Welfare Reform and Family and Child Well-Being:

Implications and Opportunities for Child Welfare

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PREFACE

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EXECUTIVE SUMMARY

Federal welfare reform represents one of the most significant changes in public social policy in decades. Signed by President Clinton on August 22, 1996, the Personal Responsibility and Work Opportunity Act of 1996 (PRWOA) brought about fundamental changes to public assistance. One of the most important changes was the elimination of Aid to Families with Dependent Children (AFDC), the open-ended entitlement cash assistance program for low-income families. In its place is the new Temporary Assistance for Needy Families (TANF), a time-limited program under which funds are allocated to states in block grants, with an emphasis on recipient economic self-sufficiency.

Little is currently known about how welfare reform will affect children and families. State statutes conforming to federal welfare reform were enacted in August 1997. In place of AFDC, the State of California has enacted CalWORKs, California Work Opportunity and Responsibility to Kids. California's counties have developed local CalWORKs plans, submitted them to the state in early 1998 for approval, and begun to implement them. State welfare reform evaluation and monitoring strategies are just now being finalized.

As Rob Geen of the Urban Institute notes (see Chapter III), the impact of welfare reform on child welfare is one of the best potential measures of its success or failure. If families are doing better but children are not, for example, we will need to re-evaluate what we are doing. Not surprisingly, little time has been devoted so far to looking specifically at the relationship between CalWORKs and child welfare policy and programming, and how the implementation of CalWORKs will effect child welfare services. Fortunately, California's enabling statute requires the statewide CalWORKs evaluation to specifically report on its impact on children.

This report is the beginning of a yearlong program of forums and reports to explore the relationship between welfare reform and child and family well-being, and in particular the implications for child welfare services. The goal is to assist the reader to understand the connection between public welfare and child welfare, and thus the implications of welfare reform for child welfare services. By examining the evolving relationship between welfare reform and child welfare, we hope to inspire the reader to think about whether child welfare might also require reform to better serve children and families.

On January 23, 1998, CAFIS held a seminar, *Welfare Reform and Family and Child Well-being: Implications for Child Welfare*, for key policymakers and staff in the State Capitol. This was the first in a series of four forums that CAFIS will hold in 1998 to examine issues of child well-being associated with welfare reform. The forums and accompanying reports are made possible with grants from the Zellerbach Family Fund and the Stuart Foundation.

Chapters I, II and III contain presentations given by three welfare reform experts at the seminar.

- Chapter I, *Understanding the Families on Welfare Who Receive Child Welfare Services*, is the presentation made by Richard Barth, Professor of Child Welfare at the University of California, Berkeley, School of Social Welfare and Director of the Child Welfare Research

Center at UC Berkeley. Dr. Barth has led research studies and service evaluations for numerous federal and state agencies and foundations.

- Chapter II, Combined TANF and Child Welfare Services and the El Paso County, Colorado Experience, is the presentation made by Barbara Drake, Deputy Director of the Department of Social Services in El Paso County, Colorado. The department serves over 49,000 individuals annually with a staff of 350 and a $96 million budget. Ms. Drake is the architect of El Paso County's Welfare Reform Pilot (Project Success).
- Chapter III, State Level Child Welfare and TANF Policy Considerations, is the presentation made by Rob Geen, Research Associate with The Urban Institute in Washington, D.C. Mr. Geen specializes in child welfare and related children, youth, and family issues. He is currently the team leader for the California social services case study team as part of the Urban Institute's Assessing the New Federalism project, a multi-year analysis of the devolution of responsibility for social programs from the federal government to the states.

Chapters IV and V present background information relating to public assistance and child welfare:

- Chapter IV describes key indicators of the well-being of California's children, low-income families and children, and maltreated children. It also describes the factors associated with poverty and child maltreatment and their consequences.
- Chapter V summarizes the history of public assistance and child welfare policy and programming, and describes current programs, including an overview of the new Temporary Assistance for Needy Families program, state and federal child welfare programs. It includes an outline of relevant state and federal statutes.

Public Assistance for Needy Families

Cash assistance has been the primary form of aid provided to poor families in California and other states since the 1930s. Increasing public and political dissatisfaction with an open-ended cash entitlement program, and a corresponding emphasis on services and incentives for families to become economically self-supporting, underlie welfare reform efforts.

The Personal Responsibility and Work Opportunity Reconciliation Act (P.L. 104-193), enacted August 22, 1996, replaced AFDC with a block grant to the states, entitled Temporary Assistance for Needy Families (TANF). According to the statute, the objectives of TANF are to:

- Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
- End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
- Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and
- Encourage the formation and maintenance of two-parent families.

Millions of Californians are effected by federal welfare law changes. California faces the daunting task of successfully moving large numbers of economically needy families to self-sufficiency, a task that has eluded public policymakers for decades.

Child Maltreatment and Child Welfare

Child maltreatment (abuse and neglect) is a serious social problem with complex causes and tragic consequences. The costs of treating the associated physical and psychological trauma are high. Child maltreatment is linked to social problems such as teenage pregnancy, poor school performance and dropout, substance abuse and criminal activity. There were nearly 700,000 child maltreatment referrals and assessments in California in 1995, the last year for which state data is available. Nationally, more than one million children are currently in foster care; in California, the number of children in out-of-home care exceeded 90,000 in 1997. Many other at-risk children are unknown to the public child welfare system.

In recent decades, the primary emphasis of California child welfare policy and programming has been out-of-home care. As described in Chapter I, earlier public assistance reforms eliminated resources that had previously been available for early intervention and prevention. Welfare reform offers the opportunity to begin to reconsider child welfare policy, as Barbara Drake describes in Chapter II.

Implications for Child and Family Well-being

State policymakers are confronted with an array of complex questions and concerns, such as how welfare reform will impact families, and whether the wide range of programs that serve California's children and families, particularly child protection and safety programs, are effective.

The focus of the CalWORKs debate and its implementation has to date centered on parental employment. Public assistance programming has its roots in a concern for the welfare of children, with an emphasis on the economic foundations of child and family well-being. This economic emphasis appears to be well founded, as research reveals strong associations between poverty and welfare dependency and a host of negative conditions such as teenage pregnancy, child neglect and abuse, substance abuse, increased violence, and intergenerational poverty.

Many analysts have voiced concerns about the potential long-term impact of welfare reform on the well-being of poor families and their children:

1. Are there enough jobs for TANF recipients?
2. Will some children benefit from more positive parental role modeling of self-sufficiency? If so, how and why?
3. How will poor parents' move into employment impact child well-being? Will there be adequate attention to assuring a safe and nurturing environment for children?
4. What will be the impact or demands for and access to services provided by state and local human services programs? What are the implications for state relationships with local governments and the management and delivery of the required services?

5. Will some portion of the families who previously received AFDC experience a net loss of resources? If so, how many (and how will we know)? How will these lost resources impact families? Will greater numbers of children experience child abuse and neglect as a result? How many of these families are currently identified as neglecting or abusing their children? How many new families might face new charges of child maltreatment? What will be the cost to the state of expanded foster care and other remedies?
6. How will welfare reform impact effect the lives of teenage parents? How might programs better serve this population? Are there effective strategies for preventing teenage pregnancy, particularly among the highest risk populations? What public education curriculum and employment training programs might assist teenage parents to become self-sufficient?
7. How will families in which parents or children have multiple problems be served? What types of family assistance services (such as drug treatment, mental health services, and parenting education) are required, and for how long, in order for these families to become self-sufficient? This question is particularly meaningful because of the relationship between these conditions and child maltreatment.
8. What happens in families when parents are unable to achieve self-sufficiency? Will families that lose the adult portion of their TANF assistance be able to adequately care for their children? How will we know? What should be done for (or to) the children in these families? Will these circumstances lead to an increased need for child welfare services, including out-of-home care?

Welfare Reform and Child and Family Well-being

Though poverty can have a very negative impact on families and children, many individuals are able to successfully overcome these difficulties. For example, some welfare recipients are able to move relatively quickly into the workforce. Unfortunately, there is strong evidence that welfare reform will not remedy poverty. Nearly all estimates of the earned income potential of welfare recipients suggest that the economic well-being of their families is not expected to improve greatly above current public assistance levels. The California Budget Project recently concluded that earnings from full-time work at minimum wage fail to provide sufficient income to lift a family of three or more above the federal poverty line (1997). California is a high-cost state. New costs for childcare and transportation, even when offset by the federal earned income tax credit (EITC), might at best mitigate gains achieved through employment. Thus, there is concern about the continued negative effects of poverty on children and families.

A large (but unknown) segment of the welfare population includes families who face significant challenges such as disability, substance abuse and/or mental illness, making their transition from welfare to work more difficult. It is currently unknown what proportion of children in these families might be neglected and abused, and merit child welfare services. Eligibility data for children in out-of-home care indicates that most come from low-income families, although it is not known how many of these families have received any type of public assistance. State officials suggest that a significant proportion of families receiving public assistance either have children in out-of-home care or have received child welfare services in the past.

CHAPTER I: UNDERSTANDING THE FAMILIES ON WELFARE WHO RECEIVE CHILD WELFARE SERVICES

Presentation by Richard Barth, M.S.W., Ph.D., Hutto Patterson Chair in Child and Family Studies, School of Social Welfare, University of California at Berkeley

My charge today is to try to tell you something about the historic and current overlap between child welfare and welfare services. I will first talk about the historical relationship between public assistance and child welfare. I will eventually talk about the data that we are using to look at the overlap between AFDC children receiving public assistance and children receiving child welfare services, or at least some portion of child welfare services.

A Historical Perspective of the Relationship of Public Assistance and Child Welfare

Given that this is the beginning of a series of forums, I think it is worth taking a little time to look back at the historic relationship between these two programs. Handout #1 (see page 13) depicts a timeline, starting in 1700 and going to 2000, prepared by Laura Frame, a Ph.D. student at our school. Public relief goes back at least 300 years and child protection goes back about 150 years. The key relationship between these two concerns, at least in the modern era, really begins with the Social Security Act of 1935. Title IV provided for income assistance, and included rehabilitation and other services as far as practical, and established the conditions under which they would be provided to families receiving Aid to Dependent Children (ADC) (the first name for the federal income assistance program). At that time, child welfare services were funded under Title V of the Social Security Act. The federal Children's Bureau had responsibility for the protection and care of homeless, dependent and neglected children, and children in danger of becoming delinquent. This is a responsibility the Children's Bureau continues to have.

These programs were then separated by title, but were never too far apart in practice or administration. In the 1950s, the Department of Health, Education and Welfare (DHEW) brought together state and regional groups with the Bureau of Public Assistance and the Children's Bureau. Their charge was to, "examine increasing interest and concern about the social problems of many families receiving ADC and the necessity for social services," and discuss, "how cooperative activities of the two Bureaus could help the development of more adequate services." The ADC program in the 1950s and the social issues related to the services that were needed by the ADC recipients were discussed intensely at the federal level. One of the things on which this discussion focused was the handling of cooperative cases [public assistance and child welfare], which is an issue that we once again have to address as we begin to develop the capacity for service provision and case management in the CalWORKs program. We have a parallel capacity in the child welfare program and we see that we are going to have to revisit some of these discussions about cooperative work.

One of the concerns identified in the 1950s was the inadequacy of training public assistance and child welfare field staff to use various needs and program criteria and to have a knowledge of both programs. This is also being raised in our current research focus groups and in our discussions

with counties. CalWORKs offers an opportunity for getting to know the families involved in the CalWORKs program in ways that were not possible under AFDC, and were only partially possible under the JOBS (welfare-to-work) Program in the 1980s and 1990s. More careful assessments of ADC families also have a historical precedent. In the 1960s, states could get a 75 percent funding match from the federal government for cases in which a social study was completed that included an assessment of the child's mental and physical condition and school progress and the development of a plan to resolve any evident problems. Even then there was a provision for funding additional services out of the ADC program to complement cash assistance to the family.

The separation of these programs in 1967 was truly a watershed event. With the modest exception of the development of the JOBS Program, it ended access to and availability of social services for AFDC recipients. Whereas in the 1950s discussions focused on the families with the most difficulties, the JOBS Program has generally excluded those families. Although social services were provided and some mechanisms for case management developed, the JOBS Program has always been relatively small and probably did not serve many families that would cross over into child welfare—the families who are now being served in the CalWORKs Program. The exemptions are now much more limited than they were under JOBS and indeed one of the objectives of CalWORKs is to provide services to address the problems of the recipients so they can become self-sufficient.

CalWORKs and Child Welfare

CalWORKs offers the opportunity to expand the range of governmental services for public assistance recipients. CalWORKs literally cannot succeed with the very difficult clientele it will be serving without expanding the availability of services. One of the challenges that we face is to develop the service mixture that will complement the services already available from other sectors. For example, funds for substance abuse treatment have been expanded and recipients are expected to participate in a substance abuse and mental health services assessment. Child welfare services are, of course, also available. We see these services being provided across the U.S. under the TANF program. There are some estimates that the average cost for the TANF client is now twice what it was for an AFDC recipient, although these estimates are very soft because we really do not have much of a national picture yet of what is going on. Because they are getting more services, there are more dollars being spent on each recipient as they are coming through the CalWORKs Program.

Public Assistance and Child Maltreatment Factors

Handout #2 (see page 14), while very crude, is an attempt to look at the overlap with regard to the issues of income, child abuse, substance abuse, and mental illness. Child welfare services clearly serve a substantial proportion of abused and neglected children, but not all of them. Mental illness among the parents, and substance abuse by the parents, overlap significantly with poverty and also overlap significantly with child abuse. This is really the main point—we know that poverty and child abuse and neglect are highly associated, but there are other critical overlaps as well.

We have data from the Third National Incidence Study suggesting that children from families with annual incomes below $15,000, when compared to families with children with annual incomes of more than $30,000, have more than 22 times greater likelihood of experiencing reported child abuse that meets the highest standard of harm. Thus, income is clearly one factor in explaining child abuse. Yet the overlap between income and child abuse is probably somewhat less than it is between substance abuse and child abuse. Substance abuse is truly the mediating factor here in many ways. The interaction between substance abuse and poverty is a very powerful interaction that explains most of what happens in the child welfare system. So any predictions about what might happen with regard to child welfare as a result of CalWORKs must take into account the impact CalWORKs might have on lifestyle characteristics. This applies to substance abuse above all, but there are also other lifestyle characteristics like employment, homelessness, and other ways that people may change their behavior even as their income may be changing.

Substance Abuse, Poverty and Child Welfare

The substance abuse link is very strong. More than three-quarters of state child protection administrators across the country report substance abuse to be one of the top two problems presented by their caseloads. Doug Besharov concluded that over 73 percent of neglect-related child fatalities were related to substance abuse. The other major problem concerns homelessness or housing, which I think is going to be another key mediator in this relationship. We will almost certainly see some increases in homelessness because of changes in family incomes related to CalWORKs.

When Susan Zuravin and Jeffrey Greif compared maltreating and non-maltreating AFDC families, they found that non-maltreating mothers were less likely to report problems with alcohol or hard drugs than mothers involved in CPS (Child Protective Services). Alcohol-involved binges were one-third more likely among maltreating mothers as among non-maltreating mothers. Maltreating mothers reported using hard drugs four times more often than non-maltreating mothers.

Clarice Walker and her colleagues attempted to look at how African-American children end up in foster care. They found that of parents whose children entered foster care, those that abused drugs were more often single parents who were significantly more likely not to have a high school education and were likely to be receiving AFDC. In fact, 85 percent of the substance abusing African-American parents whose children entered foster care were receiving AFDC and had been for many years.

