Transracial Adoption	27
Shortage of Foster Families	28
Transition-Age Youth	28
Conclusion	28
Endnotes	29

Figure 1: California's Child Welfare System: Primary Institutions

THE FEDERAL LEVEL THE STATE LEVEL THE COUNTY LEVEL



THE CHILD WELFARE SYSTEM

The child welfare system is made up of multiple federal, state, and county agencies, juvenile courts, and private social service agencies, all of which share the goals of providing for the safety, permanence, and well-being of children and their families. Both federal and state laws establish the legal framework that governs the roles and responsibilities of agencies and organizations for children that enter and leave the child welfare system.

FEDERAL GOVERNMENT

The federal government develops and implements national policy by issuing regulations, overseeing state performance, and conducting compliance reviews. It also allocates federal funds for child welfare and related programs to state, county, city, and tribal governments and public and private local agencies.

U.S. Department of Health and Human Services

The Department of Health and Human Services (DHHS) is the principal federal agency that regulates and partially funds services to maltreated children and their families. Within DHHS, the Administration for Children and Families and the Centers for Medicaid and Medicare Services oversee services provided to children and families involved with the child welfare system. Federal funding for child welfare programs requires state matching funds; states, in turn, may require matching funds from counties.

Administration for Children and Families

Responsible for some 60 programs that provide services to children and families, the Administration for Children and Families (ACF) assists state, county, city, and tribal governments and public and private local agencies to provide services through funding allocations, policy direction, and information services. ACF also supports state programs to provide foster care and adoption assistance; administers the state-federal welfare program, Temporary Assistance to Needy Families (TANF); administers the national child support enforcement system and the Head Start program; and provides funds to assist low-income families pay for child care. Within ACF, the Children's Bureau funds a number of programs that focus on preventing abuse, protecting children from abuse, and finding permanent placements for children who cannot safely return to their homes.

The Centers for Medicaid and Medicare Services

The Centers for Medicaid and Medicare Services (CMS) administers the Medicaid program (known as Medi-Cal in California) that provides health care coverage to foster children.

Brief History of Child Welfare Services

Our attitudes, beliefs, and ways of caring for and protecting abused or neglected children and supporting families have changed profoundly over the past 300 years. In the 1700s, orphans and children in need of care typically were indentured to other families to learn a trade. By the mid-1800s, family poverty was accepted as enough reason to remove children from their parents, and orphanages were established by private religious and charitable organizations to care for dependent children. By the last half of the 19th century, children increasingly were placed with families instead of institutions, but agencies did only minimal screening and placement follow-up. Some of the more zealous groups removed children from their homes with little regard for parental rights. In the early 1900s, a separate court system was established for minors, out-of-home care began to be reimbursed, and foster homes were more closely supervised.

The federal government first developed policies to deal with child abuse and neglect in 1935. Over the next 30 years, Congress created a federal foster care payment system to reimburse foster parents and strengthened the role of the court in removing children from their families. The passage of mandatory child abuse reporting laws increased the number of children placed in foster care during the 1970s, highlighting the need for prevention and early intervention services and shifting public policy toward reducing unnecessary foster care placements and safely reunifying children with their families when possible. In the late 1980s, the deaths of some children involved in the child welfare system and widespread coverage of parental substance abuse led to demands to better protect children and contributed to increased federal spending on foster care.

In the last decade, concern that children were in foster care for too long when there was little hope of reunification with their birth families led to policies and practices to terminate parental rights more quickly. This in turn has increased pressure on child welfare professionals unable to find adoptive parents for the children already in the system. Today, the struggle continues to find the right balance between the competing demands of child safety and preserving families.

Key Federal Child Welfare Laws

Child Abuse Prevention and Treatment Act (CAPTA), 1974

Public Law (PL) 93-247 began to shape the current child welfare system. CAPTA mandates that states establish child abuse reporting laws, define child abuse and neglect, describe the circumstances and conditions that obligate mandated reporters to report known or suspected child abuse, determine when juvenile/family courts can take custody of a child, and specify the forms of maltreatment that are criminally punishable. This Act has been amended and reauthorized several times since its inception, most recently in 1996. CAPTA is currently before Congress for reauthorization.

Indian Child Welfare Act (ICWA), 1978

PL 95-608 re-establishes tribal authority and protects and preserves the bond between Indian children and their tribe and culture. ICWA regulates any child protective case, adoption, guardianship, termination of parental rights action, runaway/truancy matter, or voluntary placement of Indian children. Placement cases involving Indian children must be heard in tribal courts, if possible, and involvement by the child's tribe in state court proceedings is permitted.

Adoption Assistance and Child Welfare Act, 1980

PL 96-272 created a categorical funding stream for out-of-home (foster) care to support the basic goal of protecting children, but established a preference to maintain and reunify families. This Act requires reasonable efforts to prevent unnecessary out-of-home placements, requires consideration of relatives as the placement of preference, establishes a process to safely reunify children with their families when possible, and authorizes assistance payments to families who adopt children with special needs. Only those children who meet means-tested eligibility requirements set in July 1996 are eligible for these categorical funds.

Independent Living Program Act (ILP), 1986

PL 99-272 provides services for foster youth age 16 and older to promote self-sufficiency and to help them transition out of the system at age 18.

Family Preservation and Family Support Services Program, 1993 Promoting Safe and Stable Families Act, 1997

PL 103-66 and PL 105-89 provide time-limited, flexible funds to states for family preservation and community-based family support services. In 1997, the Family Preservation and Family Support Services Program was extended, expanded, and renamed the Promoting Safe and Stable Families Act. The program is one of the few sources of federal funds for services to prevent or remedy the difficulties that bring families to the attention of the child welfare system. The Promoting Safe and Stable Families Act is in the process of being re-authorized by Congress.

Multi-Ethnic Placement Act (MEPA), 1994 Inter-Ethnic Placement Provisions, 1996

MEPA (PL 103-382) prohibits delaying or denying the placement of any child on the basis of race, color, or national origin, and requires that states recruit prospective adoptive and foster care families that reflect the ethnic and racial diversity of children needing homes. The Interethnic Placement Provisions (PL 104-188) amended MEPA and strengthened its provisions to ensure that adoption and foster placements were not delayed or denied because of race, color, or national origin.

Adoption and Safe Families Act (ASFA), 1997

PL 105-89 emphasizes child safety over keeping families together and provides financial incentives to states to promote permanency planning and adoption. It also identifies additional circumstances for terminating parental rights, establishes a time-limited federal waiver demonstration project for selected states to test new service delivery approaches, and requires DHHS to adopt outcome measures and a way to systematically collect data from states.

Foster Care Independence Act, 1999

PL 106-169 doubles funding for Independent Living Skills programs, allows states to use some funding for transitional living programs for emancipated youth and to extend Medicaid coverage to age 21, and permits all youth in out-of-home care (including non-IV-E eligible youth) to participate in ILP services.

STATE GOVERNMENT

California's Child Welfare Services (CWS) system is a continuum of programs and services aimed at safeguarding the well-being of children and families in ways that strengthen and preserve families, encourage personal responsibility, and foster independence. CWS includes:

- social worker response to allegations of child abuse and neglect;
- ongoing services to children who have been identified as victims or potential victims of abuse and neglect and their families; and
- services to children in foster care who have been temporarily or permanently removed from their families because of abuse or neglect.

California Department of Social Services

California Department of Social Services, or CDSS, is the primary entity responsible for the state's child welfare program. Among its many roles, CDSS:

- receives federal funding that provides partial support for state and county child welfare programs;
- develops and oversees programs and services for at-risk children and families;
- licenses out-of-home (foster) care providers;
- secures state and county funds for services to children in out-of-home (foster) care;
- provides direct service adoption programs in some counties;
- conducts research; and
- provides oversight and evaluation of local and statewide demonstration projects and statewide "best practices" training for social workers.

California is one of 11 states that operate on a state-supervised/county-administered model of governance. Under this system, each of California's 58 individual counties administers its own child welfare program, while CDSS monitors and provides support to counties through regulatory oversight, administration, and the development of program policies and laws. The challenge in this approach is balancing state standards that must be consistent with federal law with local outcomes that are tailored to meet the needs and values of diverse communities and populations in the state.

Two divisions within CDSS are responsible for providing child welfare and foster care services, the Children and Family Services Division and the Community Care Licensing Division.

Children and Family Services Division

The Children and Family Services division provides leadership and oversight of county and community agencies in implementing child welfare programs through training, technical assistance, incentives, and program evaluations. The division consists of six branches:

Child Protection and Family Support develops policy and practice for child abuse prevention, Emergency Response, and Family Maintenance; provides training services to counties; and provides oversight of the Indian Child Welfare Act.

Child and Youth Permanency develops policy and practice for child welfare programs related to permanency, including Family Reunification, guardianship, and adoption.

Operations and Evaluation conducts county-level compliance reviews, provides direct services adoption programs for 30 counties, and develops quality assurance policy.

Foster Care Audits and Rates audits and sets rates for group homes and Foster Family Agencies.

Child Welfare Services/Case Management System, or CWS/CMS, maintains the centralized statewide computer system with automated case management and information-reporting functions that provide data to monitor and evaluate outcomes.

Foster Care Ombudsman Office resolves concerns related to the care, placement, and services provided to foster children and youth and provides leadership, direction, and coordination with Ombudsman Offices at the county level.

Community Care Licensing Division

The Community Care Licensing Division (CCLD) licenses four different types of out-of-home placement settings for children: foster family homes, Foster Family Agencies, group homes, and Community Treatment Facilities. CCLD monitors facility safety standards, food storage and preparation, available medical services, staff qualifications and training, supervision, and documentation requirements. CCLD also licenses adoption agencies.

Key State Child Welfare Laws

Senate Bill (SB) 14 (Chapter 978, Statutes of 1982) requires the state, through the California Department of Social Services and county welfare departments, to establish and support a public system of statewide Child Welfare Services. Each county welfare department is required to maintain four specialized components: Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement.

SB 243 (Chapter 1485, Statutes of 1987) makes termination of parental rights and removal from the home dependent on danger to the child, narrows the definition of physical abuse, establishes preservation of the family as the primary system goal, and restates the priority for relative placement over non-relative foster care for children.

SB 370 (Chapter 1294, Statutes of 1989) establishes the Foster Care Group Home Rate structure and authorizes the automated Child Welfare Services/Case Management System (CWS/CMS).

Assembly Bill (AB) 948 (Chapter 91, Statutes of 1991) increases the county share of cost for foster care and child welfare services to increase fiscal incentives to avoid or limit expensive foster care placements.

AB 3364 (Chapter 961, Statutes of 1994) establishes the California Family Preservation and Family Support Program consistent with federal requirements.

AB 1193 (Chapter 794, Statutes of 1997) establishes the Kinship Support Services Program to provide community-based support for relatives caring for children placed in their homes by the juvenile court or children who are at risk of abuse, neglect, or delinquency.