Research on how many AFDC recipients actually have a substance abuse problem has started to emerge. My synthesis of this data suggests that 15 percent of the AFDC recipients have a functional impairment resulting from substance abuse, not nearly as large a group as the estimated 75 or 80 percent of the child welfare clients who have a functional impairment related to alcohol and drug abuse. However, substance abuse involved TANF recipients are still a substantial population because the size of the AFDC population is so great.

Service Considerations: Child Welfare and CalWORKs

Handout #3 (see page 15) provides another way to look at the relationship between public assistance and child welfare programs by thinking about the programs independently, to a certain extent. It lists the main programs in the child welfare area and then some special populations or special considerations regarding TANF. (For those of you unfamiliar with the term *family reunification*, that is basically the part of the foster care program that is intending to get children back home.)

Income and *patterns of living* and *other services and support* are the dimensions we need to be thinking about, as well as what the relationship is between these programs. Very often we focus just on what may happen to families who lose income. But we also have to look at how they are going to change their patterns of living as a result of more involvement in mental health and drug treatment services, more involvement with the labor force, and increased access to child care by their children. It's also vital to keep one eye on other services needed by TANF recipients, how they may be affected by the program and how that may tie directly into the impact or may have a roundabout affect on child welfare. For example, there is concern among the treatment providers who serve mothers and children together in residential care that they may not be able to support the residential programs once TANF mothers start to be sanctioned or reach program time limits. This is because these programs rely on the cash assistance that the mother gets to help them underwrite the cost of room and board. Welfare reform gives new impetus to the need to better understand the characteristics of this fast-growing innovation.

A New Relationship with Families: Implications for Child Welfare

I want to discuss two final issues. First, we need to consider what may happen at the front end of the child welfare system. In the child abuse and emergency response area, one of the things that we are very likely to see is that because eligibility workers are going to have an opportunity to conduct home visits, and to get to know their clients in ways they never have, they are going to start to become child abuse reporters. We now get very few reports of child abuse from eligibility workers. It may be that they are making reports that do not go through the child abuse hot line and are finding other ways to communicate to child welfare. There will certainly be more reports filed by TANF workers as some family assessments will result in referrals by the eligibility workers to child welfare. I think this is basically a very positive result of TANF workers becoming more tuned in to what is going on with regard to the well-being of the children.

The broader issue of general neglect is very likely going to become more key. More service providers are going to become involved with families in deep poverty. It is not going to be just the TANF eligibility workers, but also mental health workers, substance abuse treatment providers and child care workers who are going to become concerned about the well-being of these families. Thus, we are going to see a growth, a substantial growth, in the general neglect reports to child welfare. We can use this as a way to figure out anew how we want to respond to these reports. At this time, there is not much consistency across the counties in their response to general neglect reports, and that is something I think we have to work on.

Generally, though, there has been a growing tolerance for allowing children to live in deep poverty. In the 1970s when I first came to California, a child living with a parent in a car would typically be brought into foster care. In the eighties this ended, but a child living with a parent under a bridge was still likely to be brought into foster care. In the nineties, this changed in many counties, and now even young children do not receive child welfare services for reasons of poverty alone. This may be the right standard in a technical sense, but it is not developmentally sensitive. An expansion of homelessness is likely to result from welfare reform and to cause us to revisit our typical response of greater and greater acceptance of looking beyond children and parents in great need.

New California Data: Implications for Child Welfare and CalWORKs

Another area that we have been very interested in at the Child Welfare Research Center is family reunification. We have begun to do some data matching of the foster care data in our archives with the longitudinal data base of AFDC recipients (which is a 10-percent random sample that has been developed by the California Department of Social Services Research Branch and UC DATA at Berkeley). Handout #4 (see page 16) provides an initial look at this. We have not yet fully analyzed the data to determine who is going where, which kinds of families have children that are going into foster care, and what the time period is.

With an intake cohort of 32,000 families with children who entered AFDC in 1988, we see that in the first two years, about one percent of these families' children went into foster care and continued to go into foster care over time. Although the rate drops down to closer to one-half of a percent, over an 8-year period about 5 percent of the children who start on AFDC will go into foster care. This is more or less a baseline for us and we will need to track this. We could expect in fact that this percentage may go up. As the AFDC caseload falls, a larger proportion of more troubled families will remain in the TANF caseload and we may see higher transitions to foster care. We really need to target services to that group so that we do not see these kinds of negative changes.

Handout #5 (see page 17) shows some analysis of what we did, linking the archive data with state birth data to see which children born in California went into foster care as infants. This is a multivariate analysis that allows us to simultaneously control for different characteristics. There are a number of interesting findings. The higher the odds ratio, the more likely this infant was to be found in foster care, rather than not in foster care, at age one year. The bigger families, with three children versus one child, have a 2.95 odds ratio. Thus, children in larger families are nearly three times more likely to end up in foster care. If CalWORKs has an impact on family size, we could see reductions in admissions to foster care.

Another interesting finding is the age of the mother and whether or not the mother is poor. Poor is defined as having given birth to a child and paying for that on Medi-Cal or the medically indigent program. We found that poor mothers who are age 30 and over have a five times greater likelihood of having their infants go into foster care. We often think of very young mothers as having the highest risk. Indeed they do have a somewhat elevated risk if they are poor, at 2.1 for teenage mothers 12 to 17 years old. But the risk when the mother is 30 and over, and poor when

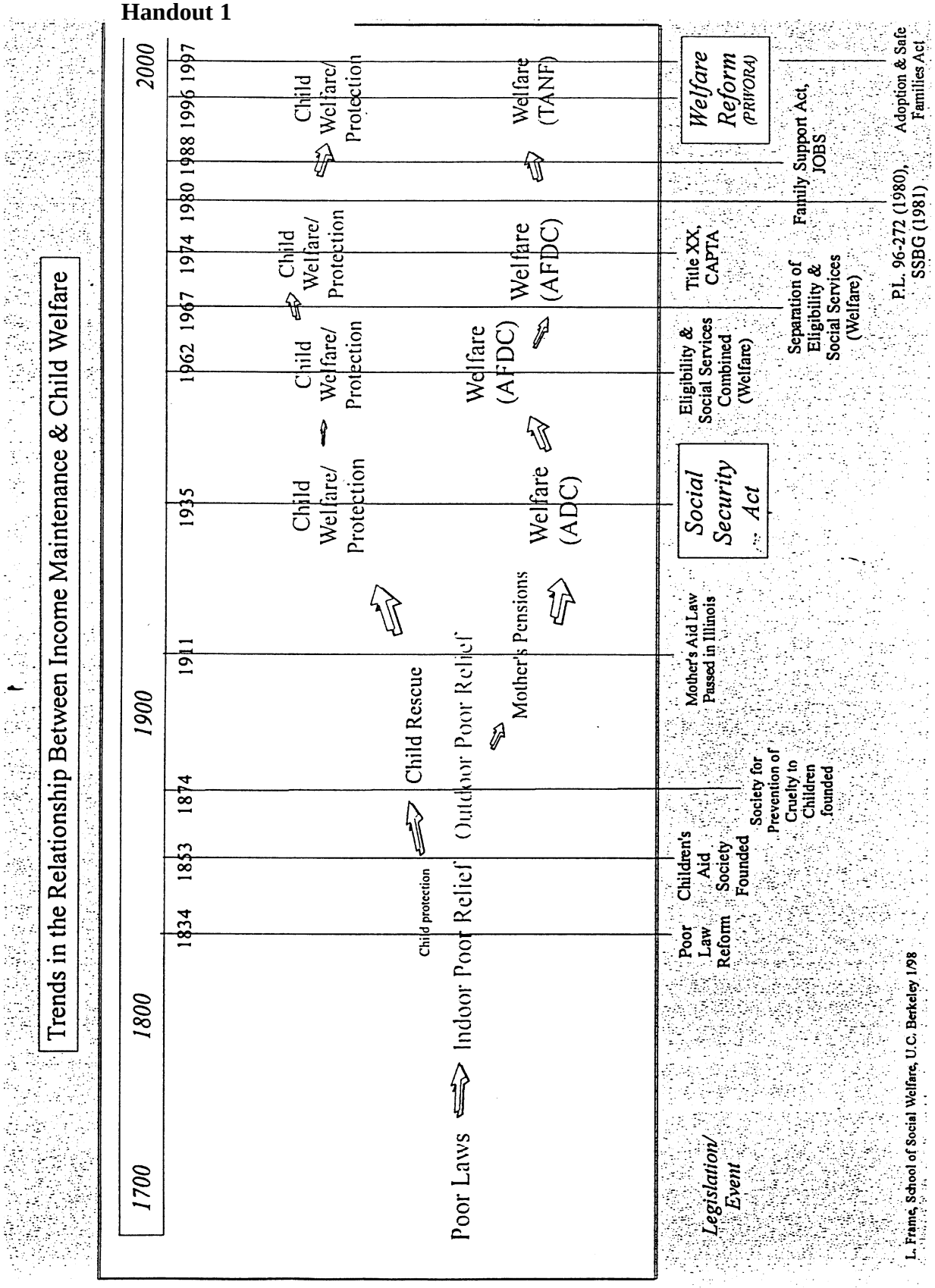
she gives birth, is much higher and exceeds by five times the rate of those being over 30 and not poor. We do not have a full description of them, but these tend to be mothers who have most likely been on the program for a long time. They may or may not have a lot of children, although they probably do. That is an independent factor in this analysis. This is a risk group that can also be targeted for services because their families are also very likely to need child welfare services.

The last handouts (see pages 18-20) depict non-relative out-of-home placements in California. This attempts to show you what the reunification rates are over four years for children who have entered foster care—how many of them go home by the end of that time—stratified by the age of the child. Next we show what proportion of foster kids go home in the first six months. One of the options in TANF is to provide services to mothers who have lost their children, for example, to child welfare services. You can provide TANF services to them for up to six months even if they have become childless. I know that some counties are going to do that. As you can see, a very high proportion of children remain in care after six months. So that is a very pivotal time that counties will need to focus on and to help families through.

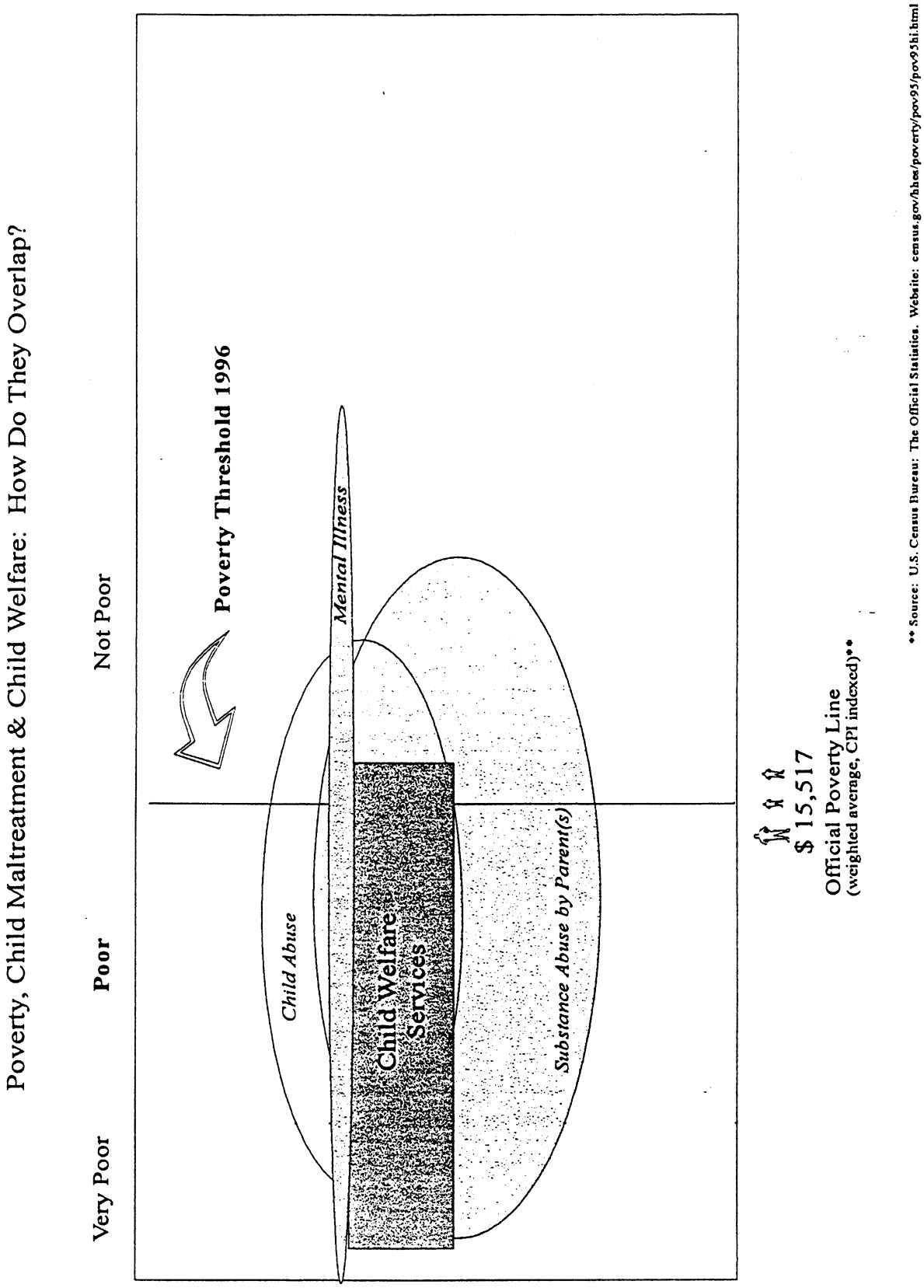
Summary

In sum, we need to continue a lot of the work that has already begun. We need to understand the overlap between welfare and child welfare, and how they historically have been linked. We need to get counties talking to each other about the changes in each component of child welfare services, and talking to the State and legislators. We certainly need additional cross training so that we can meet some of the concerns raised in the 1950s about not knowing each other's programs. We still do not know each other's programs, although recently giant strides have been made. We do need to be proscriptive in addressing issues of general neglect, of homelessness and social services, and of family reunification when children are in foster care. All this will take the combined interests and commitment of the academy, a caring citizenry, flexible and resolute social service agencies, and an informed and committed legislature.

Handout 1


Trends in the Relationship Between Income Maintenance & Child Welfare
1700
1800
1900
2000
1834 1853 1874 1911 1935 1962 1967 1974 1980 1988 1996 1997
Poor Laws
Indoor Poor Relief
Child protection
Child Rescue
Outdoor Poor Relief
Mother's Pensions
Child Welfare/ Protection
Welfare (ADC)
Welfare (AFDC)
Welfare (TANF)
Legislation/ Event
Poor Law Reform
Children's Aid Society Founded
Society for Prevention of Cruelty to Children founded
Mother's Aid Law Passed in Illinois
Social Security Act
Eligibility & Social Services Combined (Welfare)
Separation of Eligibility & Social Services (Welfare)
Title XX, CAPTA
P.L. 96-272 (1980), SSBG (1981)
Family Support Act, JOBS
Welfare Reform (PRWORA)
Adoption & Safe Families Act
L. Frame, School of Social Welfare, U.C. Berkeley 1/98

Handout 2


Poverty, Child Maltreatment & Child Welfare: How Do They Overlap?
Very Poor
Poor
Not Poor
Poverty Threshold 1996
Mental Illness
Child Abuse
Child Welfare Services
Substance Abuse by Parent(s)
$ 15,517
Official Poverty Line
(weighed average, CPI indexed)**
** Source: U.S. Census Bureau: The Official Statistics. Website: census.gov/hhes/poverty/pov95/pov95hi.html

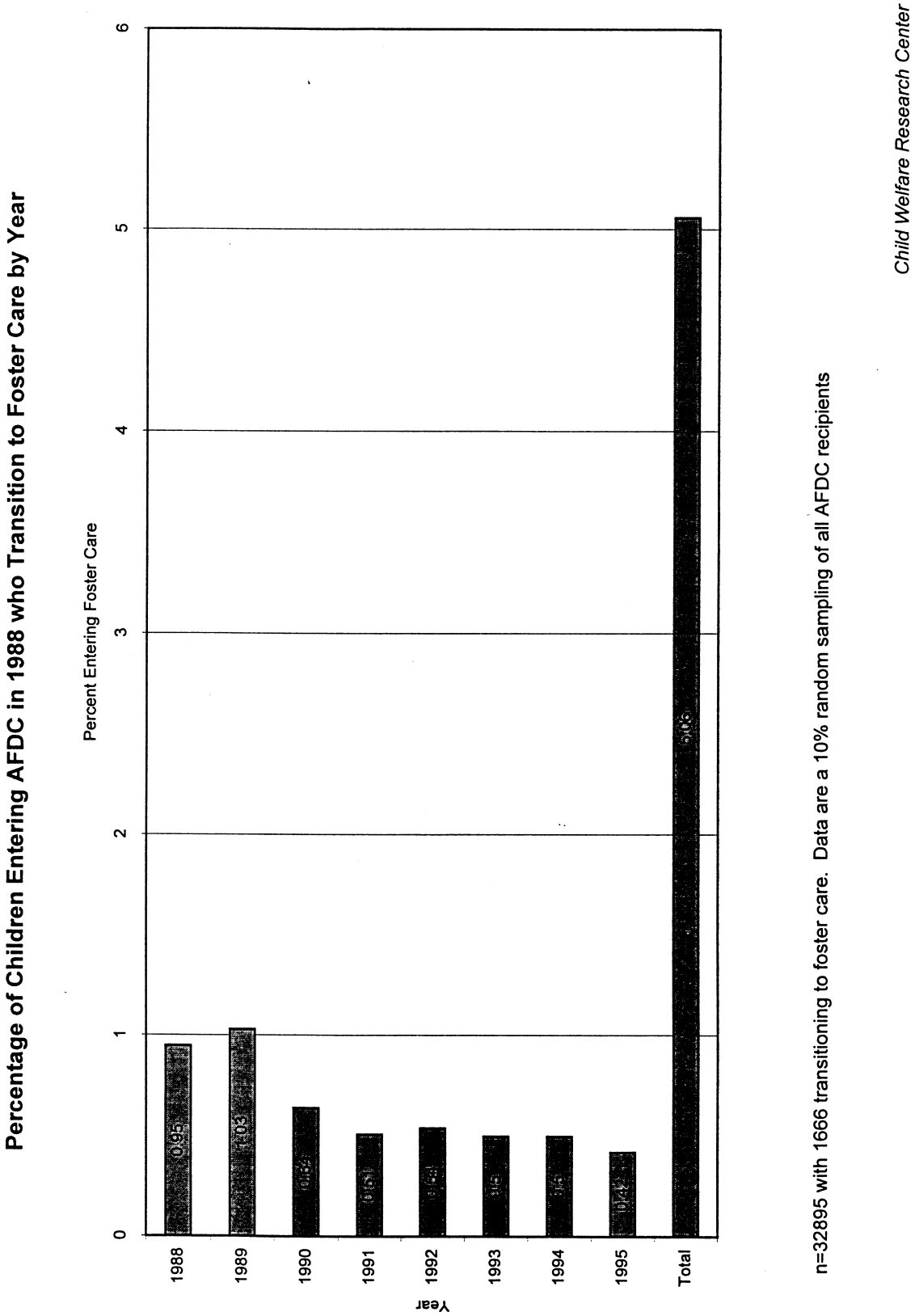
Handout 3

Mapping the Intersection of Welfare Reform and Child Welfare: Expected Changes and Possible Effects on Children and Families

CHILD WELFARE PROGRAMS	Income	Patterns of Living	Other Services and Supports
Child Abuse & Emergency Response	Benefits Detriments Overall Effects	Benefits Detriments Overall Effects	Benefits Detriments Overall Effects
In-Home Services (Family Preservation & Support and Family Maintenance)	Benefits Detriments Overall Effects	Benefits Detriments Overall Effects	Benefits Detriments Overall Effects
Family Reunification	Benefits Detriments Overall Effects	Benefits Detriments Overall Effects	Benefits Detriments Overall Effects
Adoption	Benefits Detriments Overall Effects	Benefits Detriments Overall Effects	Benefits Detriments Overall Effects

SPECIAL CONSIDERATIONS			
Developmental Vulnerabilities of Infants, Toddlers, Preschoolers, Elementaries, and Adolescents	Benefits Detriments Overall Effects	Benefits Detriments Overall Effects	Benefits Detriments Overall Effects
Kinship Care Providers	Benefits Detriments Overall Effects	Benefits Detriments Overall Effects	Benefits Detriments Overall Effects
Adolescent Parents	Benefits Detriments Overall Effects	Benefits Detriments Overall Effects	Benefits Detriments Overall Effects

Handout 4


Percentage of Children Entering AFDC in 1988 who Transition to Foster Care by Year
Percent Entering Foster Care
0
1
2
3
4
5
6
1988
1989
1990
1991
1992
1993
1994
1995
Total
Year
n=32895 with 1666 transitioning to foster care. Data are a 10% random sampling of all AFDC recipients
Child Welfare Research Center

Handout 5

Odds ratios and 95% CIs from Logistic Regression for Entrance into Foster Care as Infant

(n=26460 foster care vs 68401 other)

Sex

boy vs girl	**1.09** (1.05, 1.13)

Marital Status

single vs married	**2.64** (2.53, 2.75)

Education

not vs high school grad	**1.88** (1.79, 1.97)

Birthweight

low vs normal	**2.77** (2.61, 2.93)

Birth Abnormality

any abnormality vs none	**1.96** (1.82, 2.11)

Trimester Prenatal Care Began

second vs first	**1.74** (1.67, 1.82)
third vs first	**2.95** (2.75, 3.17)
no care vs first	**8.36** (7.66, 9.12)

Total Children Born Alive

two vs one	**1.58** (1.50, 1.67)
three vs one	**2.95** (2.79, 3.11)

Economic Status (poor vs not)

12-17	**2.10** (1.76, 2.49)
18-20	**1.33** (1.19, 1.52)
21-29	**2.53** (2.39, 2.71)
30+	**5.01** (4.63, 5.41)

Age of Mother (poor)

12-17 vs 30+	**0.63** (0.57, 0.71)
18-20 vs 30+	**0.49** (0.45, 0.53)
21-29 vs 30+	**0.76** (0.72, 0.80)

Age of Mother (not poor)

12-17 vs 30+	**1.52** (1.23, 1.81)
18-20 vs 30+	**1.82** (1.61, 2.07)
21-29 vs 30+	**1.50** (1.39, 1.61)

Ethnicity of Mother (native)

African American vs White	**2.52** (2.39, 2.66)
Hispanic vs White	**0.64** (0.61, 0.68)
Other vs White	**0.97** (0.84, 1.11)

Ethnicity of Mother (immigrant)

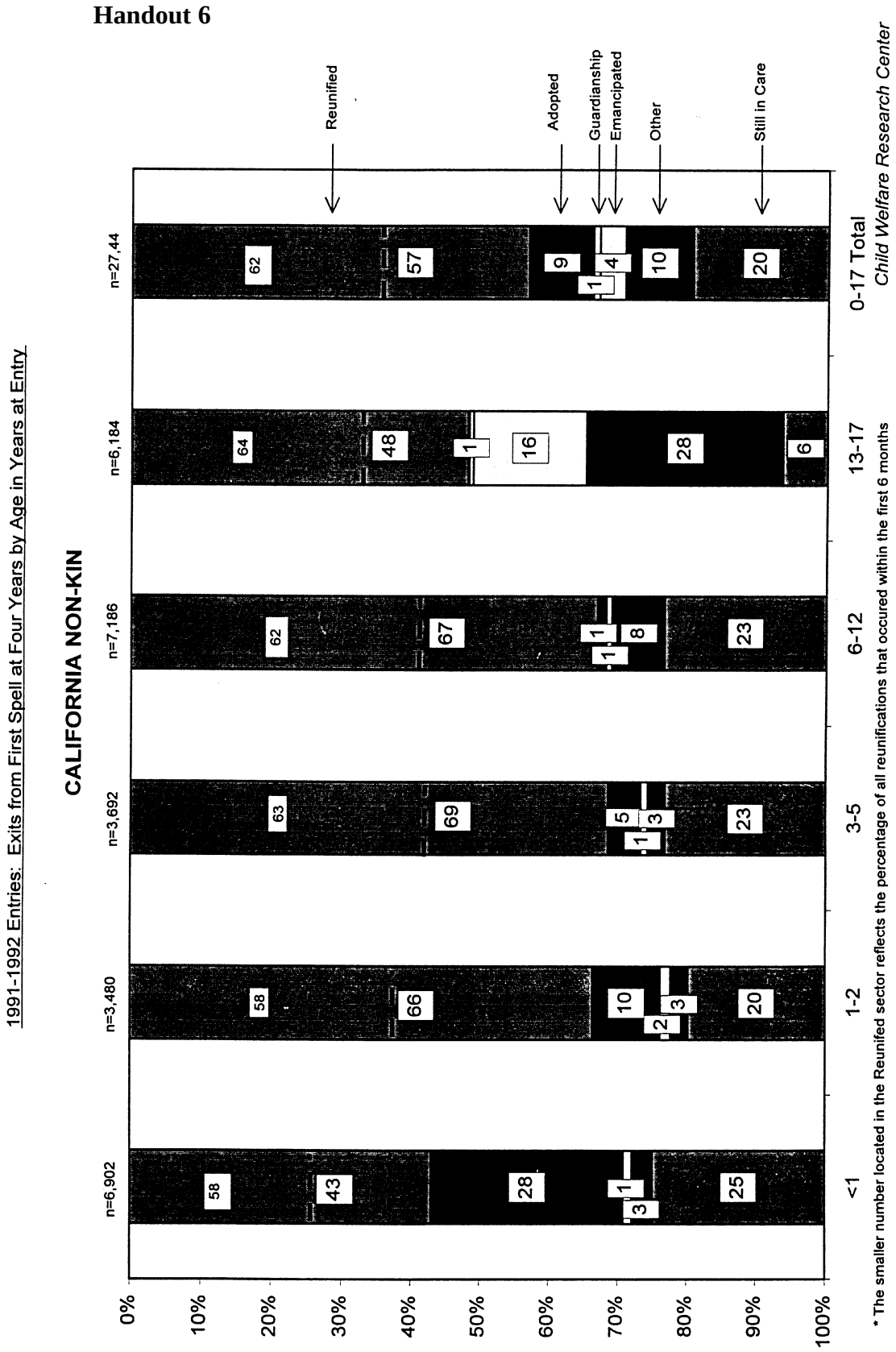
African American vs White	**2.34** (1.80, 3.05)
Hispanic vs White	**0.15** (0.13, 0.17)
Other vs White	**0.37** (0.31, 0.45)

Immigrant vs Native (by ethnicity)

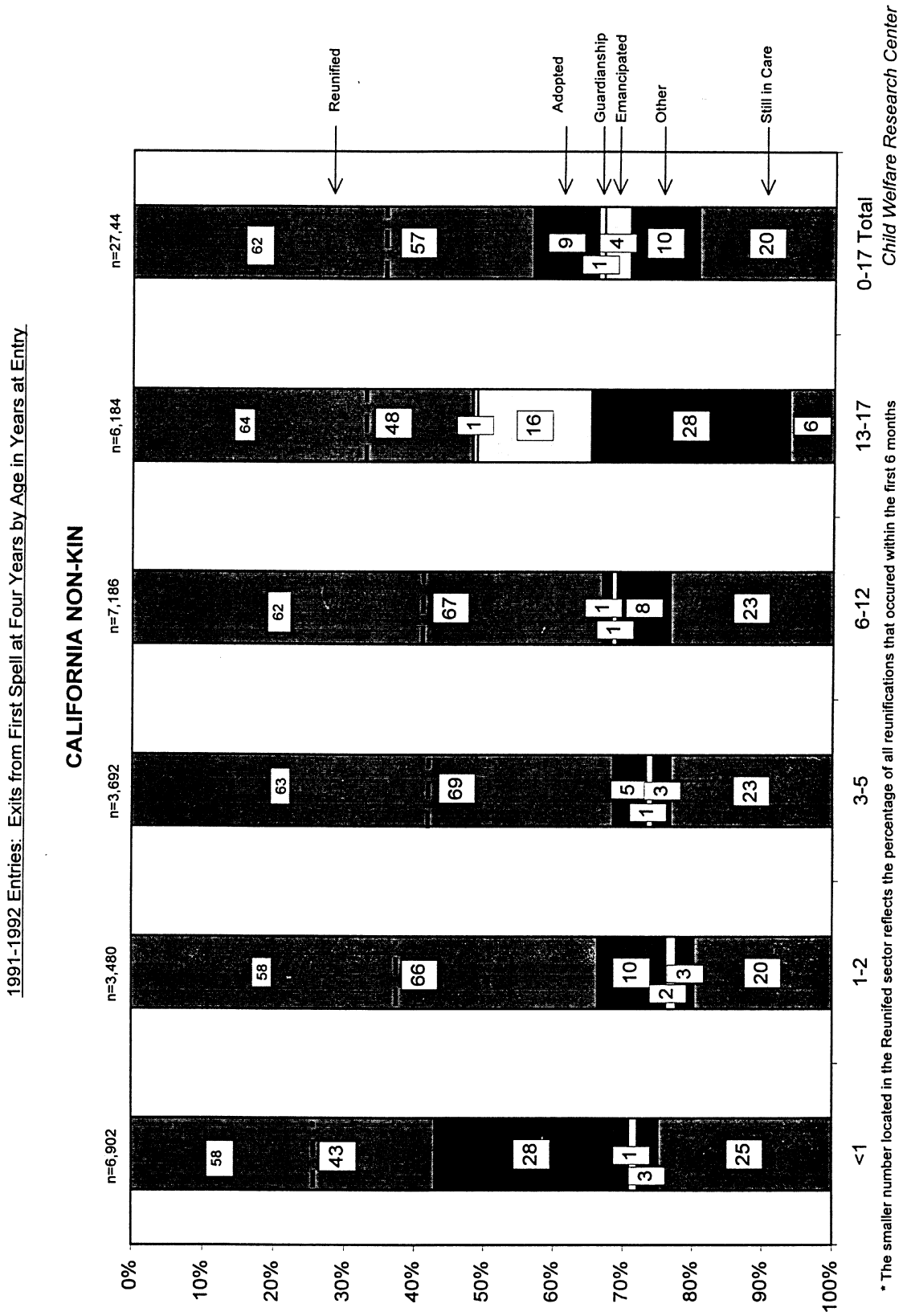
African American	**0.39** (0.31, 0.49)
Hispanic	**0.15** (0.14, 0.16)
Other	**0.16** (0.13, 0.19)
White	**0.42** (0.37, 0.48)

-2 LOG L CHISQ = 44195.009 with 24 DF (p=0.0001)