AB 1544 (Chapter 793, Statutes of 1997) mandates “concurrent planning” and makes specific changes in the law designed to increase the likelihood that foster children unable to reunify with their birth parents achieve permanency with relatives.

AB 2773 (Chapter 1056, Statutes of 1998) implements the federal Adoption and Safe Families Act in California that includes shortened timeframes for reunification.

SB 163 (Chapter 795, Statutes of 1998) allows counties to participate in a pilot program providing intensive wrap-around services to families and children in or at risk of high level group care to reduce the need for placement.

SB 933 (Chapter 311, Statutes of 1998) enacts group home reforms and establishes the Foster Care Ombudsman program to provide a way to resolve issues.

SB 1901 (Chapter 1055, Statutes of 1998) establishes the Kinship Guardianship Assistance Payment Program (Kin-GAP) to provide a subsidy for children placed in legal guardianship with a relative.

SB 2030 (Chapter 785, Statutes of 1998) requires the California Department of Social Services to evaluate workload and budgeting methodologies to understand the routine child welfare staff activities, the time needed to complete mandated services, and the estimated time needed for what is considered to be best practice in child welfare.

AB 1740 (Chapter 52, Statutes of 2000) establishes the Child Welfare Services Stakeholders Group to examine current child welfare programs and propose a redesigned system by June 2003.

AB 2877 (Chapter 93, Statutes of 2000) makes emancipated foster youth categorically eligible for Medi-Cal.

AB 427 (Chapter 125, Statutes of 2001) expands transitional housing for foster youth and emancipated foster youth and establishes the Supportive Transitional Emancipation Program (STEP) program to provide assistance payments to emancipated youth. Participation in STEP is optional for counties.

AB 636 (Chapter 678, Statutes of 2001) establishes a statewide Child and Family Services Review system to review county systems and assist them in meeting outcomes.

AB 899 (Chapter 683, Statutes of 2001) defines the rights of foster children and requires that children and youth be provided with this information.

Other State Departments and Programs

Numerous other governmental agencies and programs provide services to children and families involved in the child welfare system:

California Department of Health Services partially funds health services for Medi-Cal-eligible foster children through the state's Child Health and Disability Prevention (CHDP) Program. CHDP provides preventive and diagnostic screening services and treatment to foster children through Early and Periodic Screening, Diagnostic and Treatment (EPSDT). The state requires that foster children be screened every 2 months until age 1, once every 6 months to age 2, once at age 3, every 2 years to age 8, and every 3 years to age 20.

California Department of Education partially funds special education, academic mentoring programs, and non-competitive Foster Youth Services grants to provide interagency educational, emotional, social, and health services to foster children in some counties.

California Department of Mental Health partially funds county agencies to provide mental health services to foster children through Title XIX Medicaid funding and EPSDT.

California Department of Alcohol and Drug Programs partially funds community-based substance abuse programs through the federal Substance Abuse Block Grant and Drug Medi-Cal.

California Department of Developmental Services provides some services and assistance to families with children in foster care who need developmental services through Regional Centers.

Judicial Council of California is the policymaking body of the California courts. Under the leadership of the Chief Justice and in accordance with the California constitution, the Council provides guidelines to the courts, makes recommendations annually to the Governor and Legislature, and adopts and revises California Rules of Court in the areas of court administration, practice, and procedure.

California Department of Justice, through the Attorney General's Child Protection Program, administers the Child Abuse Central Index, a registry of all substantiated and inconclusive child abuse reports submitted by county child welfare agencies. The Department of Justice also conducts criminal background checks.

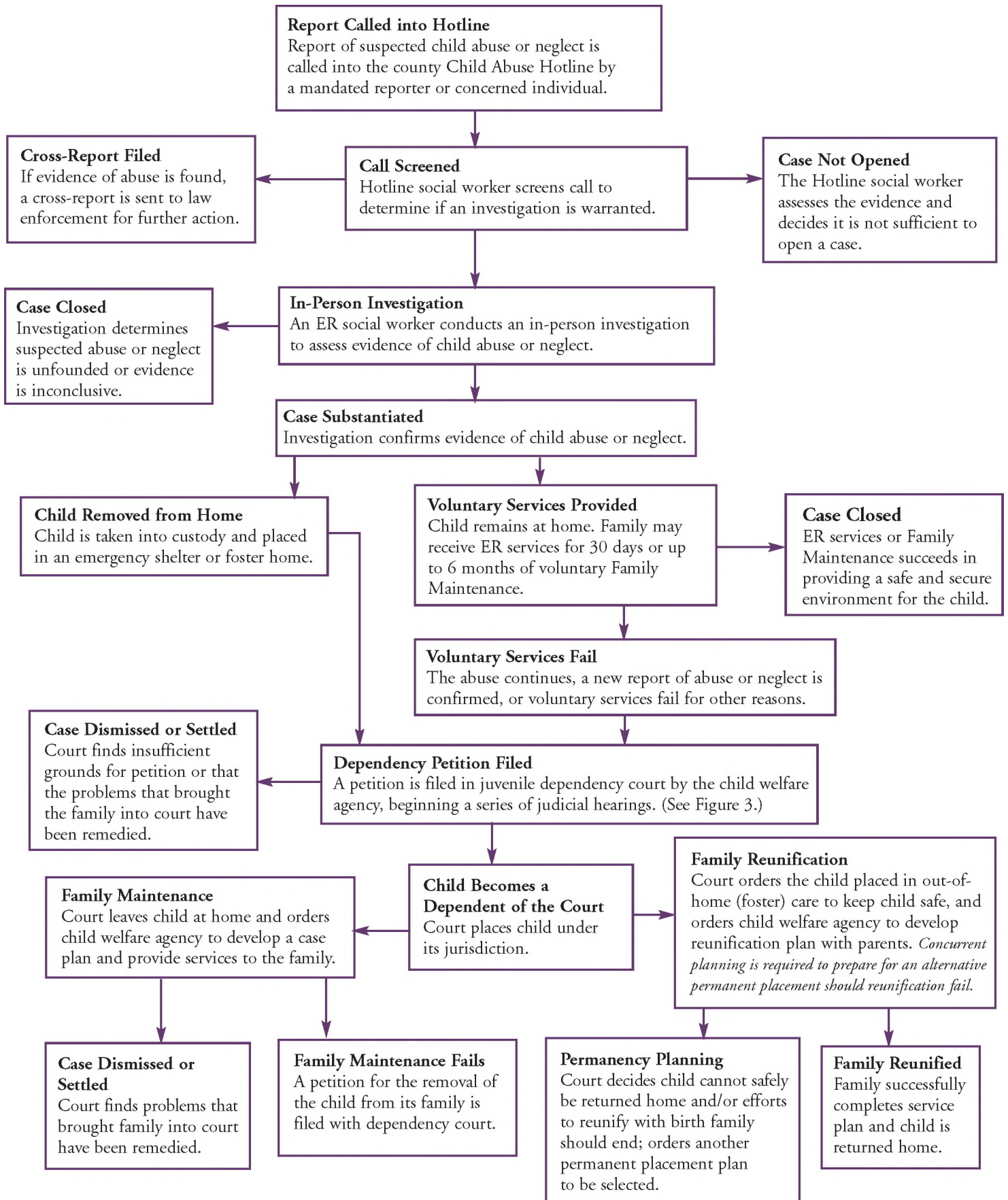
Office of Criminal Justice Planning administers a number of child welfare programs, including the American Indian Child Abuse Treatment Program, the Child Abuse and Abduction Prevention Program, the Child Abuse Training and Technical Assistance Centers, the Child Abuse Treatment Program, and the Child Abuser Vertical Prosecution Program.

COUNTY GOVERNMENT

Counties are the primary governmental bodies that directly interact with children and families to address child abuse and neglect. Children and families involved in the child welfare system receive services from several county-level departments:

- The county department or agency of social services through its child welfare division administers, partially funds, and provides local child welfare and foster care services under Sections 300 et seq. and 16500 et seq. of the California Welfare and Institutions Code. The child welfare division investigates reports of child abuse, screens and assesses families, provides case management and other services to help families stay together, places and monitors foster children, and provides adoption services.
- The county public health department provides preventive, diagnostic, and treatment health services for Medi-Cal-eligible foster children at county and community-based clinics. Many counties also hire, fund, and supervise public health nurses (PHNs) to oversee the physical health, behavioral, dental, and developmental needs for all children in foster care.
- The county mental health department provides services to children and adolescents who are in the child welfare system.
- The county alcohol and drug treatment services department provides detoxification, outpatient, and residential services through county and/or community-based treatment programs to individuals with substance abuse problems.
- The juvenile dependency court determines through petitions filed by the child welfare agency and hearings whether a child can remain safely at home while the family receives services to help it stay together, or whether to remove a child from home and assign custody and care responsibilities to the social services agency.

Figure 2: Going Through the Child Welfare System



COMPONENTS OF THE COUNTY CHILD WELFARE AGENCY

County welfare departments administer the Child Welfare Services (CWS) program under federal and state statutes and regulations and are responsible, either directly or through providers, to obtain or provide interventions and services to address child abuse and neglect and increase well-being of children and families. The four traditional service components of the program were established through state legislation (Senate Bill 14) enacted in 1982 to implement federal requirements under Public Law 96-272:

- Emergency Response
- Family Maintenance
- Family Reunification
- Permanent Placement

EMERGENCY RESPONSE

Every year, California county child welfare agencies receive over one-half million reports of suspected child abuse and neglect. These reports are almost always made by phone calls to the local Emergency Response (ER) 24-hour Hotline or crisis line. Each county has its own telephone number for reporting suspected abuse. Reports of child maltreatment are made by individuals who are required by law to report suspected child abuse and neglect (mandated reporters) and by other concerned individuals.

A Call Comes into the Hotline

When a call comes into the ER Hotline, it is first screened by a Hotline social worker to determine if there is enough evidence to warrant an in-person investigation.

Key questions at this stage include:

- Is the child in imminent danger?
- What is the risk of maltreatment?
- What are the family's strengths and resources?
- Does the suspected child abuse meet the legal definition of abuse or neglect?
- Is an in-person response required and, if so, how quickly?

What Is Child Abuse and Neglect?

California law defines specific categories of child abuse and neglect:

Physical abuse is bodily injury inflicted by other than accidental means on a child, including willful cruelty, unjustified punishment, or corporal punishment or injury resulting in a traumatic condition.

Sexual abuse is the victimization of a child by sexual activities, including molestation, indecent exposure, fondling, rape, or incest.

Emotional abuse is non-physical mistreatment, including willfully causing any child to suffer, inflicting mental suffering, or endangering a child's emotional well-being.

General neglect is the negligent failure of a parent, guardian, or caretaker to provide adequate food, clothing, shelter, medical care, or supervision, in cases where no physical injury to the child has occurred.

Severe neglect involves situations of neglect, including severe malnutrition, where the child's health is endangered.

Exploitation is forcing or coercing a child into performing activities that are beyond the child's capabilities or which are illegal or degrading, including sexual exploitation.