Handout 6


1991-1992 Entries: Exits from First Spell at Four Years by Age in Years at Entry
CALIFORNIA NON-KIN
Reunified
Adopted
Guardianship
Emancipated
Other
Still in Care
n=6,902
n=3,480
n=3,692
n=7,186
n=6,184
n=27,44
58
43
28
1
3
25
58
66
10
2
3
20
63
69
5
1
3
23
62
67
1
1
8
23
64
48
1
16
28
6
62
57
9
1
4
10
20
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
<1
1-2
3-5
6-12
13-17
0-17 Total
Child Welfare Research Center
* The smaller number located in the Reunifed sector reflects the percentage of all reunifications that occured within the first 6 months

Handout 7


1991-1992 Entries: Exits from First Spell at Four Years by Age in Years at Entry
CALIFORNIA NON-KIN
Reunified
Adopted
Guardianship
Emancipated
Other
Still in Care
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n=27,44
58
43
28
1
3
25
58
66
10
2
3
20
63
69
5
1
3
23
62
67
1
1
8
23
64
48
1
16
28
6
62
57
9
1
4
10
20
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
<1
1-2
3-5
6-12
13-17
0-17 Total
Child Welfare Research Center
* The smaller number located in the Reunifed sector reflects the percentage of all reunifications that occured within the first 6 months

Handout 8

1991-1992 Entries: Exits from First Spell at Four Years by Age in Years at Entry

Outcome	<1 n	<1 %	1-2 n	1-2 %	3-5 n	3-5 %	6-12 n	6-12 %	13-17 n	13-17 %	0-17 Total n	0-17 Total %
California												
Reunified												
Kin	2,259	44.7	2,129	58.4	2,375	60.0	3,579	59.5	1,100	52.5	11,442	55.1
Non-Kin	2,966	43.0	2,309	66.4	2,532	68.6	4,807	66.9	2,976	48.1	15,590	56.8
Adopted												
Kin	389	7.7	153	4.2	86	2.2	68	1.1	13	0.6	709	3.4
Non-Kin	1,928	27.9	341	9.8	172	4.7	96	1.3	12	0.2	2,549	9.3
Guardianship												
Kin	374	7.4	207	5.7	212	5.4	294	4.9	67	3.2	1,154	5.6
Non-Kin	80	1.2	51	1.5	35	1.0	56	0.8	37	0.6	259	0.9
Emancipated												
Kin	0	0.0	0	0.0	0	0.0	2	0.0	278	13.3	280	1.4
Non-Kin	0	0.0	0	0.0	0	0.0	7	0.1	1,010	16.3	1,017	3.7
Other												
Kin	117	2.3	85	2.3	82	2.1	256	4.3	354	16.9	894	4.3
Non-Kin	208	3.0	87	2.5	92	2.5	539	7.5	1,754	28.4	2,680	9.8
Still in Care												
Kin	1,919	37.9	1,071	29.4	1,202	30.4	1,818	30.2	285	13.6	6,295	30.3
Non-Kin	1,720	24.9	692	19.9	861	23.3	1,681	23.4	395	6.4	5,349	19.5
Total												
Kin	5,058	100	3,645	100	3,957	100	6,017	100	2,097	100	20,774	100
Non-Kin	6,902	100	3,480	100	3,692	100	7,186	100	6,184	100	27,444	100

1991-1992 Entries: Reunifications from First Spell at Six Months by Age in Years at Entry, %* of Reunifications

	<1 n	<1 %*	1-2 n	1-2 %*	3-5 n	3-5 %*	6-12 n	6-12 %*	13-17 n	13-17 %*	0-17 Total n	0-17 Total %*
California												
Kin	714	31.6	742	34.9	845	35.6	1421	39.7	491	44.6	4213	36.8
Non-Kin	1719	58.0	1389	57.9	1588	62.7	2985	62.1	1907	64.1	9588	61.5

CHAPTER II: COMBINED TANF AND CHILD WELFARE SERVICES AND THE EL PASO COUNTY, COLORADO, EXPERIENCE

Presentation by Barbara Drake, M.S.W., Deputy Director, Department of Social Services, El Paso County, Colorado

I have been asked to talk about how one Colorado county is making efforts to link child welfare and economic assistance programs. Each county in Colorado has developed their own welfare reform plan, each very unique. We have 63 counties, each has a Department of Human Services. What I am describing applies to El Paso County only.

El Paso County, Colorado is a county with a population of about 485,000, with its principal city being Colorado Springs, the home of what I like to call rugged individualism. It often presents some very challenging, but also some very rewarding, opportunities. We have in El Paso County about 3,000 cash assistance welfare cases. What I will be talking about today is a subset of that caseload called child-only cases.

In El Paso County, Colorado, 23 percent, or about 700, of the 3,000 cash assistance cases are child-only cases. Colorado has almost 4,600 of these types of cases, as compared to over 83,000 child-only families in California. There are a very significant number of families receiving TANF funds in your state.

ColoradoWORKS

I am going to be talking with you as a direct provider of service. I have direct responsibility for the implementation of what we call ColoradoWORKS, our county-run welfare reform program. My talk will be from a very concrete data base and service delivery standpoint.

The approach that we are taking is to blur the lines between the child welfare program that is typically staffed by social work staff, and our assistant payment program that is typically staffed by eligibility technicians—who have very different training and very different experiences working with these families. We are blending both programs and staff. In fact we have a team of staff that are social workers with child welfare backgrounds, and eligibility workers, working together to serve these child-only families—which I will define shortly. By learning each other's jobs, we are not just asking eligibility technicians to call in the social worker when there is an issue so that we can provide more coordinated service to the family.

As you all know, the changes that we are experiencing really signal a shift in the relationship between the counties and the state. I think that is a pivotal issue in terms of how we implement welfare reform and what some of the strategies are. In our state, counties have been given a lot more flexibility for innovative programming. At the same time, there is also a lot more county responsibility to make sure that the programs we implement get the job done with realistic goals for the families that we are serving.

ColoradoWORKS Vision

The context in which we are providing welfare reform services is very important. Before I provide a description of our work using TANF for preventive programs, I want to share with you that we have a vision of what welfare reform will be in our county and the goals are very important in the context of how we go about providing these services to the child-only kinship families.

The goals that we have for our welfare program are to:

1. Increase the number of welfare recipients who have earned income;
2. Decrease the number of children in El Paso County who are living in poverty;
3. Increase the number of fathers who are providing both financial and parenting support for their children; and
4. Increase the number of families who no longer require public assistance.

Our ultimate goal is to eliminate poverty in El Paso County.

Now, why is that important? It is important because when you have a goal or a vision that goes beyond simply trying to reduce your TANF caseload, then you tend to think of things in a much more expansive way, in terms of how things link together and how you can use your resources to meet that ultimate goal of eliminating poverty. It may seem tremendously industrious, but what we are finding is that this really encourages and energizes our staff to think beyond simply reducing our TANF caseload.

ColoradoWORKS: Kinship Care

TANF gives us the flexibility to use funds for prevention services to families who have qualified under the TANF program as child-only families. I think prevention efforts allow us to involve ourselves with families early on in a way that is much different than the types of involvement that we have with families in the child welfare system.

When I say kinship care, I am not talking about children who are in kinship foster care. I am talking about children who live with a multitude of families members—often grandparents, maybe aunts, uncles, maybe adult brothers and sisters—who are eligible for basic cash grant assistance under the TANF program. Some of these families are involved in the child welfare system and yet the relative placement is supported by TANF funds. Many or most are not involved in the child welfare system at all.

Kinship care and the work we are doing with these child-only families allows us to really link the child welfare system with welfare reform. We can use financial assistance as a preventive measure in working with families and find out very early on what are some of the issues. We are providing all kinds of assistance, including additional financial assistance. In Colorado, we typically pay $99 plus Medicaid for each child in these child-only or kinship cases. We have the flexibility under

TANF to pay for additional services and to provide additional financial resources to these families as a preventive strategy. So I am definitely talking about more financial assistance. I believe it is still much more cost-effective than finding more dollars in the child welfare system, even if we spend more dollars in the TANF system. So we see financial assistance as prevention.

One of the things that is really exciting about this emphasis is that you engage families at a point where you can approach them from a strength-based orientation. You can respect the autonomy which families are trying to maintain by taking care of children within their own families. You can really provide your services within a very voluntary context. You can talk about finding out what families need. While I'm not knowledgeable about what all the approaches in California have been, these are families that, for the most part in El Paso County, in the past sent in their paperwork and got their AFDC check. As long as they were eligible, we really knew very little about them.

We may have interviewed them initially and found out that two grandchildren were dropped on their doorstep. Maybe the parents had substance abuse problems and the grandparents were suddenly faced with caring for these children. They perhaps have full-time jobs; therefore they may have child care issues. Until now, we really didn't know much about these families. We really had no strategy to find out what was going on with these families until something happened that brought them into the child welfare system. For example, they appeared in the educational system with problems, or they couldn't access health care and the kin caretaker had no legal authority to get the child the necessary services. So then the child welfare system might be contacted.

We really have not paid much attention to this population in terms of their issues. What's nice about the new approach we are taking is that it is strength-based. It respects the family's desires to take care of their own children, their own kin. It allows you to simply provide that which the family identifies itself as needing, rather than a whole complement of services that may or may not really meet the family's needs. Often it is just one small service or support for a grandparent who is expecting to be a parent again and hasn't really figured on starting all over at whatever age he or she is. Maybe these are young grandparents and are very committed to caring for their grandchildren.

Let me share with you what we are finding in terms of the different places that this approach is connecting with the child welfare system. One is simply in the true preventative sense. Some of what we know is anecdotal and some of it is based on knowing that some of these children will show up in the child welfare system at some point, because of behavioral, legal, or health concerns. Particularly when the arrangement with the relatives is a pretty informal one.

We also know that these children may frequently move around from one relative's home to another and that this may ultimately create some of the difficulties that bring them to the attention of the child welfare system. So we are providing primary prevention services, in anticipation that we will prevent some of these children, and some of these family situations, from ever reaching the threshold that merits intervention by the formal child welfare system.

We are also utilizing these services when there is some question about whether or not a referral really meets the threshold for, or is best served by, the child welfare system. This gives the family an alternative, another place where the family can be referred by social workers who are knowledgeable about child welfare issues and technicians who are knowledgeable about financial support and employment issues. Thus, it creates an alternative both for the system and for the families.

We have worked with our juvenile court, our Colorado Supreme Court, and our probate court. We have a significant number of children who are in long-term guardianships where the court has been reluctant to relieve the Department of Social Services of legal custody, because there is a feeling that there is nothing else out there for the family in terms of some measure of support. For example, when the child reaches late adolescence they may be in need of some services. What we are proposing by the availability of this service is that the guardianship be transferred to the probate court (with the blessing of the probate magistrate or judge) and the juvenile court, and with a guarantee or commitment from us that we will continue to provide human services to the families. This takes them out of the realm of the juvenile court and the child welfare system with all that that entails. Those of you who work in child welfare and are touched by it will appreciate what this means.

We are finding that there are a range of needs: kinship care needs, and support with additional financial and medical assistance. For example, child care in cases where grandparents or relatives do not qualify for other child care programs. We have helped to purchase child care as a way to help support these families, because that is often a big issue for the grandparent working full time who suddenly has a two-year-old and a four-year-old at their doorstep, sometimes literally. It is very important that we are responsive to this need. I include in that respite care also. That is a very important issue. Sometimes it is just one thing, a service like childcare, that we can provide to a family that gives them the indication that there is strong community support for their commitment to these children, that there is a little bit of help out there when they need it.

Until now, we really only have had two options for these families. We either had the TANF or AFDC program option, which is money and nothing else. Or we have had relative foster care. I would venture to say we have families who have chosen or pushed for the relative foster care, and all that that involves in the child welfare system, because there was not anything in between. There was not an ability for us to simply provide respite care or help with the legal issues. They would see foster care money as a way to get money to cover some of these other things. So it creates a continuum of services that did not exist before, using TANF dollars.

Support and Counseling

Regarding developmental issues, some children are coming into a family that may or may not be at a developmental stage that we would hope for—issues of relatives, teenage issues, toddler issues. Some of these support issues are very basic, common sense things, and people need to know that there is support for what they are doing. For example, we have started a grandparents support group, and we are providing support around some of these tough developmental issues or just some of the day to day kind of issues people need to be able to share.

Legal Assistance

We have helped some people with the court fees involved in filing for guardianship. It is very awesome, I think, for the average person on the street to think about how to access the legal system for something as simple as securing guardianship. Many people cannot afford to hire an attorney to have those kinds of questions answered. So we have tried to give very basic legal assistance and help with the costs. We know that in many of these families there is no formal legal arrangement. There is often a great fear on the part of relative caretakers that one day the parents will come back into the picture. They may have cared for those children five, ten years, and technically, legally, the parents can just take the child and go unless there is some government intervention. I think that is a great fear of relative caretakers.

Assistance and Emancipation

This has to do with the way teenagers like to emancipate and some of the things that they go through to successfully emancipate, and how we can help families cope with that in a changing time. The other thing that we really try to address in working with the families are some of the many unresolved feelings they have about their own children who left their grandchildren—or again it could be a brother or sister. There is often a hope they will come back. There is often a feeling they will get their life together and are basically good people. There may be parent issues about children who have become substance abusers and some of the guilt associated with that. I think we need a way to allow people to talk about these things and address them so that they can still take care of their family members.

Assets Building for Children

We work hard to support relatives in really seeing the strengths in the child and helping the child really feel good about themselves as a person. This involves incorporating community resources, and helping relatives access those resources so that the child does not unnecessarily linger with the feelings of having been abandoned by their parents and not feeling like they fit in because they are living with relatives, such as being raised with their grandparents. So we offer services to address some these issues on behalf of the child.

We believe that without this kind of support, we will see some of these children entering foster care. We also believe that they may tend to move around from one relative to another, particularly because of respite and child care needs. This can be disruptive to the child and will ultimately create some behaviors in the child that will result in the child coming into the child welfare system.

Guardianship and Other Legal Issues

It is surprising that when we talk about medical issues and some of the financial assistance issues, what can push families over the brink. We have worked with some families who are not able to access medical services for children. One very good example involved a grandmother raising a 14-year-old boy with very serious acne. She was not able to get the proper medical treatment for

him, because she had no legal relationship with him. That was a real big problem in that family, that she could not help make that child feel better about something that is very important to him. These are some of the everyday occurrences and everyday examples of how little it often takes—in a system that has the kind of resources and the know-how that we have—for one individual family to resolve an issue that makes all the difference in the world to them or to that child.

Summary

Almost every state has flexible funds available beyond basic grant funds, because welfare reform has been funded based on funding patterns from years past, and caseloads are way down. This is one of the ways that we are providing services to this group in our community that we think is very preventative. Perhaps the major prevention efforts in our country to child welfare are going to come out of the welfare system. I think that's fascinating, but it really calls upon us to link these two systems together in a very meaningful way. I know that there are a lot of issues associated with doing this in terms of other programs that have been separated and the way staff has been trained. We are doing some co-locating, putting people together. We are paying the salaries of our team that works with these families out of TANF dollars, including social workers that previously worked in the child welfare system. So there are ways to do it with the flexibility that we have been given in welfare reform. I would urge you to view TANF as a source of prevention dollars.

The historically categorized manner in which government programs work makes it hard to get the kind of assistance many families really need. Welfare reform gives us a wonderful opportunity to provide the assistance they need and to open ourselves up to seeing families as having a lot to contribute in making the whole welfare reform effort work.

It is sort of a back to the future for those of us who have been in the field for a long time, that we renew the connection between TANF and child welfare and see it as a continuum. Not everybody needs all the things that public assistance is now providing, and not everybody needs the services that child welfare provides. There are many kinship families taking care of their own and completely satisfied to do that who may not need anything from us. But we need to know that. We need to get out there and open ourselves up to the possibilities. We need to really think of TANF and child welfare as being part of a single continuum. I think this will go a long way to addressing some of the concerns that people have that TANF will shift more problems to child welfare.

Begin to think in terms of blending staff and their functions to serve families in a holistic manner—that includes not only, for example, the therapeutic type services and support services I've talked about, but also to recognize the importance on both sides—TANF and child welfare—of financial and legal support and employment. We know it really begins to bring out the best of what each of these programs has to offer in serving families—that in many ways we really can make the impact of TANF and child welfare a very positive one rather than one that bounces people back and forth between programs.

CHAPTER III: STATE LEVEL CHILD WELFARE AND TANF POLICY CONSIDERATIONS

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One of the main reasons we need to look at welfare reform and child welfare, and particularly the numbers of children in child welfare, is that the impact on child welfare is certainly one of the closest measures of the success or failure of welfare reform. If families are doing better but children are not, we have to evaluate what we are getting out of the changes. There has been a lot of debate as to whether welfare reform will improve or hurt families, and whether it will increase or decrease child welfare case loads.

In many ways what I am going to do is build on what Rick Barth and Barbara Drake have already discussed and summarize what they have said into a policy framework. There are three main points I want to cover.

1. Why do we think welfare reform changes how we look at child welfare?
2. What are the policy implications for child welfare agencies, as well as for the welfare agency's potential impact?
3. How do we recognize if there is an impact, and if there is one what do we need to do to get at that type of relationship? I will focus my remarks mostly on this last question.

We do think there will be some type of impact with welfare reform changes, both positive and negative, both direct and indirect on families, as well as on the child welfare system itself. Some of the welfare changes that might have an impact that we should be looking at include:

- Time limits;
- Work requirements;
- Expansion of job training as well as support services;
- Fewer children being eligible for the supplemental secured income program;
- Elimination of the emergency assistance program, with the funds rolled into the TANF block grants;
- Cuts in the social services block grant program;
- The requirement that pregnant and parenting teens live at home unless they have good cause for not doing so in order to receive TANF funds;
- The state optional lifetime eligibility ban of drug felons for both TANF and food stamps; and
- The requirements and limitations on legal immigrants.

Welfare Reform: Who Will It Impact and How?

Let me lay out a couple of scenarios I see, both positive and negative. Welfare reform has the potential to increase risk of harming children simply because if children are in families with less income, the families may have greater difficulty in meeting the needs of these kids and they can be neglected. Given the changes in child care and the increased need, there is a concern about children being left in child care arrangements that are not safe or healthy. Finally, families facing the requirements to go back to work, and job search and having to deal with public agencies in a very different way, may be under increased stress and have more difficulty in being effective parents.

On the flip side, it is certainly possible that families will have more income, and children will benefit from the fact that their families are probably better off. As already discussed, the link between poverty and child welfare is rather strong. Employment has a variety of other benefits as well, not just income. When parents are employed, they have greater self-esteem, they may have greater self-confidence and that might ease their duties of being parents. This will also make them better role models for their children. Another one that has been mentioned often is the fact that recipients will be forced to have a new daily routine. By forcing parents to meet a variety of requirements, they will not have as disjointed a personal life as they had in the past. That type of routine is very important for kids as well, to make sure they get to school on time, and to make sure they do their homework. Parents are modeling that same behavior so the children should do better.

Most people think there is a segment of the population that will be impacted negatively. When I have talked to welfare people around the country, most people immediately say that the majority of people are going to do very well and not be impacted by welfare reform changes. A number of families will not even apply for benefits because they do not want to deal with the new requirements. Another large group of families will simply be diverted from the long-term rolls by one-time cash assistance to meet a temporary crisis. But there are a number of families who have multiple barriers and are unable to become self-sufficient. They may have health problems or substance abuse problems, or others are having a particularly difficult time. These are the families that are most likely to be impacted by the changes and most likely wind up in child welfare.

Policy Implications of Welfare Reform

I want to talk about the policy implications of this impact. There are several basic questions that policymakers should be thinking about with regard to welfare reform and its impact on well-being. The first one is simple: *Is welfare reform helping or harming children?* The second one is, *What families are most likely to be harmed, and how do we identify them?* For policymakers concerned with welfare, I think the major question is, *How do we design welfare reform plans to minimize the risks to children? How do we best assess the needs of families?* For example, mention has been made of the drug problems that were prevalent in AFDC and child welfare families. Many states have implemented recently mandated drug testing or drug screening for TANF applicants. Texas, North Carolina, Maryland, and Florida have all done so fairly recently,

and it has also been implemented in San Diego. This is an option states have, and we should determine whether this is one of the ways that we can best assess the needs of the children.

We should take a look at what regulations or support services either increase or decrease the harm on the children. One example would be providing child-only grants to families that are sanctioned. Or eliminating benefits, to drug felons, or the exemption policies, deciding who meets TANF requirements. Policymakers also need to look at how we target services to families that are most in need. For example, we need to target services to kinship families, maybe to teen parents, or to welfare families that have lost benefits and try to give them some kinds of after-care services once they have been sanctioned. I think the final question is, *When and how to involve outside agencies, not only child welfare but also other child and family supportive service agencies.*

Welfare Reform and Child Welfare

Taking a look from a child welfare perspective, there is a real opportunity to use the information that is gained in the assessments that welfare workers are conducting. Child welfare programs need to find a way to benefit from this new relationship. We need to grapple with the cross training of staff, and how child welfare agencies must teach welfare workers what it is to be an abused or neglected child. *How do you identify it, how do you refer, how do you deal with that process?*

Secondly, this is a great opportunity for child welfare to target family support services before families have gotten too far into the system. They can identify early on, before a problem occurs. And these families do have their own support services, so you can come at it from both ways.

Another question about child welfare that needs to be answered is, *How is the child welfare system going to respond to the changing demands?* Whether it is an increase or decrease, there will be probably some type of change, either in the amount or type of demands. There will be organizational issues they have to deal with. For example, allocation of staff or out-stationing and coordination issues, and lots of fiscal issues. *How do child welfare agencies maximize those resources and help their clients?*

Demands for Child Welfare Services

Assessing the impacts of welfare reform on child welfare is critical. The most basic item we need to look at is the demand for services. Traditionally when people look at demand for child welfare they look at the number of children in foster care or the number of cases of child abuse or neglect. We need to examine demand much earlier in the system and look at how many reports of abuse and neglect there are. For example, in 1996 in California there were close to 400,000 reported incidents of child abuse. Five percent of those incidents were screened out at the hot line when the call was made, and the referral was made before it went to the social workers. Another 25 percent of those cases were closed without an investigation being completed. Of all the cases that were investigated and had a disposition of either substantiated or not substantiated, only a third

were substantiated. So there is quite a bit going on in the child welfare system that needs to be looked at before we get to the point that a family actually becomes a child welfare case.

Measuring the Impact

Also, the simple numbers of kids being abused is not the best measure. We need to understand the needs of the kids coming into the system, the services they need, services for abuse or neglect, and the population, where there are older children or more single parent families involved.

Providing and Financing Child Welfare Services

The other end of the demand spectrum is service delivery, the supply and demand, and what is actually being provided. Here is where we really need to look very closely at finances. How much money are we spending, and where are we spending our dollars, in addition to issues of staff and the availability of services.

To give you a sense of the magnitude of the finances of child welfare, in 1996 California spent $1.9 billion in federal, state and local funds. About 30 percent were federal dollars and the rest were state and local dollars. More than two-thirds of that money was spent on out-of-home placement, administration and adoption. That leaves one-third of those dollars for all child protective services, including investigation and prevention. As far as out-of-home placement, 58 percent was spent in residential care treatment. Residential care treatment is a very intensive service provided to a relatively small number of kids. That is, despite the fact that there is a relatively small number in residential care, the cost of that has pushed expenditures much higher than regular foster care.

We also need to look at the actual practices of front line staff. *How do they change their case level decisions? How does the service delivery philosophy change? How do the structures and the way services are delivered change?*

Measuring Welfare Reform Outcomes

Finally, in addition to looking at supply and demand, we have to look at outcomes. We have to look at both case dispositions, which include how many foster care placements there are and the number of placements per child; the length of time in foster care; how long it takes a child to become reunified with their families; and whether they are reunified at all. There is a need for broader measures of child and family well-being.

In terms of how we look at the changes, there have been a lot of predictions and a lot of doomsday predictions about the number of kids in child welfare increasing significantly as welfare reform is implemented. But there has been very little data up to this point to really inform this debate. I think we need to take a very critical look at evaluation and be skeptical of studies that do not meet certain research criteria. The first criterion is that the studies need to be longitudinal. When you look at people who are advocating a position, for example saying that there is going to be very low impact of welfare reform, they agree in the short term that there may be some

problems but in the long term families are going to be better. On the flip side, you see people making predictions that child welfare will be partially impacted, and they say that in the short term we will probably do okay, but in the long run these families are going to have problems. The common thread between those views is the long-term perspective.

A couple of recent studies have been released. One of them is a study in Baltimore looking at 1600 closed cases. They found that only one child went to foster care, and concluded that was proof that welfare reform has helped. They looked at these cases three months after they were closed. I do not believe that three months is a long enough time to really see results. In addition, of those 1600 families, all but five had gotten off the rolls because they got more money or were no longer eligible because they got jobs. Only a very few families were actually sanctioned and forced off the program. This later group is the population in which we would expect to see the most impact. A similar study in Michigan examined after six months and found relatively small impact. I am not sure six months is long enough either.

Another thing we need to do is have a comparison group. We have a group of individuals that may be impacted. *What are we comparing to? If there is an increase in their child welfare cases, what are we comparing it against?* It is hard to do a comparison when everyone is getting the same intervention at the same time. Everyone is being effected by welfare reform. So what we can do is some type of comparison, a group of families before welfare reform compared to a group of families after welfare reform. If we do not do that then we really miss understanding the true impact. Michigan and Wisconsin conducted impact studies and neither of them used comparison groups. They used summary statistics and basically concluded that foster care placements had not increased.

As far as the data sources, where are we going to get the information to be able to assess the systems? California is very fortunate to have some of the best administrative data in the nation. That data can tell us a lot, but it leaves a lot of questions unanswered too. We need to collect a lot more detailed information from families themselves, either through direct surveys or in other ways, such as focus groups, to be able to measure changes in much more detail. We need to explain the changes beyond saying whether it is going to increase or decrease child welfare caseloads.

Evaluation

We also need to look at program evaluations. There is a lot going on in California with welfare reform. The economy may have an important impact on welfare caseload. So we need to carefully look at what else is going on at the same time as welfare reform. *How are welfare policies changing? How are child welfare policies changing? What else in the environment might have an impact?*

It is interesting that in Wisconsin's case, the economy improved just after they implemented welfare reform. They had a tremendous growth in the number of families employed. The question again is, *Was the lack of an increase in child welfare cases due to welfare reform or of the improved economy?* There is an interesting study conducted in Los Angeles that has received

quite a bit of attention, both from the county and the state, on the effects of prior AFDC maximum aid claims on foster care dynamics. Los Angeles claims that grant cuts caused their foster care caseloads to skyrocket. The state countered by saying no, it has a lot to do with county practices. I do not know which is true, but I would guess that there is a lot more to be asked about that situation than just the reduction in grants, and that it needs to be looked at in much greater detail.

Summary

There are three main things I would like you to consider as you think about this issue. First, you do not need to believe the doomsday predictions to be interested in the relationship between child welfare and welfare reform. There is likely to be some group of families that will be impacted. As a whole, whether it is positive or negative, we should still be looking at: "How do we help those families that are most likely to be harmed?"

Second, we should really look at welfare reform as an opportunity to help families before they become child welfare cases. Finally, we need to look very critically at evaluations and reach beyond the summary numbers to get a real understanding of what we are measuring.

CHAPTER IV: CALIFORNIA'S CHILDREN: DEMOGRAPHICS ASSOCIATED WITH CHILD MALTREATMENT, POVERTY, PUBLIC ASSISTANCE AND CHILD WELFARE SERVICES

Child well-being indicators and measures of outcomes are important means for identifying problems and for designing and monitoring interventions. Public assistance programs like AFDC have historically collected very limited family well-being data, primarily of an economic nature, and have not included measurements of child well-being. While data is not the focus of this report, it does play an important role in informing us about the interaction between public policy issues and programs like welfare reform and child welfare. For example, one of the first studies of child well-being conducted in the United States found that the lack of economic and medical resources was most responsible for infant and maternal mortality (see Figure IV-1). Poverty has also been found to be associated with numerous other negative outcomes, including child maltreatment.

This chapter provides background information about the well-being of children, with special attention to poverty and child maltreatment. A description of the prevalence and statistics regarding family poverty and public assistance program utilization are reviewed. Finally, selected research findings about other factors associated with child maltreatment and its consequences are presented.

The Status of California's Children

Figure IV-1 provides a fairly comprehensive profile of child well-being that was developed by the Children's Defense Fund (CDF) (April, 1997). Utilizing federal data on children that is collected by numerous agencies, CDF has developed profiles of children in each state. This data includes a range of carefully chosen indicators that measure critical aspects of children's lives. Much of the data is utilized by researchers in various disciplines to gain a better understanding of how children are doing and the impact of various factors on their well-being.

There are some noteworthy findings:

- In 1993, more than 26 percent (2.3 million) of California's children lived in poverty.
- Foster care placements are growing significantly, increasing 22 percent between 1990 and 1995.
- In 1995, 650 youths were killed with firearms;
- In 1995, 32 percent of all births were to unmarried women; and
- Between 1994 and 1996, 18.7 percent (1,804,000) of California's children lacked health insurance.