Sources: California Penal Code Section 11165 and Welfare and Institutions Code Section 300.

Mandated Reporters of Child Abuse

The California Child Abuse Reporting Law (Penal Code 11165) identifies 33 categories of individuals who are legally required to report known or suspected child abuse. These include workers in county welfare, police, or probation departments; clinical social workers; clergy; school teachers and counselors; employees of day care facilities; nurses and physicians; and commercial film and photographic print processors. Legally mandated reporters account for over half the reports of child abuse and neglect; about one-fifth of the total number of reports are made by mandated reporters working in schools (teachers, counselors, nurses, etc.).¹

The Hotline social worker determines, based on information received during the call, whether there appears to be sufficient evidence of neglect or abuse. If sufficient evidence does not exist to suspect neglect or abuse, a case is not opened. This is referred to as being “evaluated out of the system,” and the family may be referred to voluntary services in the community. If there appears to be sufficient evidence of abuse or neglect, then a case is opened and an investigation begins.

When a Case Is Opened

The Hotline social worker determines if an investigation needs to occur immediately or within 10 days. Interviews of the parent or caretaker and the child are conducted by an ER social worker responding individually or as part of a multidisciplinary team, possibly including law enforcement or public health.

An Investigation Is Conducted within Two Hours

If the Hotline social worker determines that a child appears to be at imminent or substantial risk of abuse or neglect due to circumstances such as sexual abuse, physical or mental injury, or an absent caretaker, state law requires county child welfare agencies to provide an immediate and in-person response within 2 hours.

An Investigation Is Conducted within Ten Days

If the Hotline social worker determines that there appears to be evidence of abuse or neglect but the child is not in imminent danger of harm, an in-person investigation must be completed within 10 calendar days.

After the Investigation

Several outcomes can occur as a result of the investigation: the case is closed, the child remains at home and his/her parents accept services, or the child is removed from the parents.

Case Is Closed

If the investigation finds no evidence of child maltreatment (the report was unfounded) or insufficient evidence to determine whether child maltreatment occurred (the report was inconclusive), the case is closed.

Child Remains at Home and Parents Accept Services

If the investigation finds that the parents do not pose an immediate and high risk of maltreating their child or there is inconclusive evidence to substantiate abuse, the ER social worker can decide to leave the child at home and may offer caregivers up to 30 days of ER services or up to 6 months of voluntary Family Maintenance services.

Criteria Used to Assess Risk for Child Abuse and Neglect

One of the most important aspects in responding to child abuse is how the family and children are assessed. Each of California’s 58 counties has its own handbook and training protocol; however, social workers generally use certain standard criteria to identify family problems and strengths and to develop an appropriate service plan. These criteria include:

- Frequency and severity of abuse or neglect,
- Vulnerability of the child due to age or disability,
- When the event occurred,
- Prior reports to Emergency Response, both in and out of the county,
- Unrelated adult males in homes with children under 5 years of age,
- Alleged perpetrator’s access to the child,
- Parental alcohol or other drug use,
- History of parental mental health problems,
- History of violence, including domestic violence, in the home, and/or
- Parental capacity to protect the child.

Source: Personal communication with Sylvia Pizzini, Deputy Director, Children and Family Services Division, CDSS, March 4, 2002.

What Is a Social Worker?

Social workers in a county child welfare agency are highly skilled and flexible professionals working with large caseloads, typically comprised of families with multiple problems. Social workers often face many challenges to keep children safe and families together when appropriate. They assess and investigate reports of suspected child abuse and neglect, meet statutory deadlines, prepare reports, testify in juvenile dependency court, recommend courses of action, develop case/service plans with families, monitor compliance and progress, and find appropriate out-of-home placements for children. Under its Division 31 regulations, CDSS requires that at least 50 percent of professional staff in county child welfare departments possess a Master’s degree in social work or its equivalent in education and/or experience.

Thirty-day ER services (also called “pre-placement prevention activities”) can be provided to families when there is a problem that does not require removal of the child and when the social worker believes that the problem can be ameliorated within 30 days. Services can include emergency shelter care, temporary in-home caregivers, therapeutic day services, parenting training, substance abuse testing, transportation, and respite. Each county decides to what extent it wants to utilize this intervention. Voluntary Family Maintenance, also known as “Informal Supervision,” means that if the family does not improve within the 6-month period, a Section 300 (juvenile dependency court) petition can be filed on the original allegations. Family Maintenance services can include counseling, parent training, substance abuse treatment, respite care, or other services that meet identified needs.

The family agrees to accept these services on a voluntary basis without court intervention. At the end of these periods, the case is either closed or referred to juvenile dependency court if there is a new report of suspected child abuse or the social worker determines that voluntary services have failed.

If the investigation finds that the parents do not pose an immediate and high risk of maltreating their children, but the parents will not voluntarily accept services, the social worker may leave the child at home and petition the court for an order to provide services, i.e., court-ordered family services.

Child Is Removed from Parents

If the ER social worker (or a police officer) determines that the child cannot remain safely at home, immediate steps are taken to remove and place the child in a safe environment, such as a temporary shelter or emergency foster care. The child can be placed into protective custody for up to 48 hours. During that 48 hours, a social worker will assess whether the child can safely be returned home with supportive services or whether the intervention of the juvenile court is needed. In cases of serious abuse, the perpetrator may also be arrested and referred to the district attorney for criminal prosecution. It is thus possible to have two parallel court proceedings occurring in juvenile dependency court and criminal court.

If the social worker determines that the protection of the juvenile court is needed, he or she must prepare and file a petition with the juvenile dependency court within 48 hours after the child has been removed from the parent or guardian. The petition is a legal document containing evidence that court intervention is necessary for the safety of the child. A petition may also be filed if the social worker allows the child to remain at home with caregivers that refuse to accept voluntary Family Maintenance services. The court process involves a series of hearings and case reviews (described in a later section of this Primer).

Outcome of Referrals

Of the more than one-half million (545,246) California children alleged to be victims of child abuse and neglect in 2001,² most reports to the Hotline were closed after an initial intake:

- 30 percent of the children had reports that were assessed and closed (no in-person investigation or case opened);
- 25 percent had reports that were investigated and classified as unfounded;
- 24 percent had reports that were investigated and found to be inconclusive; and
- 21 percent, or nearly 113,000 children, had referrals that were investigated and substantiated by credible evidence confirming that abuse or neglect had actually taken place (see Table 1).

From 25 to 33 percent of children with substantiated cases of abuse are eventually placed in out-of-home (foster) care.³

FAMILY MAINTENANCE

Family Maintenance (FM) provides time-limited protective services to families in crisis to prevent or remedy abuse or neglect, allowing social workers to work with the family while keeping the child in the home. Services include counseling, emergency shelter care, respite care, emergency in-home caretakers, substance abuse treatment, domestic violence intervention, victim services, and parenting education. Family Maintenance may be based upon a voluntary agreement with the parents where the court is not involved, or the juvenile court may order services to be provided under Section 300 of the Welfare and Institutions Code. The state pays for services for 6 months that may be extended for an additional 6-month period if there is evidence that the objectives of the service plan can be achieved within the extended time period. If, after that time, the family is unable to adequately care for the child, the county agency may continue to deliver in-home services using county funds or petition the juvenile dependency court to place the child in out-of-home (foster) care.

FAMILY REUNIFICATION

Family Reunification (FR) provides time-limited intervention and support services to parents and to children who have been removed from the home to make the family environment safe for the child to return. A reunification plan is agreed to by the parents and the child welfare agency, and services are made available to parents that can include counseling, emergency shelter care, substance abuse treatment, domestic violence intervention, parent

TABLE 1. CHILDREN WITH SUBSTANTIATED INVESTIGATIONS OF CHILD ABUSE AND NEGLECT CALIFORNIA, 2001

Reporting Category	Referrals	Substantiated	Percent Substantiated
General neglect	169,760	39,204	23.1
Physical abuse	100,382	17,133	17.1
Sexual abuse	48,322	9,763	20.2
Emotional abuse	45,351	15,036	33.1
At risk, sibling abused	39,268	6,041	15.4
Substantial risk	31,888	7,536	23.6
Caretaker absence/incapacity	26,976	12,419	46.0
Severe neglect	12,454	5,722	45.9
Exploitation	660	100	15.1
Missing/Other	70,185	—	—
Total	545,246	Total 112,954	Average 20.7

Source: Needell, B., et al. (2002) *Child Welfare Services Reports for California*. Retrieved 7-23-02 from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

training, and homemaking skills. The service plan must be satisfactorily fulfilled for the child to be returned home. Child welfare agencies can also provide voluntary, short-term (usually limited to 6 months) FR services to families without being mandated by the court.

Under current federal law, the deadline for holding a permanency hearing to determine whether or not the foster child can be returned home safely is 15 months from the date the child entered foster care. Child welfare agencies are required to file a petition to terminate parental rights when a child has been in foster care for 15 of the past 22 months, unless certain conditions exist. In addition, under California law, parents of infants and toddlers under the age of 3 receive only 6 months of services, except in exceptional circumstances,* before a permanent plan must be selected.

Until recently, families had 12 to 18 months to work toward solving the problems that led to a child being removed and placed in out-of-home care. But concern over the increasing number of children in foster care combined with children staying in foster care longer prompted passage of the federal Adoption and Safe Families Act of 1997 (ASFA), which accelerates case resolution.

Family Preservation

Family Preservation services may be offered to families either by court order or through the voluntary participation of the parents when the child remains in the home and parenting and other skills need to be improved to make the home safe and stable for the child. Families can receive up to 60 days of intensive Family Preservation services based on their specific needs. Family Preservation services can be used:

- for families in Family Maintenance to prevent placement in foster care,
- to help reunite children in out-of-home care with their birth families when appropriate,
- to provide follow-up services to families after a child has been returned from foster care, and
- for families with an unsubstantiated investigation of child abuse or neglect who accept services on a voluntary basis.

* Services may be extended beyond 6 months for a child under the age of 3, or beyond 12 months for a child over 3 if “[the court] finds that there is substantial probability that the child will be returned to the physical custody of his or her parent or guardian within the extended time period or that reasonable services have not been provided to the parent or guardian.” (Welfare and Institutions Code 361.5[a])

Social workers now routinely do “concurrent planning” to plan for an alternative permanent placement for the child. This is a two-track process where, even as reasonable efforts are made to reunify children with parents, social workers also work to develop an alternative permanent living arrangement should reunification not be achieved. Parents thus have less time to meet reunification requirements before facing the loss of their parental rights.

PERMANENT PLACEMENT

Permanent Placement (PP) services are meant to ensure that children from families where there has been neglect or abuse can grow up in a permanent, safe, and secure living arrangement. The most preferred option is reunification with the family. To this end, many counties provide significant support through Family Maintenance and Family Reunification services. When children cannot live safely with their birth parents, federal policy prefers adoption as a first alternative option. If adoption is not possible, legal guardianship, preferably with a relative, is the second favored choice. If, for whatever reason, these options are not available, children may continue in foster care with annual permanency reviews until their 18th birthday when they “age out” of the child welfare system, although the deadline can be extended for a year to allow a youth to complete high school.

Adoption

Adoption is a process that creates a new parent-child relationship by legally terminating the birth parents’ rights and transferring those rights and responsibilities to adoptive parents. Children over the age of 12 must also consent to the adoption.

CDSS regulates and maintains records for 1) adoptions that occur through public agencies, 2) adoptions facilitated by private adoption agencies, 3) independent adoptions that are handled by a private attorney without the support of public or private agencies, and 4) adoptions of children from countries outside the United States. About two-thirds of all finalized adoptions in California occur through public adoption agencies, including five CDSS district offices (that provide direct services adoption programs for 30 counties) and 28 state-licensed county adoption agencies.

“Social workers now routinely do ‘concurrent planning’ to plan for an alternative permanent placement for the child.”

Legal Guardianship

If adoption is not a viable option, county child welfare staff can try to place a child with a legal guardian. This is a legal arrangement in which an adult has court-ordered authority and responsibility to care for a minor child. While guardians have authority to make the decisions on behalf of the child that a biological parent would make, guardians have no legal obligation to support the child financially. A guardian takes care of a child’s personal needs, including shelter, education, and medical care. If a relative becomes a guardian, the child welfare case may be closed, and the relative may receive ongoing assistance for the child in the same amount that the child would have received in a foster home.* Non-relative guardians receive similar assistance.

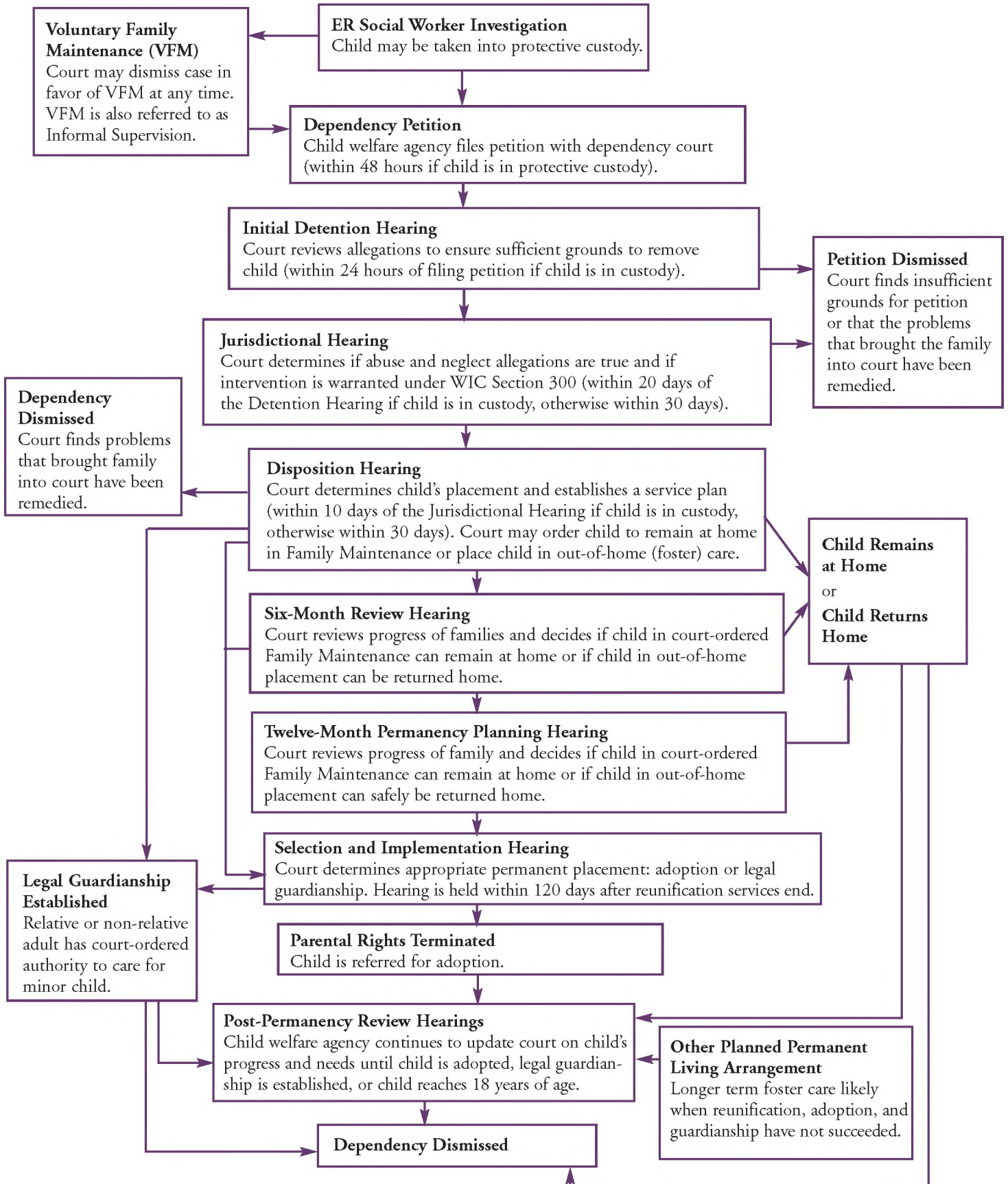
Under guardianship, the child’s formal and legal ties to his or her biological family remain intact, and the biological parents continue to be legally required to provide financial support for the child. Legal guardianship can be terminated when a parent successfully petitions to resume guardianship of the child, when a judge determines that a guardianship is no longer necessary, or when a guardian resigns. Guardianship automatically ends when a child reaches the age of 18.

Other Planned Permanent Living Arrangements

When efforts to place a child in a permanent home through reunification, adoption, or guardianship have not succeeded, other planned permanent living arrangements are considered, including foster care. Longer-term foster care placements may be with relatives, non-relatives, or in group homes.

* Financial support given to both relative and non-relative legal guardians is equivalent to the county’s basic rate of support for foster parents, typically between \$425 and \$597 per month. Legal guardians are not eligible for additional funds that foster parents may receive to meet the child’s specific health or mental health needs.

Figure 3: Juvenile Dependency Court Process



Adapted with permission from *Flow Chart of the Administrative Office of the Courts*, published by the Center for Families, Children and the Courts, Judicial Council of California.

JUVENILE DEPENDENCY COURT

The juvenile dependency court is a division of the county superior court that handles child abuse and neglect cases and has ultimate authority over what happens to children who are at risk of or have suffered abuse or neglect while in their parent's or guardian's care. California Welfare and Institutions Code (WIC) 300 provides the legal basis for juvenile court jurisdiction and authorizes the court to remove children from the care and custody of their parents if such action is necessary to keep them safe.

The court process begins when a social worker or police officer removes a child from the care of his or her parent(s) and places the child in protective custody. The county child welfare agency then files a petition with the juvenile court that, if approved by a juvenile court judge, brings the child under the court's jurisdiction and declares the child to be a "dependent" of the court. During the hearing process, each party, including parents, children, and the child welfare agency, is represented by an attorney. The juvenile court will appoint an attorney for parents who cannot afford one.

Through a series of hearings (see Figure 3) and depending on the safety needs of the child, the court can leave the child in the care of the parents and order Family Maintenance services for the parents to address concerns that the child welfare agency may have about the family. The court can also place the child in out-of-home care as a necessary step to keep the child safe and order that Family Reunification services be provided to the parents to help them regain custody of their child or children. If the court orders out-of-home placement, the child welfare agency is required by law to place children first with a non-custodial parent, then with relatives, and then in foster care only when the legally mandated alternatives have been exhausted.

Whenever the court removes a child from his/her home because of abuse or neglect, the court grants placement and responsibility for meeting the child's health and educational needs to the county child welfare agency. The court relies on the child welfare agency to provide clinical expertise and case management to the family, prepare service plans aimed at family reunification or alternative permanent placement, find and administer foster homes, and locate adoptive parents for children when reunification efforts fail. A service plan, individualized to meet the needs of the family and address safety concerns about the home environment, is developed by the social worker and the family and approved by the court.

“Whenever the court removes a child from his/her home because of abuse or neglect, the court grants placement and responsibility for meeting the child's health and educational needs to the county child welfare agency.”

The court may dismiss a case at any point if the problems that brought the family into court have been remedied and the child is no longer at risk in the care of his or her parent(s). For children under the age of 3, parents are generally only entitled to 6 months of reunification efforts, while efforts to reunify with children over 3 years of age can last up to 12 months. If the parents are unable to reunify during those time periods, the court must select a permanent placement for the child that might be adoption, legal guardianship, or another planned permanent living arrangement, including foster care.

Court Appointed Special Advocates

Court Appointed Special Advocates (CASA) are trained volunteer community members appointed by a juvenile court judge as sworn officers of the court to help advocate for and determine the best interests of a child who has been removed from home due to abuse, neglect, or abandonment. The volunteer gets to know the child and lets the judge and others in the child welfare system know the child's perspective and needs. CASA volunteers attend court hearings, help to ensure that court-ordered services are provided to the child, monitor services, and provide continuity and a stable presence in the child's life. Local CASA programs operate in 40 California counties and supervise and support over 4,000 volunteers who serve over 7,000 children throughout California every year. The majority of children assisted by CASA are 5 or older when the CASA volunteer is assigned.

Online source: <http://www.californiacasa.org>

CHILDREN IN THE CHILD WELFARE SYSTEM

Understanding the child welfare system not only requires knowledge of governmental laws and programs, but also a description of the children involved in the system.*

REASONS FOR CHILD WELFARE SYSTEM INVOLVEMENT

Of the nearly 113,000 children with substantiated cases of child abuse and neglect in 2001, general neglect accounted for 35 percent. About 15 percent of substantiated cases were for physical abuse, 9 percent were cases of sexual abuse, and 13 percent were for emotional abuse. Eleven percent involved cases where the caregiver was absent or incapacitated, 5 percent were for severe neglect, and about 12 percent were cases where the child was at risk but not abused (see Figure 4).