FIGURE IV-1

1998 California Profile

Population and family characteristics	**California**	**United States**
Number of children under age 18, 1996	8,866,413	69,048,323
Number of children under age 6, 1996	3,317,477	23,331,932
Number of children ages 6 - 17, 1996	5,548,936	45,716,391
Number of substantiated claims of children abused or neglected, 1995	166,418	Not available
Children under age 18 in foster care on the last day of the fiscal year (FY) 1995	96,617	480,249
Percentage change from FY 1990 - FY 1995	22%	19%
Number and percentage of births to unmarried mothers, 1995	177,131 (32%)	1,253,976 (32%)
Economic security and federal program participation	**California**	**United States**
Median income of families of four, 1995	$51,519	$49,687
Hourly minimum wage, 1997	$5.15	$5.15
Lowest fair market rent for a two-bedroom apartment, 1998	$479	*
Lowest rent as a percentage of minimum wage, 1998	56%	*
Percentage change in number of welfare (AFDC/TANF) recipients, January 1993 to August1997	-6%	-29%
Number of children benefiting from the Food Stamp Program, FY 1997	2,042,000	13,195,000
Number of participants receiving food supplements through the Women, Infants, and Children Food (WIC) Program, FY 1997	1,224,224	7,178,456
Number and percentage of children under age 18 who are poor, 1993	2,331,091 (26%) State rank: 42	15,727,492 (23%)
Percentage of cases with any child support collected over the course of a year, FY 1995	14% State rank: 42	19%
Health and disabilities	**California**	**United States**
Incidence of early prenatal care, 1995	78.5% State rank: 41	81.3%
Rate of low-birthweight births, 1995	6.1% State rank: 13	7.3%
Infant mortality rate (infant deaths per 1,000 live births), 1995	6.3 State rank: 11	7.6
Percentage of 19- to 35-month-old children fully immunized, 1996	76% State rank: 32	77%
Number and percentage of children through age 18 lacking health insurance, 1994 - 1996	1,804,000 18.7% State rank: 44	11,300,000 15.1%
Number and percentage of children covered by Medicaid, FY 1996	3,682,510 35%	23,254,568 28%
Number of young people under age 22 in the Individuals with Disabilities Education (IDEA) Program, 1995-1996	565,670	5,572,328
Number of children in the Supplemental Security Income (SSI) Program, November 1997	80,986	944,130
Number of child cases terminated from SSI, Aug. 1996 - Dec. 1997	5,350	145,904
Child care and early childhood education	**California**	**United States**
Percentage of mothers in the labor force with children under age 6, 1990	56%	60%
Percentage of mothers in the labor force with children ages 6 - 17, 1990	72%	75%
Total number of children participating in Head Start, 1996	95,172	798,513

(continued on next page)

FIGURE IV-1
1998 California Profile
(continued)

Child care and early childhood education	**California**	**United States**
Number and percentage of public schools offering extended day programs,	7,319	80,737
1993-1994	31%	19%
Number of licensed child care centers, 1997	12,773	96,507
Number of regulated family child care or group homes, 1997	36,390	282,883
Training required for family child care providers prior to serving children, 1997	No	No
Training required for teachers in child care centers prior to serving children, 1997	Yes	No
Number of 18-month-olds allowed per caregiver (Recommended level 3 - 5 per caregiver)	4	n/a
Youth development	**California**	**United States**
Teen birth rate, 1995	68.2	56.8
Number of reported juvenile violent crime arrests, 1996	21,227	n/a
Total number of deaths from firearms of young people under age 20, 1995	843	4,716
Number of homicides of young people under 20 due to firearms, 1995	650	3,249
Number of suicides of young people under age 20 by firearms, 1995	129	1,450
Annual average unemployment rate for youths, ages 16 -19, 1995	22.6%	17.3%

Source: Children's Defense Fund

Child and Family Poverty

Poverty is considered one of the most significant factors associated with child maltreatment. The incidence of child abuse and neglect is 10 times higher in families with incomes below $7,000 than in families with incomes of $25,000 or more (Pecora, 1992). This finding does not suggest that poverty causes maltreatment. However, it is important to note that the stressors associated with poverty—such as lack of proper housing, insufficient nutritional food, and inadequate clothing—are highly associated with child maltreatment. Meeting a child's basic needs causes immense stress on parents. Parental stress is another leading cause of child maltreatment.

Poverty among young children (children age six and under) has increased dramatically over the past two decades, reaching 25 percent in 1983 and peaking at 26 percent in 1993. The early 1990s marked a staggering increase in the number of poor children under age six. The rate is considerably higher than the poverty rates of all other age groups, and more than twice as high as for adults age 18 to 64 and for the elderly (NCCP, 1998).

The demographics of young child poverty are changing, including a higher increase in the poverty rate for children in the suburbs than in rural areas, and a faster growing rate among white children than African-Americans, although the poverty rate among African-Americans remains much higher than that of whites. In addition to child maltreatment risks, poor children experience other problems more frequently than non-poor children. Figure IV-2 describes these.

FIGURE IV-2

Selected Population-Based Indicators Of Well-Being
Poor And Nonpoor Children In The United States

Indicator	Poor Children (%) (unless noted)	Nonpoor Children (%) (unless noted)	Ratio of Poor to Nonpoor Children
Emotional or Behavioral Outcomes (3 to 17 years unless noted)			
Parent reports child has ever had an emotional or behavioral problem that lasted three months or more	16.4	12.7	1.3
Parent reports child ever being treated a problem or behavioral problem	2.5	4.5	0.6
Parent reports child (5 to 17 years)has experienced in the last three months one or more of a list of typical child behavioral problems	57.4	57.3	1.0
Other Negative Outcomes			
Female teens who had an out-of-wedlock birth	11.0	3.6	3.1
Economically inactive at age 24 (not employed or in school)	15.9	8.3	1.9
Experienced hunger (food insufficiency) at once in past year	15.9	1.6	9.9
Reported cases of child abuse and neglect	5.4	0.8	6.8
Violent crimes	5.4	2.6	2.1
Afraid to go out	19.5	8.7	2.2

Source: Children and Poverty, The Future of Children (1997).

Figure IV-3 lists the most common reasons for child poverty and their prevalence.

FIGURE IV-3

Why Are Children Poor?
Decomposition of the 1992 Child Poverty Rate

Reasons for Child Poverty	Contribution to Child Poverty Rate (%)
Children who live with adults who lack self-sufficiency	9.8
Children who live with adults who are self-sufficient but lack the additional income to also support their children, even counting means-tested cash benefits	4.6
Children who live in poverty because of the demographic structure of their household	7.5
1992 Child Poverty Rate (sum of factors)	**21.9**

Source: 1993 Current Population as presented in Children and Poverty by The Center for the Future of Children.

One of the major contributors to child poverty is growing up with a single parent. A substantial gap in family income between female-headed and married-couple families has long existed, increasing since 1975. In 1995, children in married-couple families experienced a substantial income advantage over children in female-headed families.

Welfare reform is intended to move public assistance recipients into the workforce. The assumption is that work will lift them out of poverty. However, evidence suggests that entering the workforce will not in and of itself raise a family out of poverty. Currently considerable discussion among county welfare administrators focuses on how to best maintain recipients in the workforce so that they can gain the skills and experience that will yield them increased earnings. Figure IV-4 outlines the costs of living in California (California Budget Project, 1997). Figure IV-5 summarizes current work opportunities in California.

FIGURE IV-4

What Does It Take To Live In California?
Family Budget For A Single Parent With Two Children

Expenditures	**Monthly Costs**	**Annual Costs**	**Bare Bones Monthly**	**Bare Bones Annual**
Housing and Utilities	$787	$9,444	$628	$7,536
Basic Phone Service	$17	$204	$17	$204
Food At Home	$342	$4,100	$342	$4,100
Food Away From Home	$80	$960		$0
Clothing	$25	$300	$15	$180
Medical	$177	$2129	$177	$2,129
Savings, Emergency	$60	$720		$0
Transportation	$65	$780	$65	$780
Child Care	$829	$9,943	$605	$7,263
Recreation, Education, Reading	$20	$240		$0
Personal Care	$25	$300	$25	$300
Miscellaneous	$70	$840	$50	$600
Total Commodities	**$2497**	**$29,960**	**$1924**	**$23,092**
Sample Earnings and Taxes			**Monthly**	**Annual**
Earnings for a full-time worker earning $6.00/hour			$1,040	$12,480
Payroll Tax (FICA & SDI for full-time worker @ $6.00/hour)			($85)	($1,017)
EITC for full-time worker earning $6.00/hour with 2 children			$281	$3,373
		Total	**$1,236**	**$14,836**

Source: California Budget Project (1997).

FIGURE IV-5

What Are The Fastest Growing Occupations In California?
What Is The Median Wage For Entry Level Jobs In Those Occupations?

	Absolute Growth 1993-2005	1995 Median Hourly Pay[a]	Pay Reflected For This Country	Required Training/Education
Waiter/Waitress	109,830	$4.25	Riverside	Short on the job
General Manager[b]	109,540	$13.62	Merced	Work experience +BA or more
Retail Sales	104,560	$5.50	San Francisco	Short on the job
Cashiers	75,030	$5.00	San Diego	Short on the job
General Office Clerk	64,100	$6.00	Riverside	Short on the job
Instructional Aide	61,380	$8.00	Santa Clara	Short on the job
Secretary	59,290	$9.00	Sacramento/Yolo	Postsecondary vocational training
Receptionist	57,540	$8.00	San Francisco	Short on the job
Food Prep Worker	55,960	$5.00	San Mateo	Short on the job
Registered Nurse	45,930	$16.72	Sacramento/Yolo	Associate degree

[a] Survey reflects wage level prior to minimum wage increase.
[b] Not entry level, "Experienced"

Source: Employment Development Department, Sacramento, California, (1997).

Public Assistance Utilization and Expenditures

Welfare dependency is a major concern of policy makers of all political persuasions, largely because of the large public costs and the observation that the long-term negative outcomes to families may outweigh short-term benefits (U.S. DHHS, 1998). Living in a family receiving welfare at some point during childhood is not uncommon, effecting 40 percent of all children: 33 percent of non-black children and 81 percent of black children who turned age 18 in 1991-93. (Welfare is defined here to include Food Stamps and SSI or "other" welfare, which includes local General Assistance.) Long-term welfare receipt is considerably less common: 10 percent of all children lived in families receiving welfare for 11 or more years of their childhood.

When only AFDC benefits are considered, the pattern is very similar. Researchers found that living in a family receiving AFDC benefits for at least one year was fairly common (19 percent of non-black children and 67 percent of black children), but chronic AFDC receipt was not. Only 4 percent of non-black children lived in families receiving AFDC benefits for at least 11 years, and only 20 percent of black children lived in such families.

Below are a series of figures depicting welfare utilization and expenditures in the United States and California. Figures IV-6 and IV-7 present different measures of the prevalence of child poverty among families whose income sources include none, some or solely welfare. Figure IV-8 describes the number of families that have received AFDC, by race and length of time assisted.

FIGURE IV-6

Relatively Poor And Officially Poor Children Age 0-17 By Family Work And Welfare Status: 1939 - 1988

Percent by Family Work and Welfare Status for Relatively Poor Children	**Relatively Poor Children**						
	1939	**1949**	**1959**	**1969**	**1979**	**1979**	**1988**
Fully self-supporting	60-70	(n/a)*	69.9	66.5	58.6	49.5	52.5
Mainly self-supporting	12-30	(n/a)	17.3	13.5	14.4	16.3	13.5
Mainly welfare-dependent†		(n/a)	6.4	8.6	9.7	16.6	15.7
Fully welfare-dependent	10-18	(n/a)	6.5	11.5	17.3	17.7	18.4
Total number (in thousands)	11,385	(n/a)	14,864	14,938	14,425	14,295	16,852
Percent by Family Work and Welfare Status for Officially Poor Children	**Officially Poor Children**						
	1939	**1949**	**1959**	**1969**	**1979**	**1979**	**1988**
Fully self-supporting	75-80	(n/a)	69.8	61.8	51.0	42.0	44.0
Mainly self-supporting	9-17	(n/a)	18.6	12.5	12.8	14.0	12.6
Mainly welfare-dependent		(n/a)	5.9	9.9	11.5	20.0	18.7
Fully welfare-dependent	8-11	(n/a)	5.7	15.8	24.7	24.0	24.7
Total number (in thousands)	21,348	(n/a)	15,714	10,350	9,629	9,953	12,209

* (n/a) = not available.

† Welfare dependence is measured as cash income received from the Aid to Families with Dependent Children (AFDC) and Social Security programs. All other cash income is classified as self-support. Fully self-supporting families receive no AFDC or Social Security income. Mainly self-supporting families receive less than 50 percent of their income from AFDC or Social Security. Mainly welfare-dependent families receive at least 50 percent but less than 100 percent of their income from AFDC or Social Security. Fully welfare-dependent families receive 100 percent of their income from AFDC or Social Security.

Source: Hernandez, Donald J., "America's Children, Resources from Family," Government and the Economy as cited in Trends in the Well-Being of America's Children and Youth '97 (U.S. Department of Health and Human Services (US DHHS), (1998)

FIGURE IV-7

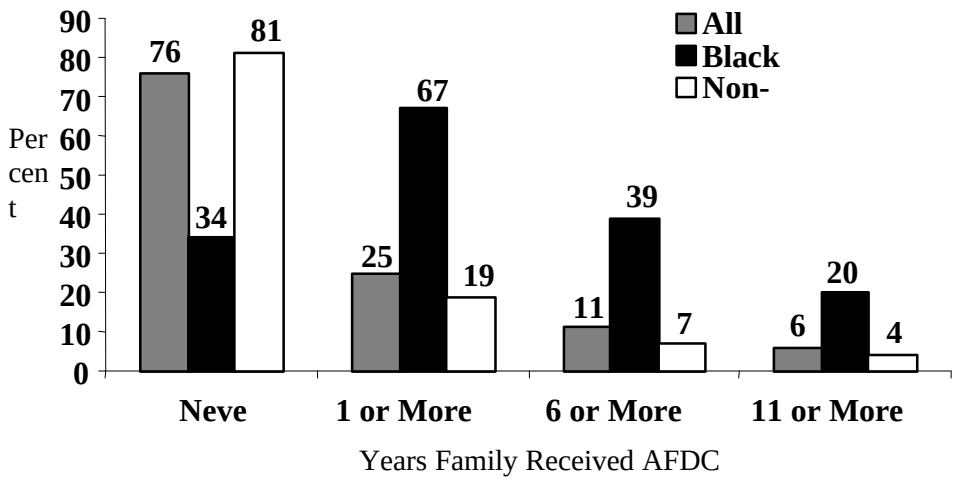
Percentage of Children Receiving Welfare by Number of Years on Welfare During Childhood, by Year Turned 18

	Number of Years Family Received Any Welfare Benefit				Number Of Years In Which Welfare Benefits Were At Least Half of Total Family Income			
	Never	One Or More Years	Six Or More Years	11 Or More Years	Never	One Or More Years	Six Or More Years	11 Or More Years
Turned age 18 in 1985-1987 (1967-69 birth cohort)								
All children	57	43	16	8	-	-	-	-
Black	12	88	66	35	-	-	-	-
Non-black	64	36	8	3	-	-	-	-
Turned age 18 in 1988-1990 (1970-72 birth cohort)								
All children	58	43	21	12	-	-	-	-
Black	19	81	67	40	-	-	-	-
Non-black	65	35	13	7	-	-	-	-
Turned age 18 in 1991-1993 (1973-75 birth cohort)								
All children	61	40	17	10	83	17	9	4
Black	19	81	52	38	50	50	30	14
Non-black	67	33	12	6	88	12	5	2

Source: Estimates supplies by Greg J. Duncan, Northwestern University based on data from the Panel Study of Income Dynamics (PSID).

FIGURE IV-8

Percentage of Children Receiving AFDC by Number of Years on AFDC Through Age 17: for Those Who Turned Age 18 in 1991-1993



Source: Estimates supplied by Greg J. Duncan, Northwestern University, based on data from the Panel Study of Income Dynamics (PSID). as cited in Trends in the Well-Being of America's Children and Youth '97 (US DHHS, 1998).

The length of time a family received welfare provides only a partial picture of poor families. The proportion of total income derived from AFDC and other welfare benefits is also noteworthy. Figure IV-9.

FIGURE IV-9

Percentage of Children Receiving AFDC by Number of Years on AFDC During Childhood, by Year Turned 18

	Number of Years Family Received Any AFDC Benefit				Number Of Years In Which AFDC Benefits Were At Least Half Of Total Family Income			
	Never	One or More Years	Six or More Years	11 or More Years	Never	One of More Years	Six or More Years	11 or More Years
Turned age 18 in 1985-1987 (1967-69 birth cohort)								
All children	77	23	10	8	87	13	3	1
Black	29	71	45	19	44	56	15	6
Non-black	85	15	4	2	94	7	2	1
Turned age 18 in 1988-1990 (1970-72 birth cohort)								
All children	71	28	15	7	84	17	7	3
Black	28	73	45	23	49	51	16	9
Non-black	80	20	9	4	91	10	5	2
Turned age 18 in 1991-1993 (1973-75 birth cohort)								
All children	76	25	11	6	85	15	6	2
Black	34	67	39	20	54	47	23	10
Non-black	81	19	7	4	89	11	4	1

Source: Estimates supplies by Greg J. Duncan, Northwestern University based on data from the Panel Study of Income Dynamics (PSID) as cited in Trends in the Well-Being of America's Children and Youth'97, (US DHHS, 1998).