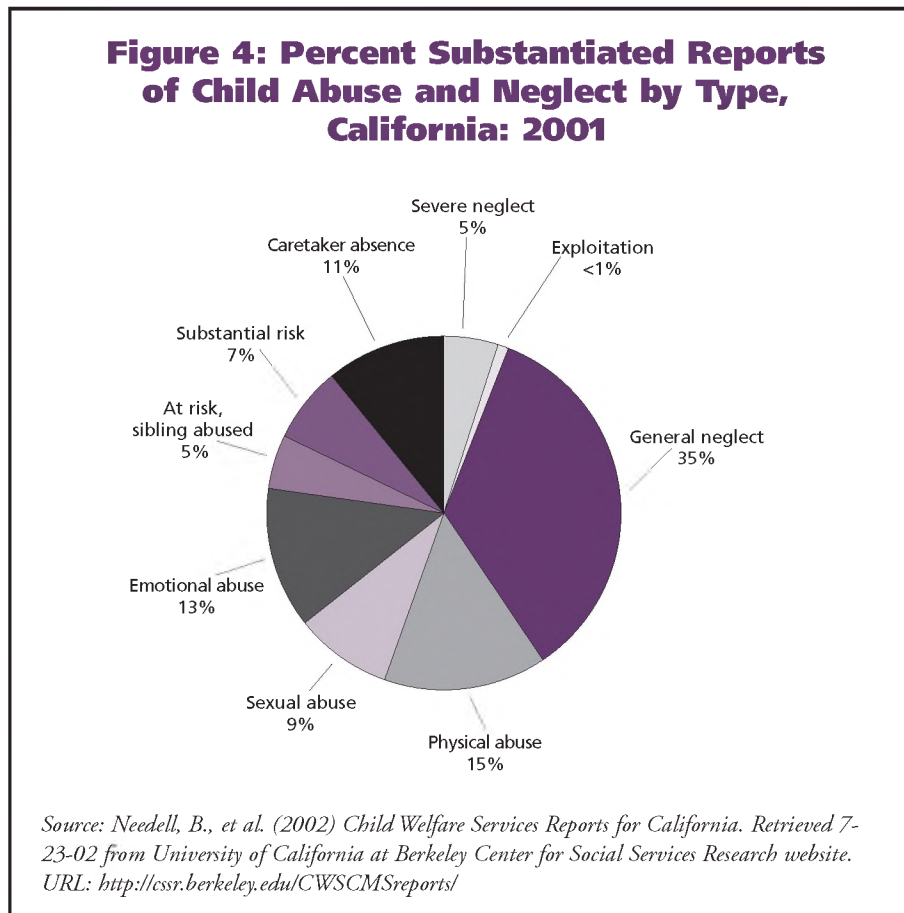
CHILDREN RECEIVING SERVICES

On April 1, 2002, 131,015 California children had open cases in California's county child welfare agencies, receiving mandatory or voluntary services.

These services included:

- Emergency Response services: 5,408 children, or 4 percent;
- Family Maintenance services: 29,719 children, or 23 percent;
- Family Reunification services: 28,590 children, or 22 percent were in foster care and their parents were receiving Family Reunification services; and
- Permanent Placement services: 67,298 children, or 51 percent.

The data from April 1, 2002 also shed light on the characteristics of children and youth in the child welfare system.



* Unless otherwise indicated, data in this section, *Children in the Child Welfare System*, were obtained from Needell, B., et al. (2002). *Child Welfare Services Reports for California*. University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

Age

Younger children make up the majority of children throughout the child welfare system: 29 percent are under 5 years of age, and 57 percent are less than 11 (see Table 2).

TABLE 2. CHILDREN IN THE CALIFORNIA CHILD WELFARE SYSTEM, BY AGE, 4-1-02

Age	Percent
Under 1 year	4
1-5	25
6-10	28
11-15	30
16 and older	13

Source: Needell, B., et al. (2002). *Child Welfare Services Reports for California*. University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

Race/Ethnicity

Children of color comprise the majority of children in the child welfare system, making up 69 percent of children in all four components. Native American and particularly African American children are disproportionately represented in the child welfare system, based on their percentage of children under 18 in California, whereas Latino, Asian/Pacific Islander and white children are underrepresented (see Figure 5).

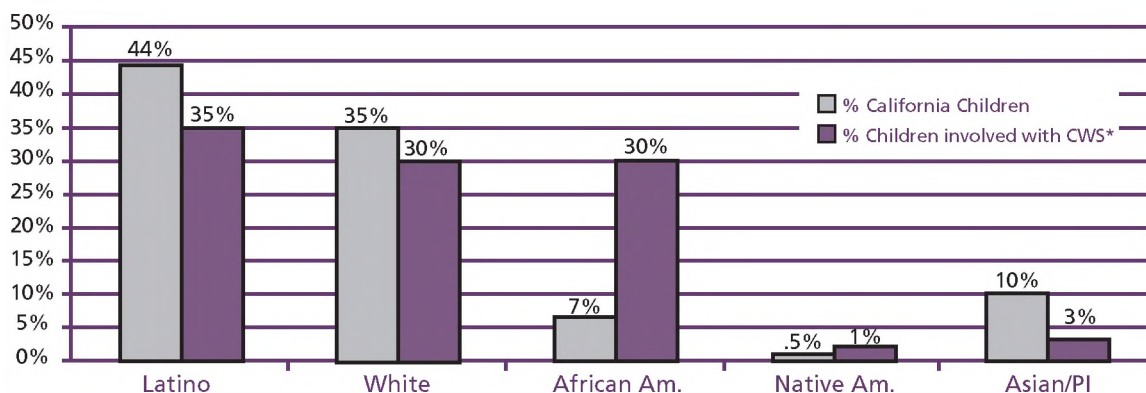
CHILDREN IN FOSTER CARE

Seven out of every 10 children in the child welfare system are in foster care. The number of California children in child welfare supervised out-of-home placement, or foster care, grew steadily from 68,120 in 1989 to 105,799 in 1999, and then began to decline each year. As of April 1, 2002, 91,951 children were in child welfare supervised foster care in California.

Over 41,000 children left the foster care system in 2001. Nearly 23,000 (55 percent) were reunified with their families. Over 7,000 children were adopted, and nearly 3,900 were living with legal guardians. Another 3,600 turned age 18 and were discharged from the system, and 3,600 children had “other” types of exits from foster care, including running away and incarceration.

Many children cycle through the foster system more than once and experience multiple placements. About 20 percent of children entering foster care each year have been in foster care at least once before. Of the children who entered foster care in 2000 and remained in care for 12 months, 35 percent had experienced three or more placements; of those who entered foster care in 1999 and remained in care for 24 months, 48 percent had experienced three or more placements.

FIGURE 5. CHILDREN UNDER 18 IN THE CALIFORNIA CHILD WELFARE SYSTEM, BY RACE/ETHNICITY, 4-1-02



* Does not add to 100% because “missing” category of 1% not included. N=131,015.

Sources: 2000 Census; Needell, B., et al. (2002). *Child Welfare Services Reports for California*. University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

* In California, children enter the foster care system under the auspices of either county child welfare services or probation departments. Children and youth who are in probation-supervised foster care entered the system through the juvenile justice system. On April 1, 2002, some 6,658 children and youth were in probation-supervised foster placement. This Primer does not deal with this group of foster children.

OUT-OF-HOME PROVIDERS

Federal law requires that children who are removed from their families be placed in the least restrictive setting that will meet their needs and, to the extent possible, allow them to remain in their own schools and communities. This goal, however, is not always reached. In August 2002, 18 percent of children in child welfare supervised foster care were placed outside their own counties, and 3 percent were placed outside of California.⁴ These placements occurred to deal with in-county shortages of foster homes, to place the children with relatives, or to meet other needs.

Foster children are placed in a variety of settings that provide different levels of structure and services. These include kinship (relative) care, foster family homes and agencies, group homes, and community treatment facilities. More children are placed in the homes of relatives (36 percent) than in any other placement. About 22 percent of children are placed in foster family agency facilities, 16 percent are placed in foster family homes, 8 percent are placed in group homes, and another 8 percent are living with legal guardians. The remaining 10 percent are in a variety of settings, including pre-adoptive placements, institutions, and trial home visits.⁵

KINSHIP CARE

Federal law requires the child welfare agency to first try to place children removed from their home with a relative before turning to placement in a stranger's home or a shelter. The foster care caseload in California has largely been absorbed by relative caregivers, who have always been a primary, if informal, source of care for children whose parents are absent.

In contrast to non-relative foster families, relative caregivers tend to be older, single, and African American. They tend to have less education and lower incomes and are more likely to receive public benefits. Relative caregivers are also less likely to report being in good health or to request or receive foster parent training, respite care services, mental health or educational assessments, tutoring for the children in their care, or counseling.⁶

In response to these issues, California enacted a series of legislative reforms that became effective in 1998 to provide protections, programs, and permanency options for children in foster care living with relative caregivers and to require kinship homes to meet the same health and safety standards as licensed foster homes.

The Kinship Guardianship Assistance Payment program (Kin-GAP) was implemented in 2000 as an alternative to adoption for relatives caring for foster children who will not be reunified with their biological parents. Kin-GAP is a voluntary program that provides financial assistance to relative caregivers who become legal guardians of the child. Kin-GAP provides a monthly stipend equal to the basic foster care rate (but not including supplemental funds to meet the child's specific health needs or behavior problems) based on the age of the child involved. When a relative joins Kin-GAP, dependency court jurisdiction is terminated, and the child leaves the child welfare system.

So far, less than one-fifth of relatives caring for foster children have elected to join the Kin-GAP program. By April 2001, some 6,229 children (representing 16.5 percent of the nearly 38,000 foster children placed with relatives) had left the foster care system for the Kin-GAP program in which relative caregivers were granted legal guardianship.⁷

Facts about Kinship Care in California, January 2001

- Over 26,000 relatives, the majority of whom are 50 to 65 years of age, care for the children, with an average of 1.6 children per caregiver.
- Most children in kinship care (79 percent) were removed from their homes for neglect-related reasons.
- Nearly half of the children in kinship care have at least two siblings who are also in care, and most of them are placed with at least some of their brothers and sisters.
- Of children in kinship care, 40 percent are African American, 32.5 percent are Latino, 24 percent are white, 1.6 percent are Asian, and 1 percent are Native American.
- Children in long-term kinship care have more stable placements, fewer placement moves, and stay in foster care longer than children placed with non-relatives.
- Children who have been in kinship care and who are subsequently reunified with their parents are less likely to re-enter foster care than children who have been in non-relative placements.

Sources: *Kinship Care in California*, Data from CWS/CMS, Center for Social Services Research presentation, January 2001.

Needell, B., et al. (2002). *Child Welfare Services Reports for California*. Retrieved from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>

FOSTER CARE PLACEMENTS

The CDSS Community Care Licensing Division licenses four different types of facilities: foster family homes, Foster Family Agencies (which certify their own family homes), group homes, and Community Treatment Facilities.

For foster homes, the process of licensing involves home inspections and family interviews to ensure compliance with minimum safety and space requirements. Foster parents are required to have pre-placement training and the number of pre-placement training hours varies from county to county. Foster parents must have sufficient income available without the foster care payment, and foster parents that work must make appropriate child care arrangements.

The four types of facilities provide increasingly specialized or restrictive levels of care:

Foster Family Homes are licensed residences that provide 24-hour care for no more than six children (or eight if it is a sibling group).

Foster Family Agencies (FFAs) are private, non-profit corporations created to provide treatment or therapeutic foster care for children with emotional, behavioral, developmental, or other special and higher level needs or to provide temporary care for children awaiting adoption through licensed adoption agencies.

FFAs provide placements for foster children in foster family homes that they certify, and FFAs assign their own social workers to provide services to children and foster parents. The county social workers retain case management responsibilities, including reports and recommendations to the juvenile dependency court, for children placed in FFAs.

Group Homes provide family-based, 24-hour supervision in a structured environment. These facilities range from small group homes for up to six foster children to group homes that can house large numbers of children. Some group homes have a treatment component as a part of their plan of operation.

Community Treatment Facilities (CTFs) are the most restrictive foster care placement option. These facilities have secure environments and serve seriously disturbed children who cannot be appropriately treated in a group home, but need a less restrictive setting than a psychiatric hospital. Placement in a CTF must be recommended by a county interagency placement committee. CDSS and the Department of Mental Health (DMH) jointly regulate CTFs. California currently has five CTFs with 137 licensed beds. CTFs are limited by statute to a maximum of 400 beds statewide.

OUT-OF-HOME PLACEMENT COSTS

Foster care providers receive maintenance payments on behalf of the child for board and care, food, clothing, daily supervision, school supplies, personal incidentals, liability insurance for the child, and travel to visit the child's home. Costs vary according to the needs of children and where they are placed. Payment levels also vary with the age of a child, with the lowest rates paid for children under 4 years of age and increasing for each four-year age group through age 20. Monthly rates for foster care facilities are set by CDSS and increase as levels of care or treatment become more specialized or restrictive as follows:

Foster family homes:	\$425–\$597 (board and care only)*
Foster family agency:	\$1,589–\$1,865 (includes family recruitment and administrative costs)
Group home:	\$1,454–\$6,371

*Most counties provide an additional monthly payment (called a “specialized care increment”), ranging from under \$100 to over \$1,000, for children in kinship and foster family homes to meet the child's specific health needs or behavior problems and an annual clothing allowance from \$100 to \$600.

Source: California Department of Social Services, effective July 2002.

FUNDING THE CHILD WELFARE SYSTEM

The primary sources of federal funding for Child Welfare Services are authorized in Title IV and Title XIX of the Social Security Act. These funds are passed through to the states, and in California they are further distributed to the counties. Over 80 percent of California's foster children are eligible for and receive partial funding from the federal government for board and care and medical costs, with the balance covered by state and county funds. Foster children who are not eligible for federal funds are supported by state, county, and private funds.

TITLE IV-E

Title IV-E is a major funding source for foster children who have been placed in out-of-home care. This funding source was established as an uncapped (unlimited) entitlement, which means that the federal government is obligated to make payments to any person that meets the eligibility criteria established by law. The funds provide half of the monies for allowable board, care, and related administration for children in foster care who meet eligibility requirements of the former Aid to Families with Dependent Children (AFDC) program. This program ended on July 16, 1996, with the enactment of welfare reform; and the eligibility criteria have not been means-tested or revised since that date. The remaining 50 percent must be matched (or paid) by the state at 20 percent and the county at 30 percent. If a child is not eligible for federal AFDC funds, the state pays 40 percent and the county pays 60 percent. Because eligibility requirements are frozen in time and not adjusted for cost-of-living increases, the number of children who are eligible for Title IV-E funds is diminishing.

Together with the required state and county matching funds, Title IV-E covers a variety of out-of-home costs, including state and local child welfare staff training, case management associated with placing children in foster care, and out-of-home care maintenance payments. Funding is also provided for the adoption of children with special needs and support for youths who transition from out-of-home care into independent living.

TITLE IV-B

Title IV-B is a capped (limited) allocation to each state to use for a wide range of services to preserve or support families, reunify children, or promote and support adoptions. The Child Welfare Services program (subpart 1 of Title IV-B) funds preventive intervention, alternative placements, and reunification services. The Promoting Safe and Stable Families program (subpart 2) provides funds to states for family support, family preservation, time-limited

“Over 80 percent of California’s foster children are eligible for and receive partial funding from the federal government for board and care and medical costs, with the balance covered by state and county funds.”

family reunification services, services to promote and support adoptions, and grants through the Court Improvement Program to help state courts improve the way they handle proceedings relating to foster care and adoption.

TITLE XIX

Title XIX provides partial coverage to foster children for health, mental health, developmental disability, and substance abuse treatment, as well as health-related social services through the federal Medicaid program (known as Medi-Cal in California).

TANF

The Temporary Assistance for Needy Families (TANF) Block Grant provides some additional funding for child welfare services. California uses TANF funds in a number of ways:

- to provide CalWORKs cash assistance to relatives caring for children who do not meet federal eligibility criteria, as well as for families in Kin-GAP;
- to continue to provide assistance payments to CalWORKs recipients whose child welfare case plan goals are reunification with the family;
- for the Emergency Assistance (EA) Program, which includes funding for children who do not meet federal eligibility requirements for AFDC-Foster Care, but who do meet the EA single episode criteria;
- for initial Emergency Response activities; and
- for counties that choose to use unexpended TANF performance incentive funds for Child Welfare Services within TANF regulations.

FUNDING STREAMS

Federal funds are provided to state agencies through a complex application and approval process and provide funding for a variety of services. Counties must then work through numerous state agencies to obtain funds for various programs.

- CDSS provides funds for Family Reunification, Family Maintenance, adoption, foster care, and child abuse prevention services.
- The California Department of Health Services provides Medi-Cal coverage for foster children.
- The Governor’s Office of Criminal Justice Planning is a clearinghouse for abuse prevention and children’s services grants.
- Special education funds pass through the California Department of Education.
- The California Departments of Mental Health, Rehabilitation, Developmental Disabilities, and Alcohol and Drug Programs also fund services through local and regional agencies.

In Fiscal Year 2002-03, California is expected to spend \$4.1 billion in federal, state, and county funds for Child Welfare Services, foster care, adoptions, Kin-GAP, and prevention services (see Table 3).

TABLE 3. CALIFORNIA CHILD WELFARE SERVICES BUDGET FISCAL YEAR 2002-03	
Child welfare services	\$1,943,668,000
Foster care grants to providers of care	1,548,894,000
Foster care administration	92,449,000
Adoptions	76,232,000
Kin-GAP	69,900,000
Adoptions assistance to adoptive parents	427,577,000
Office of Child Abuse Prevention	19,983,000
Total	4,178,703,000

Source: California Department of Social Services, October 2002.

NEED FOR COORDINATION

Because local child and family services agencies often serve the same clients, lack of coordination creates barriers that can prevent children and families from receiving appropriate and effective services to assist families in reducing or preventing child abuse. The multiple issues faced by families underscore the need for workers from different service sectors to work together, particularly in the key systems that serve child welfare-involved families: CalWORKs, health care, mental health, substance abuse, domestic violence, and schools.

CalWORKs

CalWORKs is a welfare program that provides cash aid and employment services to eligible California families through the federal program, Temporary Assistance to Needy Families (TANF), that replaced the former Aid to Families with Dependent Children (AFDC) program. Using a variety of data sources, CDSS estimates that in California, from two-thirds to three-fourths of families involved with the child welfare system are also CalWORKs recipients.⁸ Other research has found that of children entering AFDC in 10 California counties between 1990-1995, 27 percent had child abuse referrals, 22 percent had child abuse investigations, 8 percent had child welfare cases opened, and 3 percent were placed in foster care within the five years.⁹

Families involved in both systems are often overwhelmed by multiple and sometimes competing requirements from the two systems. For example, work requirements under CalWORKs can make it difficult for parents with children in foster care to attend parent education classes or visit their children, as required in their reunification case plans. Because of the growing awareness of the special issues for these dual-system families, many counties throughout California are now working to increase coordinated services between CalWORKs and Child Welfare Services.

HEALTH CARE

Nearly 50 percent of foster children and youth suffer from chronic health conditions, and about 40 to 72 percent require ongoing medical treatment.¹⁰ Health care records tend to be poorly maintained, preexisting conditions are often overlooked, and health problems become more acute as children move from placement to placement, some as often as three to four times per year, which can result in over-immunization, misdiagnosed symptoms, and under-treated chronic conditions.

MENTAL HEALTH

The literature reveals that from 35 to 85 percent of children entering foster care have significant mental health problems. The incidence of emotional, behavioral, and developmental problems among foster children is three to six times greater than among non-foster children.¹¹ Despite having poor access to services due to limited or no available services and incorrect diagnoses, foster children use mental health services more often and at higher cost than other children.

SUBSTANCE ABUSE

Parental substance abuse is a factor in an estimated two-thirds of cases with children in foster care,¹² yet few treatment programs ask clients if they have children or are under the jurisdiction of the child welfare system. Although the court may order parents to enroll in a drug treatment program as a condition of getting their children back, these parents are not given priority in getting into California's publicly funded programs that are usually filled to capacity. Child welfare agencies consistently report difficulty in obtaining these services for clients, making substance abusing parents with children in foster care particularly vulnerable to the shorter reunification deadlines under ASFA, especially since relapse is a common part of the recovery process. In addition, the TANF provision adopted in California that prohibits welfare aid to individuals convicted of drug felonies will affect some child welfare-involved families.

DOMESTIC VIOLENCE

Child maltreatment and domestic violence often happen under the same roof, yet separate service systems with unique histories, philosophies, and goals have evolved to address each form of violence. Child welfare agencies are charged with protecting children from abuse and neglect, while battered women's advocates focus on protecting abused women and believe that a child's safety and well-being are often dependent on the victim's safety and the perpetrator being held accountable. The lack of systematic screening, identification, assessment, safety planning, communication, coordination, and referral to appropriate interventions by the primary systems (child welfare, courts, probation, domestic violence agencies) that work with these families often can leave victims and children without the help they need.

EDUCATION

High percentages of foster children experience difficulty in school, perform poorly, leave foster care without a high school diploma, fail or repeat grades, have difficulty performing at grade level, and need special education services.¹³ Foster children that are moved from one family to another (one study found the average number of placements to be 5.9¹⁴) experience repeated transfers to different schools and delays due to missing academic and immunization records. Foster children also lose friends and must learn new rules, standards, and curricula at each new school.

CalWORKs/Child Welfare Partnership Project

The goal of the CalWORKs/Child Welfare Partnership Project is to increase knowledge about and implementation of practices to coordinate Child Welfare Services (CWS) and California's welfare program (CalWORKs). The four-year Project is based at the California Center for Research on Women and Families at the Public Health Institute in Berkeley, California, funded by the Stuart Foundation, and launched in partnership with the California Department of Social Services (CDSS).

The Project has two phases. The first phase included a statewide county survey to increase knowledge of what coordination practices are currently underway in California, something that was not previously known. The first phase also developed recommendations about how to coordinate CWS and CalWORKs programs in California.

The recommendations were developed in five programmatic areas: Organizational Structures, Flexible Financing, Organizational Change and Training, Data Systems and Confidentiality, and Coordinated Case Planning. Over 50 county and state leaders worked for 6 months in a facilitated process to develop the recommendations, which are available online at www.ccrwf.org.

The second phase of the Project is focused on implementation. Thirteen counties throughout the state are receiving technical assistance and two-year grants to coordinate CWS and CalWORKs in their communities.