The number of recipients awarded public assistance has decreased significantly since 1996. This follows large caseload increases between 1989 and 1995. Figure IV-10 depicts these changes and overall AFDC expenditures.

FIGURE IV-10

Total Recipients and Subsistence Expenditures
Fiscal Years Ending June 30, 1980 to 1997
Average Monthly Recipients Subsistence Expenditures

Year Ending June 30	Recipients	Change from Prior Year		Total Expenditures	Change from Prior Year	
		Number	%		Amount	%
1997	3,729,350	-179,207	-4.6	$11,930,135,446	-632,773,195	-5.0
1996	3,908,557	-15,174	-0.4	12,562,908,641	44,414,144	0.4
1995	3,923,731	90,621	2.4	12,518,494,497	245,894,364	2.0
1994	3,833,110	286,058	8.1	12,272,600,133	146,221,918	1.2
1993	3,547,052	151,786	4.5	12,126,378,215	358,018,846	3.0
1992	3,395,266	308,522	10.0	11,768,359,369	977,453,738	9.1
1991	3,086,744	262,702	9.3	10,790,905,631	1,101,720,692	11.4
1990	2,824,042	167,456	6.3	9,689,184,939	1,106,362,263	12.9
1989	2,656,586	78,530	3.0	8,582,822,676	707,511,424	9.0
1988	2,578,056	64,391	2.6	7,875,311,252	558,499,341	7.6
1987	2,513,665	92,882	3.8	7,316,811,911	585,955,600	8.7
1986	2,420,783	53,300	2.3	6,730,856,311	581,998,367	9.5
1985	2,367,483	19,975	0.9	6,148,857,944	452,657,505	7.9
1984	2,347,508	33,093	1.4	5,696,200,439	339,689,238	6.3
1983	2,314,415	27,767	1.2	5,356,511,201	115,136,288	2.2
1982	2,286,648	30,920	1.4	5,241,374,913	405,481,199	8.4
1981	2,255,728	149,867	7.1	4,835,893,714	855,078,366	21.5
1980	2,105,861	-14,116	-0.7	3,980,815,348	533,751,288	15.5

Source: Department of Social Services (1997).

Risk Factors for Child Maltreatment

A number of significant studies have been undertaken to determine the causes of child abuse. While few studies are completely conclusive, the following table best captures those conditions commonly identified as enhancing and mitigating the risk for child maltreatment. These are listed in Figure IV-11.

The 1988 Study of National Incidence and Prevalence of Child Abuse and Neglect (NIS-1) found that low family income and large family size were significant risk factors for child maltreatment. Child maltreatment was seven times more likely to occur in families with incomes under $15,000 than in families with higher incomes.

FIGURE IV-11

Child Maltreatment Risk Factors

Factors Enhancing Risk	Factors Mitigating Risk
• Poverty • Unemployment • Social isolation • Mobility • Economic insecurity • Recent job loss • Lack of social support • Low education • Poor self-concept • Low self-esteem • Crowded housing • Greater potential for interpersonal conflict (including family violence) • Limited child care opportunities • Cultural traditions emphasizing physical discipline • Dual wage-earners • Limited emotional and material resources • Low job satisfaction • Higher alienation/lack of extended family or other supports • Higher levels of alcoholism, drug abuse, and depression • Disabled child • Child maltreatment victim • Single parent	• Value children • Adaptive skills • Support from extended family • Religious beliefs • Strong parent-child attachment • Proficiency in mobilizing and using resources • Intolerance of abusive parenting practices • Strong sense of family loyalty

Source: Larson, Doris and Alvarez, (1990).

Illegitimacy

Marital Status

A study of adolescent males on probation found that illegitimate birth was associated with negative consequences for cognitive development (*Walsh, 1990).* This was particularly true for illegitimate males whose mothers remained unmarried. The researchers concluded that those circumstances also were conducive to higher levels of abuse and neglect than are found in more traditional families. An estimated 800,000 illegitimate births occur each year in the U. S.

Figure IV-12 describes the marital status of parents in AFDC recipient families. It reveals that in 1996 an abnormally high proportion of AFDC families were headed by single, never-married women.

FIGURE VI-12

Aid To Families With Dependent Children Characteristics Survey
Marital Status Of The Mother In The Assistance Unit
October 1996

	Total Assistance units		Total Family group		Total Unemployed	
Marital status	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Total	**860,016**	**100.0**	**708,682**	**100.0**	**151,334**	**100.0**
No mother in the home	62,881	7.3	$61,446	.7	1,434	.9
Mother in Assistance Unit (AU)	631,658	73.4	513,078	72.4	118,581	78.4
Mother not in AU, but in the home	165,477	19.2	134,158	18.9	31,319	20.7
Married	140,929	22.3	45,061	8.8	95,869	80.8
Separated	81,383	12.9	80,904	15.8	478	0.4
Common law marriage	9,288	1.5	3,072	0.6	6,216	5.2
Never married	263,270	41.7	249,882	48.7	13,388	11.3
Divorced	73,600	11.7	71,687	14.0	1,913	1.6
Widowed	5,121	0.8	5,121	1.0	0	0.0
Unknown	58,067	9.2	57,350	11.2	717	0.6

Source: California Department of Social Services (1997).

Teenage Mothers

In 1996, teenage mothers comprised 13 percent of all AFDC recipients; this number increases to 42 percent when former teenage mothers are added (Sidel, 1996).

The incidence of abuse during childhood, particularly sexual abuse and exploitation, has been found to be significantly higher for teenage parents than for non-parenting teens (Boyer, CLASP Audio Conference, 1998).

Parental Substance Abuse

Parental substance abuse is one of the leading causes of child neglect. Parents with substance abuse problems often leave their children alone, or are otherwise unavailable or unable to care for their needs. An estimated nine to ten million children are effected by parental substance abuse (Pecora, 1992).

Substance abuse is increasingly prevalent in the families of abused and neglected children. According to the National Committee for Prevention of Child Abuse (NCPCA), an estimated 675,000 children were seriously mistreated by an alcoholic or drug-abusing caretaker (NCPCA, 1989). NCPCA estimates that substance abuse is a factor in 20 to 90 percent of child maltreatment reports.

Substance abuse and child maltreatment are particularly associated in the epidemic of perinatally drug-exposed infants. The mothers of drug-exposed infants have higher levels of stress than other caretakers, and significantly higher stress levels than the caretakers of infants not exposed to

drugs. Researchers conclude that the combination of a mother's child-related stress level and the special problems and needs of drug-exposed infants create a high probability that maltreatment will occur, making Child Protective Services agency intervention appropriate and recommended (Kelley, 1997). The increasing number of infants entering the foster care system is highly associated with parental drug or alcohol usage. Children who are placed in the foster care system because substance-abusing parents are abusing them often spend longer periods of time in the system than children whose parents are not substance abusers. They also have a higher foster care recidivism rate (Pecora, 1992).

Child welfare service agencies experience difficulty when working with families with substance abuse problems. This is because the family problems may be inter-generational. Their needs are complex, including: substance abuse treatment, mental health services, housing, preventive health care, early childhood intervention, and vocational services (Tracy, 1994). Some analysts believe that the full range of family needs must be met in order for the parents' substance abuse treatment to succeed.

The United States General Accounting Office reports that:

- Approximately one-third of substance abusing parents with children in the foster care system were either homeless or unstable.
- The number of perinatally exposed children in foster care increased from 25 percent in 1986 to 33 percent in 1991.
- In California and New York, 68 percent of the children in foster care were placed there because their parents were neglecting them, or were incapacitated and therefore unable to care for the child.

Many drug users also suffer from some form of mental illness, such as schizophrenia, depression or anti-social personality disorder. These individuals often have a dual diagnosis of substance addiction and mental illness (Ross, 1997).

Spousal Abuse and Family Violence

In 1995, the U.S. Surgeon General reported that children are at increased risk of injury in a violent household, in part because they may be caught in the middle while trying to protect a victimized parent. Violence in the home is strongly linked with negative outcomes. According to the National Women Abuse Prevention Project (Walker, 1989):

- Battered mothers were eight times more likely than other mothers to abuse their children,
- Children in homes where domestic violence occurs are physically abused or seriously neglected at a significantly higher rate than are children in non-violent families.
- Research results suggest that battering is the single most common factor among mothers of abused children; and
- Although the link between child maltreatment and domestic violence has been well established, this data is not collected by child protection services agencies.

CHAPTER V: A BRIEF HISTORY OF PUBLIC ASSISTANCE AND CHILD WELFARE PROGRAMMING

Public attitudes about the poor and the social customs and programs to provide assistance have been remarkably stable in human societies.[*] Aristotle noted that man has to cooperate with and assist his fellow men. The Ancient Greeks and Romans set up daily pensions for the crippled and grain distributions for the needy. During the Middle Ages, poverty was believed to be a permanent feature of society. The poor were local members of the community who had always been poor or who were suddenly destitute due to a calamity. Assistance was the moral obligation of well-to-do community members.

This chapter begins by reviewing the history of public assistance and concludes with an overview of TANF (Temporary Assistance for Needy Families). This discussion is followed by a review of child welfare policy and the different current programs in this area.

PUBLIC ASSISTANCE

English Poor Laws

As Feudalism declined, impoverished persons migrated to growing commercial centers in search of work and higher wages. England's social structure struggled to deal with rising unemployment, poverty, begging, vagabondage and thievery. One response was to prohibit charity for "sturdy and valiant" beggars (Courtney, 1972). Restrictions on unemployed persons set maximum allowable wages.

In 1531, Parliament passed a statute credited as being the first step toward administering an organized network of public relief for the poor. It required that local officials seek out poor and disabled persons and assign them areas to legally beg. It also imposed severe punishment on able-bodied beggars. The Act for the Punishment of Sturdy Vagabonds and Beggars was passed in England in 1536, increasing the penalties for begging and requiring local officials to obtain funds to care for the poor, sick and aged. When funds collected through voluntary contributions proved to be insufficient, compulsory taxation was enacted to care for the poor and unemployed.

England's Elizabethan Poor Law of 1601 reflected the view that poverty was an economic problem rather than one of personal deficiency or choice. It provided the poor with the legal right to assistance. It also separated the needy into three categories, with distinct remedies for each: children, disabled and able-bodied. Public officials were appointed to oversee the poor and to administer cash aid and work assistance for the unemployed, and apprenticeship service for youths ages 6 to 13.

[*] The information was originally presented in *California's Process of Resolving Allegations of Child Abuse of Neglect*, by David Illig; it has been updated for presentation in this report.

Public Assistance In America

Colonial poor laws were patterned after the Elizabethan Poor Law of 1601. Administration was left to the smallest unit of government, the township. As America attracted more newcomers, poverty increased to the point that local towns were unable to care for their poor. In 1701 aid from state treasuries began to flow to towns so they could care for nonresidents. (Slaves were considered the personal responsibility of their masters, and were ineligible for any form of public aid.) Evidence of need was the only requirement for public assistance. Public opinion linked misfortune to poverty, granting these individuals the legal right to assistance.

Institutional Relief

By the early 1800's, public opinion began to shift to the belief that destitution was an individual's fault, resulting from some moral vice or laziness. Some also began to believe that public assistance was the cause of poverty. A distinction between the "worthy and unworthy" poor arose, with those perceived as unwilling to work labeled the "unworthy" poor. A common opinion asserted that the condition of all public assistance recipients should be worse than that of the lowest paid self-sufficient laborer, in hopes that employment would be more attractive than the dole.

In February 1824, the Yates Report, a study of public assistance in New York state, was released. This report was the first comprehensive study of public assistance in the United States and was well received. The report identified four methods of public assistance:

1. Institutional relief in the form of poorhouses and orphanages;
2. House relief took the form of cash assistance;
3. The contract system, which required that persons unable to pay their debt work or be imprisoned; and
4. The auction system, which included indentured servitude.

The authors of the study concluded that the contract and the auction systems treated people inhumanely, and that house relief discouraged independence. As a result of the Yates Report, institutional relief became the preferred method of public assistance. By the end of the Civil War, four out of every five persons receiving public assistance were within a public institution, such as a county poorhouse or an orphanage.

The first juvenile reformatory in America, the House of Refuge for Juvenile Delinquents was established in New York City in 1824. State orphanages were built and children were removed from poorhouses so that their education, moral development and work ethic could be guided and monitored. By the early 1900's, child welfare emerged as a distinct policy issue as people realized that children need unique forms of relief and assistance. (Child welfare policy and programming is discussed in greater detail later in this chapter.)

Widows' Pension

In 1911, the state of Missouri enacted America's first widows' pension law, providing cash assistance to widowed mothers caring for their dependent children. By 1935, all but two states (South Carolina and Georgia) had enacted widows' pension laws. Assistance was based in large part on the recognition that widowed mothers and their children were impoverished due to circumstances beyond their control. This cash assistance was not viewed as welfare, but rather as income to replace the wages lost due to the death of the father, the traditional family breadwinner. Widows' pensions also embodied the belief that children were best reared at home by their mothers.

The Great Depression and Social Security Act

In 1931, New York State enacted the State Unemployment Relief Act, commonly referred to as the Wicks Act. The Wicks Act provided unemployment benefits, based on the belief that unemployment was an economic problem rather than due to a person's unwillingness to work. Within four months, more than half the states had enacted similar legislation.

In 1933 the Federal Emergency Relief Act was enacted to deal with the severe national unemployment brought about by the Great Depression. The Social Security Act of 1935 provided, among other things, cash assistance to mothers deprived of their husband's support (Title IV, Aid to Dependent Children or ADC). The Act was premised on the belief that old age, the loss of a family breadwinner, and unemployment were the major causes of poverty, and it sought to address these issues in a humane and dignified manner. The Social Security Act greatly expanded the notion of entitlement for the poor, with the federal government assuming financial responsibility for the welfare of its disadvantaged citizens.

In the 1950's, ADC was renamed Aid to Families with Dependent Children (AFDC), and in 1961 AFDC was expanded to allow two-parent families to receive assistance when one or both parents were unemployed, should a state decide to offer that option (Winkler, 1995). The purpose of this change was to discourage unemployed fathers from deserting their families so their families could receive aid.

In 1974, Old Age Assistance and Insurance, Aid to the Blind, and Aid to the Permanently and Totally Disabled were all combined under the Supplemental Security Income (SSI) Program. SSI federalized public assistance for seniors and the disabled, guaranteeing an annual income.

During the 1960's, two major national health care entitlement programs were enacted as part of the Social Security Act: Medicare (Title XVII) and Medicaid (Title XIX), referred to as Medi-Cal in California. These programs provide health insurance for families, older citizens and the disabled.

Welfare Reform: Promoting Self Sufficiency

War on Poverty

In 1964, President Johnson declared a "war on poverty." One result was the enactment of the Economic Opportunity Act (EOA), which sought to transition the needy from welfare to work through programs such as Job Corps, Upward Bound, and Operation Head Start, by focusing primarily on job readiness and education. Both the Job Corps and Head Start both continue to operate and have been found to be moderately effective poverty interventions.

Work Incentive Program

In 1967, Congress passed the Work Incentive Program (WIP). AFDC recipients were required to participate in job training programs. This program was later repealed and reconstituted under the Family Support Act.