KEY ISSUES: 2002 AND BEYOND

As the child welfare system strives to provide broader and more appropriate services to families with multiple needs and at the same time become more accountable, practitioners and policymakers continue to grapple with many challenges. These challenges relate to the role of government, promising practices, and social and cultural factors affecting children and families in the child welfare system.

ADMINISTRATION AND PRACTICE

Federal, state, and county governments are working to strengthen the child welfare system. Some of the major efforts focus on administrative practices, such as improving information systems or coordinating programs. Other efforts focus on issues related to social work practice, including the social worker shortage and promising practices.

Reporting and Information Systems

In response to federal requirements, California passed legislation in 1989 mandating the development and implementation of a statewide computer system known as the Statewide Automated Child Welfare Information System (SACWIS). California's centralized statewide computer system, the Child Welfare Services/Case Management System (CWS/CMS), with automated case management, services planning, and information reporting functions, was developed and fully implemented in 1997. This system allows for more consistent data collection and reporting by the state than has been available in the past.

Accountability

In 1994, Congress mandated that DHHS develop a new information system to determine if states were meeting federal requirements. Several years later, the 1997 Adoption and Safe Families Act (ASFA) also required public child welfare agencies to determine if their efforts were resulting in positive outcomes. DHHS published a new outcomes-based review process in 2000 to evaluate state outcomes for children and families and assess the capacity of each state to support improved outcomes. States found to be out of compliance have 1 year to correct problems related to child safety and 2 years to correct other problems before being penalized by losing a portion of their federal funding. California was scheduled for federal review in September 2002.

Federal Child Welfare Outcomes to Assess Performance

- Reduce recurrence of child abuse and/or neglect.
- Reduce the incidence of child abuse and/or neglect in foster care.
- Increase permanency for children in foster care.
- Reduce time in foster care to reunification without increasing reentry.
- Reduce time in foster care to adoption.
- Increase placement stability.
- Reduce placements of young children in group homes or institutions.

Source: Compiled by the Congressional Research Service from information published in the Federal Register, 1999.

Center for Social Services Research

Under an Interagency Agreement with the California Department of Social Services, the Center for Social Services Research at the University of California, Berkeley, receives quarterly reports from CWS/CMS data. With CDSS funding and additional support from the Stuart Foundation, the Center creates, analyzes, and presents data about children involved in California's child welfare system. These data have been used and cited extensively in this Primer and can be accessed online at: <http://cssr.berkeley.edu/CWSCMSreports/>.

For technical assistance to access or navigate the above website, please contact: bneedell@uclink4.berkeley.edu.

Flexible Funding

The financing structure for Child Welfare Services is highly complex and requires significant attention, creativity, and technological and staffing resources for county administrators to manage. For example, counties receive CWS funds through at least 14 separate allocations, many with restricted uses. A complicated process is required to match funds to service needs, and often there is little flexibility to combine funds to meet broader goals and outcomes.

Another financing issue relates to prevention. There is significantly more funding available to support foster and adoptive families than birth parents, which makes it difficult to provide prevention services to resolve crises before children are removed from their parents.

Service System Coordination

Families are coming into the child welfare system with more severe and complex problems than ever before, requiring more time and resources from child welfare social workers and challenging many agencies representing different disciplines to improve service coordination and share information. Efforts to better serve abused and neglected children and their families across service systems are underway, but continue to be challenged by inflexible funding streams, differences in organizational culture among bureaucracies, lack of standardized practices for coordinated case planning, and incompatible data systems.¹⁵

Prevention Programs

Overall, child welfare leaders advocate for more emphasis on providing the services and supports needed to keep children safe and their families together before a crisis occurs. Two key issues are that prevention and early intervention efforts are limited and funding is capped. In contrast, funding for foster care is driven by case counts and automatically expands as foster placements increase, providing little incentive to reduce the need for out-of-home placement.

Although there are relatively few resources available for prevention, a number of programs have been developed through state and county initiatives to prevent or reduce child abuse. Some programs target high-risk families with young children with intensive home visiting and family support services through Family Resource Centers. Others provide regional training and technical assistance for child welfare workers, as well as training and technical assistance to community-based agencies.

Child Welfare Services Stakeholders Group

In 2000, CDSS was authorized to create a Child Welfare Services (CWS) Stakeholders Group established by the Legislature and Governor to undertake a three-year effort to fundamentally reform the system. This group includes social workers; professional organizations; local, state, and federal governments; foster parents; kinship parents; emancipated foster youth; advocates; caregiver agencies; foundations; and religious communities.

In its first year, the Stakeholders Group developed a vision, mission, values, and key assumptions to guide the redesign process. The second year of work produced a conceptual redesign and strategies for reform. During its third and final year, the CWS Stakeholders Group will recommend an implementation plan due to the Legislature in 2003.

“Nationally, parental alcohol and drug abuse is a factor . . . in two-thirds of cases with children in foster care.”

Facts About Challenging Populations

Alcohol and other drug abuse. Parental substance abuse is a major challenge facing the child welfare system. An estimated 67,000 infants are born in California each year with some sort of alcohol or other drug exposure¹⁶ of whom up to 80 percent will come to the attention of child protective services before their first birthday.¹⁷ Nationally, parental alcohol and drug abuse is a factor in one-third to two-thirds of child welfare cases with substantiated reports of abuse or neglect and in two-thirds of cases with children in foster care.¹⁸ Children whose parents have substance abuse problems tend to remain in care for longer periods of time than other children.¹⁹

Domestic violence. Some families experience both child maltreatment and domestic violence. From 11 to 45 percent of children who are abused or neglected have a mother who is being abused, and from 37 to 63 percent of battered women have children who are maltreated.²⁰ A national survey of over 6,000 American families found that half of the men who frequently abuse their wives also frequently abuse their children. Also, the more severe and frequent the violence against the mother, the more likely it is that the children are also being abused.²¹

Incarceration. In California, an estimated 856,000 children, or 9 percent of the state's children, have a parent currently involved in California's adult criminal justice system (prison, jail, parole, or probation).²² While the number of children in foster care as a result of parental incarceration is not known for California, national studies show that 90 percent of incarcerated fathers report at least one of their children living with their mother, while only 28 percent of incarcerated mothers report their children living with their father.²³ Nationally, children of incarcerated mothers that do not live with their fathers live with grandparents (53 percent) or other relatives (26 percent), in a foster home or agency (9.6 percent), or with friends (10 percent).²⁴

Adoption

A number of child welfare leaders continue to be concerned about the lack of adequate resources to assist counties in finding adoption placements for foster children. A recent state initiative had considerable success in demonstrating how increased funding to hire additional staff, expedite permanent placement, and provide intensive technical assistance and training to adoption and child welfare agencies can lead to success in increasing the number of children freed for adoption and eventually adopted. After 5 years, the program had met and exceeded its goals, including finalizing adoptions for an additional 10,500 children.²⁵ This program, despite its success, ended on June 30, 2001, and has not been re-funded.

Social Worker Shortage

California has a severe shortage of social workers, with high vacancy rates in many county child welfare departments and no immediate pool of candidates to fill the empty slots. The 1,800 students graduating each year from California's public social work schools (1,100 M.S.W. and 700 B.S.W. graduates) are inadequate to fill the 3,400 social work positions needed now in the state's 10 largest county welfare agencies.²⁶ In some agencies, the shortage of social workers results in heavy caseloads, and sometimes affects morale and staff turnover. Many ideas have been put forward to alleviate this dilemma, including creating paraprofessional programs, increasing community college and undergraduate programs, providing tuition reimbursement and loan forgiveness, organizing internships that include hiring incentives, increasing salaries and performance bonuses, and decreasing social worker caseload sizes.

Federal Stipend Training Program (Title IV-E)

This Title IV-E program was implemented in 1992 to improve the education and training of social workers to meet the needs of publicly supported Child Welfare Services. Offered by all 15 of California's accredited graduate schools of social work/social welfare, the program provides 2 years of financial support (\$18,500 per student, per year) to full-time graduate social work students preparing for careers in public child welfare. Each school may award stipends to up to 20 full-time students for a potential statewide total of 300 stipends per year. In exchange for financial support, students agree to work in public Child Welfare Services for 2 years following graduation.

Child Welfare Waiver Demonstration Project (Title IV-E)

The Child Welfare Waiver Demonstration Project was authorized by Congress in 1994 to enable state and local agencies to use Title IV-E (foster care maintenance) funds to protect children and preserve families. Under the demonstration project, limits on the use of foster care funds are waived to test innovative methods of providing Child Welfare Services. Demonstration projects in 21 states have been approved for up to 5 years. Several counties in California are testing interventions designed to prevent initial out-of-home placement and to provide more permanent and/or stabilize current placements. Unless it is reauthorized, this program will be terminated at the end of Fiscal Year 2002.

Child Welfare Worker Caseload

A recent workload study commissioned by CDSS pursuant to statutory requirements concluded that California's county caseloads* are twice the recommended levels in most categories, making it difficult for social workers to provide basic services or maintain meaningful contact with children and families.²⁷ Further adding to the workload are automated information systems that require extensive staff training before they can be effectively used. The independent workload study found that standards used to determine caseload size do not meet professional guidelines, are based on outdated workload factors, do not reflect added responsibilities coming from recent federal and state requirements, and could benefit from using "best practice" approaches. In response to the study, an augmentation of \$120.8 million was added in the Fiscal Year (FY) 2000-01 and FY 2001-02 budgets, and reduced to \$94.7 million in the FY 2002-03 budget.²⁸ Counties have used the funds in a variety of ways to support child welfare program goals, including hiring social workers and support staff and making physical plant improvements. It is not yet known to what extent the allocation has alleviated the workload problem.

Promising Practices

Child welfare professionals and other government officials seek to improve the practice of social welfare in the child welfare system in part by testing new approaches to serve children and families. Some approaches are designed to improve the service delivery process, some seek to make social workers more effective in working with diverse families, and others involve families as partners in shaping plans.

* County social workers are partially funded based on Proposed County Administrative Budget (PCAB) caseload standards developed by the CDSS Administrative Division in 1984 that specify a worker/case ratio (the number of cases each social worker should carry) for each of the four child welfare components.

Promising Practices

Through research, program evaluation, and consensus building, child welfare leaders continue to identify and test innovative and effective practices that best serve their clients.

Differential Response

This is a new ER method of responding to reports made to county child abuse Hotlines. It is a safety, fact-finding, and family assessment approach that seeks to engage families in a less adversarial process, eliminating current practice that requires a substantiation of an allegation in order to qualify for services that could help to stabilize the family and promote safety, permanence, and well-being for children. As the name implies, there can be a range of options available based on a family's unique situation, ranging from referrals to community services to voluntary Family Maintenance to court-ordered services.

Structured Decision Making

This model provides social workers with a research-based, standardized risk assessment tool to increase reliability and accountability during the intake and investigation process. Structured Decision Making (SDM) uses clearly defined standards and instruments for immediate, reliable, and long-term safety decisions. In California, CDSS is pilot testing SDM in 15 counties.

Cultural Competence

California's county child welfare agencies are required by CDSS to provide cultural awareness training for all employees who have contact with the public.* Given the steadily expanding diversity in our state, such training is intended to promote the growth and support of healthy cultural identity in families, increase intercultural respect and rapport, and serve children and families of diverse backgrounds in a fair and culturally competent manner. Foster families caring for a child from a different racial or cultural group also benefit from having skills to appreciate and respond to diversity in their foster children; deal with racist attitudes, judgments and cultural stereotypes from others; and help their children deal with discrimination.²⁹

Family Group Decision Making

This approach to case planning is intended to strengthen the potential of the family to function effectively and responsibly. Families participate as experts and partners in designing their own individualized, culturally responsive, and relevant services, with links to diverse, comprehensive, and community-based networks of resources and support.³⁰

Family to Family

This Annie E. Casey Foundation initiative is being tested in many communities across the U.S., including a number of counties in California. This approach works to better screen children being considered for removal from home, bring children in congregate or institutional care back to their neighborhoods, involve foster families as team members in efforts to reunify families, and invest in the capacity of communities from which children in foster care come.

Permanency Planning Mediation

This mediation approach can be offered to a birth family when services to reunify the family are terminated and before any court action to terminate parental rights begins. The birth family is involved in creating a permanency plan for their child that emphasizes the best interests of the child and provides a safe degree of openness between adoptive parents and the birth family.

Shared Family Care

This service delivery model temporarily places an entire family in the home of a host family that has been trained to mentor and support the biological parents as they develop skills and supports necessary to care for their children and move toward independent living.

Community Collaboration

This approach emphasizes collaborations among multi-disciplinary service agencies to better respond to families by providing supports to prevent child maltreatment or its reoccurrence, sharing responsibility across a range of informal and formal services working together to respond to families, and developing responses to the strengths and needs of families.

* CDSS Manual Letter No. CWS-93-01 states: "Cultural awareness training shall pertain to specific cultural characteristics of cultural groups served by the child welfare department to provide a better understanding of, and sensitivity to, the various cultural groups....Whenever possible, training shall involve community organizations familiar with a specific culture."

CHILDREN AND FAMILIES

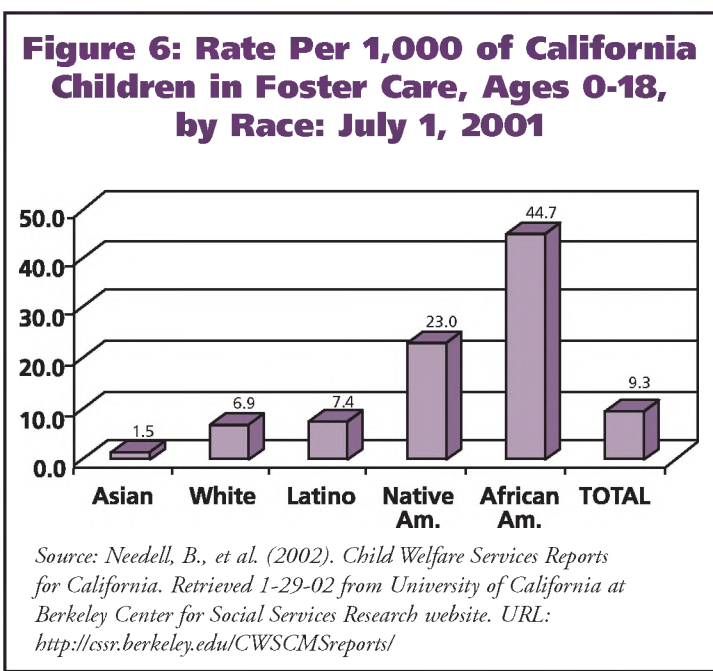
A number of issues relating to children and families in the child welfare system continue to be of considerable concern to child welfare professionals and policymakers.

Overrepresentation

A key issue for California's child welfare leaders and public policymakers is overrepresentation of African American and Native American children in the system. On July 1, 2001, nearly 33,000 African American children and close to 1,000 Native American children were in foster care. The rate of African American and Native American foster children is five times and three times higher, respectively, than the total rate for all foster children (see Figure 6).

The child welfare system has considerable impact on African American families. African American children are more likely to enter the child welfare system at younger ages, be placed in foster care, spend more time in the system, and experience multiple foster care placements. They are less likely to receive in-home services than any other group.³¹

Calls for research on the issue of overrepresentation in part result from findings on the incidence of child abuse among different ethnic and racial populations. At the federal level, DHHS has *not* found a higher rate of child abuse in African American families than in other groups when traditional risk factors associated with child abuse, such as poverty, single parent families, and substance abuse, are taken into account.^{32,33} Overrepresentation of African American families in the child welfare system is an ongoing issue that requires increased scrutiny about how shelter providers, child welfare workers, police, and the courts respond to, report, and substantiate child maltreatment.³⁴



Why Are More African American Children in the Foster Care System?

Child welfare researchers are calling for careful examination of the many factors that might contribute to the overrepresentation of African American foster children^{35,36} Among the suggestions are:

- reviewing assessment instruments for racial bias;
- examining overreporting of African American children and underreporting of non-African American children;
- acknowledging conscious or unconscious stereotypes, biases, and beliefs about African Americans that result in a higher level of scrutiny; and
- reviewing public policies, such as the shortened timeframe before parental rights can be terminated under ASFA, that may unintentionally accelerate the long-standing trend of out-of-home care for African American children.

Transracial Adoption

Transracial adoption means joining culturally and/or racially different parents and children together in adoptive families. Nationally, an estimated 15 percent of the 36,000 adoptions of foster children in 1998 were transracial or transcultural adoptions.³⁷ The pros and cons of transracial adoption have long been debated. Those in favor believe the importance of finding a loving home for a child should precede consideration of the race of the children and parents involved. Those opposed, particularly to white parents adopting children of color, argue that white parents do not have the firsthand experience essential to pass on to children of color living in a racist society. Some studies indicate that about 75 percent of transracially adopted preadolescent and younger children adjust well in their adoptive homes³⁸ and that transracial adoption has not been detrimental for children in terms of adjustment, self-esteem, academic achievement, peer relationships, or parental and adult relationships.³⁹ Since 1995, federal law (the Multi-Ethnic Placement Act, or MEPA) has prohibited federally funded agencies from using race, color, or national origin when considering adoption placements.

Shortage of Foster Families

The number of foster family homes has decreased in California and nationally over the last 10 years, especially foster families of color and foster homes that have the capacity to care for and will accept sibling groups, medically fragile infants, non-English-speaking children, and children with other special needs. The shortage of foster homes is due to many factors, including low foster care payments that do not adequately cover the costs of caring for a foster child and the unavailability of support services, such as child care and respite care. In addition, heavy workloads can compromise the ability of some social workers to maintain adequate communication with foster parents.⁴⁰

Other factors contribute to decreasing the pool of foster care parents. Because of ASFA, counties are emphasizing permanent placement, and some foster parents are leaving the foster care program to become adoptive parents. In addition, a number of foster parents have become child care providers because of the employment opportunities provided through TANF to provide child care for CalWORKs recipients, further diminishing the available pool of foster homes.⁴¹

Transition-Age Youth

Every year, nearly 3,600 foster children in California are discharged from the child welfare system on their 18th birthday. The few studies that track these youth reveal that many leave care without access to any formal system or systems of support. Many are homeless, lack educational and employment preparedness, need public assistance, become pregnant at an early age, have mental health problems, and experience physical victimization, sexual assault, and involvement with the criminal justice system.^{42,43}

In 1988, Congress funded the Independent Living Program (ILP) for states to establish and implement services, including practical life skills training and preparation for college and career, to assist youths ages 16 and older to transition from foster care to independent living. California's county child welfare agencies designed ILPs to meet a wide range of individual needs, and some provide services to younger foster children who are expected to be in foster care until their 18th birthday to give them an earlier start toward self-sufficiency. All counties offer some type of independent living or transitional services to foster youth, but programs serve only a small number of youth and little research on ILP effectiveness has been conducted on a national or local level.⁴⁴

California Statistics on Transition-Age Youth

A recent study of 12,306 youth that aged out of foster care in California between 1992 and 1997 found several disturbing trends.⁴⁵

- Young people leaving the child welfare system upon reaching age 18 who had five or more placements were those who generally experienced the worst outcomes.
- About two-thirds of young women became mothers within 5 years of leaving foster care.
- About 25 percent of young women were receiving welfare (AFDC or TANF) in each of the 6 years following their leaving the foster care system, with an estimated 50 percent receiving welfare at some point during those 6 years.
- Over half (55 percent) of former foster youth attended a community college, but only 60 percent of those earned any college credits, and only 14 percent of those who enrolled earned more than 30 credits. While 30 percent had a stated goal of achieving an Associate of Arts degree and transferring to a four-year college, less than 2 percent were able to achieve that goal. In contrast, 37 percent of students who attend a community college nationally complete a degree, and 19 percent transfer to a four-year college.
- Some 9 percent of African American males, 6 percent of Latino males, and 5 percent of white males were incarcerated in state prison within 7 years after leaving foster care.

CONCLUSION

As in many states, leaders and practitioners in California's child welfare system are grappling with questions about the appropriate role of the system in protecting children and preserving families.

The purpose of *Understanding the Child Welfare System in California: A Primer for Service Providers and Policymakers* has been to increase awareness about the components and complexities of the system, to describe the circumstances and backgrounds of children and families in the system, and to inform dialogue on how professionals and policymakers can better serve the children and families of California.

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ABOUT CCRWF

The California Center for Research on Women and Families (CCRWF) is a division of the Public Health Institute. The flagship program of the Center is the CalWORKs/Child Welfare Partnership Project, funded by the Stuart Foundation and launched in partnership with the California Department of Social Services.

The mission of CCRWF is to provide information, facilitation, analysis, and policy options to help leaders improve the lives of women and families in our state and nation. To accomplish our mission, professionals at CCRWF typically work collaboratively with individuals from a wide variety of fields and backgrounds. Research, development of educational materials, facilitation, training, and convenings hosted by CCRWF often involve policymakers, researchers, managers of government-funded programs, nonprofit leaders, consumers, and community leaders. In addition to our commitment to collaboration and broad-based information gathering, professionals at the Center also have a strong commitment to translating research into action and recommendations into policy.

ABOUT THE AUTHORS

Diane F. Reed, M.P.H., has over 20 years of experience as a consultant providing policy analysis, program planning and development, evaluation, and grant-writing services to public and private agencies, as well as community-based organizations in California. She has conducted research in a wide range of policy areas, including child welfare, domestic violence, tobacco, substance abuse, perinatal health, criminal justice, and community-based service collaboration. Ms. Reed received a Masters in Public Health from UC Berkeley in Policy and Planning.

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