Family Support Act: Job Opportunities and Basic Skills (JOBS)

Presidents Nixon, Ford and Carter all proposed various welfare reform bills, yet none were enacted. In October 1988, President Reagan signed the Family Support Act, requiring single parents on welfare whose children were age three or older to go to work in order to receive assistance. If unable to obtain employment, parents were required to enroll in job training programs.

Within AFDC, states were required to establish welfare-to-work programs to assure that AFDC families obtained the education, training, and employment that would help them avoid long-term welfare dependence. Federal matching funds for JOBS were available to states as a capped entitlement. Many families were exempt from participating in JOBS. Less than a third of those required to participate actually were able to participate because of limited state funding.

Public Assistance Now: Temporary Assistance for Needy Families (TANF)

P.L. 104-193, signed by President Clinton in August 1996, converts AFDC and the Job Opportunities and Basic Skills programs into the Temporary Assistance to Needy Families (TANF) block grant, with a funding level of $16.7 billion from 1996 through 2003.

TANF provides that states must require able-bodied recipients to participate in work or work-related activities and must impose a 5-year lifetime limit on federal assistance. Specifically, states must require adults in families receiving TANF-funded assistance to participate in work or work-related activities after receiving assistance for 24 months or sooner, as defined by the state. If recipients fail to participate, states must at least reduce the families' grant and may opt to terminate the grant entirely.

States are required to ensure that a minimum percentage of their caseloads are participating in work or work-related activities each year. If they fail to do so, they will be penalized. These percentages are referred to as "minimum mandated participation rates." To count toward a

state's mandated rate, adult TANF recipients must participate in a certain minimum number of hours in work or a prescribed work-related activity. Figure V-1 details these workforce participation and minimum working caseload requirements through the year 2002.

FIGURE V-1

Federal Law Sets Increasing Participation Requirements for One-Parent and Two-Parent Families

Fiscal year	**1997**	**1998**	**1999**	**2000**	**2001**	**2002**
Minimum weekly average participation requirement (hours)						
One-parent families	20	20	25	30	30	30
Two-parent families	**35**	**35**	**35**	**35**	**35**	**35**
Minimum mandated participation rates (percentage)						
All families	**25**	**30**	**35**	**40**	**45**	**50**
Two-parent families	**75**	**75**	**90**	**90**	**90**	**90**

Source: Government Accounting Office (1998).

Key TANF components include (Cross-National Studies Research Program, 1997):

- The elimination of the entitlement to assistance;
- A five year limit on the use of block grant funds for cash aid to families, with states able to exempt up to 20 percent;
- The requirement that states must move families into work, with a goal of a 50 percent work rate for single-parent families and 90 percent for two-parent families by 2002;
- The requirement that states maintain a level of state funding for work-based programs equal to 80 percent of fiscal year 1994 funding on AFDC and related programs, reduced to 75 percent for states that meet work participation requirements;
- Fiscal incentives for states to maximize work participation and reduce out-of-wedlock births;
- A requirement that unmarried minor parents live with an adult and participate in educational/training activities in order to receive assistance;
- Discretionary authority for states to bar convicted of drug-related felonies after January 1, 1998, from TANF or food stamp program participation for life;
- The narrowing of definition of child disability under SSI, resulting in an estimated nation-wide reduction of about 315,000 low-income children by 2002;

- Elimination of SSI and Food Stamp eligibility for certain legal immigrants who entered the United States after the enactment of the federal law until they obtain citizenship, and for all illegal immigrants; and
- Strengthened child support enforcement.

Federal Program Overview

TANF represents sweeping changes to the nation's cash assistance program for needy families with children (General Accounting Office, 1998). Title I of the law ended the entitlement of families to welfare benefits and replaced the AFDC program, including JOBS and emergency assistance, with block grants to the states. The fixed amount of a state's grant under the new law is based on the amount received in specified fiscal years, supplemented for population increases under certain circumstances. Of the $16.7 billion available yearly nationwide, California received the largest block grant of over $3.7 billion. Subsequent legislation provided additional federal funds totaling $3 billion over 2 years for Welfare-to-Work Grants, to be allocated to the states for activities helping to place and keep individuals in unsubsidized jobs. TANF requires that states maintain funding (referred to as "maintenance-of-effort"), at 75 to 80 percent of their historic funding level.

Instead of prescribing how state and local programs are to be structured, TANF authorizes states to use their block grants in any manner reasonably calculated to accomplish the purposes of TANF. States may opt to deny assistance altogether for noncitizens, drug felons, minor teen parents, or individuals determined to be able to work. Alternatively, these groups could be provided a different array of assistance and services either funded by TANF or the state. California, like many states, has chosen to deny benefits to persons convicted of a drug-related felony as of January 1, 1998.

States may also choose when to require adults to participate in work activities, what types of activities are allowed, whom to grant good cause for failure to participate, and whether or not to terminate grants to entire families for noncompliance.

Using state-reported data, the U.S. Department of Health and Human Services (DHHS) is required to rank the states annually according to the most and least successful welfare-to-work programs, taking into account:

1. Placements in long-term private sector jobs,
2. Caseload reductions,
3. Diversion from applying for and receiving assistance,
4. The number of children living in poverty, and
5. The amount of federal assistance provided to the state.

Federal funding is available to states for child care subsidies for low-income families, $2.9 billion for Fiscal Year 1997 and up to $3.7 billion in the year 2002. Under TANF, states are required to ensure that a significant percentage of these funds are used to provide child care assistance to current or potential TANF recipients.

TANF also made significant changes to Medicaid—a federal/state-funded program that provides medical assistance to low-income families. Previously, AFDC recipients were automatically

enrolled in Medicaid (Medi-Cal in California) on the basis of their eligibility for cash assistance under AFDC. The new law eliminated the connection between cash assistance eligibility and Medicaid, allowing states to set their own eligibility standards for Medicaid (within certain parameters). Most families who were previously federally-eligible continue to qualify. Several recent studies have found that this de-linking between public assistance and Medicaid has resulted in some eligible families no longer being enrolled, frequently because they were not sufficiently aware of the new separate application process.

To address concerns about the growing number of children born to unwed mothers and their impact on welfare caseloads, TANF has provisions to reduce out-of-wedlock pregnancies and encourage the formation and maintenance of two-parent families. Goals are to be set by states and DHHS to accomplish this, including annual reports to Congress. TANF also calls for social services and law enforcement agencies to train and educate staff about statutory rape, and to provide counseling. DHHS must rank states annually based on the percentage of out-of-wedlock births in families receiving assistance, and the reduction in the percentage of out-of-wedlock births from the prior year.

There are several federal bonus opportunities available to states. High performance states can receive part of $200 million per year for five years. TANF also provides $100 million per year for four years for bonuses to reward up to five states that demonstrate net decreases in the number of out-of-wedlock births; only those states with no increase in abortion rates since 1995 are eligible for this bonus.

States are also subject to several possible penalties. TANF provides 14 grounds for penalties, including failure to meet the maintenance-of-effort state funding requirement, failure to satisfy the minimum mandated participation rates, failure to implement the 5-year lifetime time limit, and failure to submit a quarterly data report. The total penalty in a single year can range up to 25 percent of a state's grant.

States must provide child poverty rates annually to DHHS, along with a corrective action plan if the rate increases by 5 percent or more from the prior year. Starting in 1999, reports on the circumstances of families that reach their time limits and families headed by teen parents are also required.

Evaluation of state programs is also required, with DHHS specifically directed to research:

1. The costs and benefits of operating different state programs;
2. Innovative state programs;
3. The effects of TANF on welfare dependency, illegitimacy, teen pregnancy, employment rates, child well-being, and any other area deemed appropriate; and
4. Evaluate the success of state efforts to move families from welfare to work as alternatives to the minimum mandated participation rates.

CHILD WELFARE

During the 19th century, large numbers of children roamed the streets of large cities begging and stealing to feed themselves. The public was disturbed by this and feared that without some form of intervention, these children would grow up to be either criminals or life-long public assistance recipients. It was thought that the proper intervention might lead the children toward productive lives as responsible citizens.

Recent U.S. History

The enactment of various child welfare programs and strategies in America is a reflection of evolving attitudes and beliefs about child well-being and maltreatment. For a more complete overview of child maltreatment and programs, see *Child Maltreatment and the Family* (Powell, 1994).

The New York Children's Aid Society (NYCAS), founded in 1853 by the Reverend Charles Brace, was the first organization to place children with foster families. Reverend Brace believed that placing orphaned, delinquent and neglected children with farm families in the West was the best solution. In 25 years, the NYCAS removed more than 50,000 children from New York City.

By 1900, placing children in other families had become the preferred alternative to institutional care. Increasing importance was placed on the family unit and family ties were preserved whenever possible. When children could not be kept with blood relatives, private families were considered. A policy came into practice to pay foster families a fee for boarding a child in their homes. This was cheaper than institutionalizing the children, and it was hoped that the family might come to love the child over time and eventually adopt her or him (Lindsey, 1994).

Juvenile reformation at one time focused on imprisonment alongside adult criminals, with little regard to rehabilitation. By 1900, youthful offenders were removed from association with adult criminals and placed in private homes or state reform schools where they could be re-educated. Also in the early 1900s, juvenile courts were created to deal with child offenders in a less criminal manner. The court became the children's defender, entrusted with the task of leading them away from a path of crime toward meaningful lives.

The U.S. Children's Bureau was created in 1911. While it had no regulatory power, it did serve as a research agency, reporting in its first major study on child mortality. Maternal death rates were found to be higher in America than in any other industrialized country in the world, and high infant mortality rates were directly related to inadequate income and inaccessibility to medical care.

The enactment of the Social Security Act in 1935 (Title IV), providing public assistance to families, represented a significant shift away from institutional interventions for destitute children by providing cash assistance to mothers to care for their children. The Act also included authority for cash payments for foster care. Numerous additions and amendments to Title IV have subsequently shaped federal child welfare programming, and continue to operate. These are described below, along with other current programs.

Child Welfare Services

Child welfare services traditionally consist of family reunification services and family preservation/family maintenance services (Matlick, 1997).

- Family reunification involves removing the child from the home while rehabilitating the family to ultimately reunite the child with the family.
- Family preservation or family maintenance involves working with the family to improve their situation without removing the child. Services include therapy, substance abuse treatment, and parenting classes.

These types of services are designed to improve the family environment and reduce the risk of child maltreatment so the families may remain intact or reunite. They are administered at the county level as part of the state's Child Welfare Services Program.

Children removed from the home are placed in several types of out-of-home care—foster care, a group home, placement with a relative or temporary emergency shelter. Children placed in emergency shelters are often assessed by social workers who determine whether the child will be placed in a foster home or with a relative. Children who enter the foster care system are placed in a group home or a family foster home. Group homes are nonprofit institutions that are licensed as community care facilities. Children are cared for in a group setting as opposed to a traditional home environment. Children who are referred to group homes often require more care than the average child, and may have behavioral or physical problems. Foster homes are families that volunteer to care for a child while the child's family is rehabilitated. Some children live with relatives, in the kinship care program. This type of care has become increasingly popular in California since 1984. Children currently receiving kinship care represent 40 percent of the foster care population (Matlick, 1997).

Children who are financially eligible for public assistance (formerly AFDC, now TANF) at the time of their removal from their family home receive benefits in their placement, whether they are in a foster home, kinship care or a group home. In 1994, California had an average stay in non-relative foster care of 25.99 months. Of the children placed with relatives in California, 40 percent are in the system at least three years (Matlick, 1997). AFDC was often the primary source of income for children placed with relatives by child protective services, as the relatives themselves are typically poorer than traditional foster parents.

Child maltreatment programs typically address one or more of three areas: prevention and education, intervention, and/or treatment (NCCAN, 1993).

These categories overlap to some extent and encompass a range of strategies. For instance, child care is a preventive program as well as an intervention program.

Prevention and Education Programs

Prevention and education programs assist at-risk groups, such as teenage mothers. These programs are directed at the general population with the goal of preventing child maltreatment.

Public education, particularly through the media, is designed to raise the awareness of the general public and decision-makers about the significant dimensions of child maltreatment.

There is a wide array of activities targeted at families at risk of child maltreatment. Most of these activities are designed to address other specific needs and problems, and therefore do not initially appear to have any relationship to child maltreatment. However, by serving to support the efforts of parents to provide adequate care for their children, these programs have proven very effective in preventing child maltreatment. They include:

- Accessible maternal and child health care;
- Public education that includes age-appropriate life-skills training for both children and parents;
- Parks and recreation programs designed to enhance physical, intellectual, social, and emotional development, and after-school supervision; and
- Child care.

Intervention Programs

Intervention programs reach out to populations who are currently experiencing a problem and are in need of help. One form of intervention is a first time home visit from a social worker, who has been referred to a family experiencing stress and possibly some form of violence. These programs target families in which one or more of the indicators highly associated with child maltreatment are present, and in which child maltreatment is occurring. These programs include:

- Poverty assistance, primarily in the form of income supplements and food; affordable housing, health care, and child day care; education, job training; and employment opportunities;
- Early childhood education programs such as Head Start; Home health visitation;
- Family planning;
- Parent skills training;
- Strengthening social network supports; and
- Child care.

Treatment Programs

Treatment of child abuse encompasses a broad array of services, including those described as “prevention” and “intervention” services. Treatment programs serve populations who have been dealing with a problem or problems for a long time and are in need of rehabilitative services. An example of this is out-of-home care, which cares for a child away from an unsafe home environment while working with the family so the child may be reunited with the family. In addition, local Child Protective Services agencies can refer family members for mental health services, drug treatment, and other services that address the acute issues that are the source of the family problem. If it is determined that a child needs an alternative living arrangement, child protective services may elect to remove the child to out-of-home placement.

Federal and State Child Welfare Programs

The system has been compared to a marble cake, in that responsibilities for establishing and administering programs flow unevenly through federal, state, and local layers. State and local agencies are responsible for implementing federal programs. In California, federal funding for child maltreatment programs is directed to the California State Department of Social Services, which in turn allocates funds to county child protective service agencies, and occasionally to community based organizations. Foster care is provided by families and private non-profit agencies. The county agencies make these placements, and a prescribed blend of federal, state and county money funds them.

Current Federal Child Welfare Programs

Federal programs encompass a broad range of activities including cash assistance for low income families, service programs for targeted populations, and outreach and prevention programs that serve both targeted populations and the broader population (see preceding discussion for a more detailed description). The role of the federal government has been to prescribe the services to be provided and to whom, and provide some or all of the funds required to deliver those services.

Federal funding is awarded directly to states by formula or, in the case of entitlement programs, according to caseloads. In addition, some programs utilize a competitive grant application process, which is the only means by which non-state agencies traditionally gain access to federal funds. There are a number of federal programs that by design or legislative history are administered by states as formula-driven or competitive grants to local and community agencies.

Aid For Dependent Children - Foster Care

The foster care program component of AFDC was enacted in the 1970s. The number of children placed in foster care grew dramatically when statutory changes made in the 1980s expanded eligibility. Greater public awareness of child maltreatment also contributed to the significant increase in the number of children placed in foster homes.

Adoption Assistance and Child Welfare Act of 1980

The federal Adoption Assistance and Child Welfare Act of 1980 established an Adoption Assistance Program in order to provide grants to families that adopt hard-to-place children. The Adoption Assistance Program is intended to make children with special needs, such as victims of abuse or neglect, more adoptable, so they are less likely to remain in long-term foster care. Grants support the purchase of services such as counseling, specialized care needs, or parental training. Children in this program are eligible for Medi-Cal for the duration of the Adoption Assistance grant. Portions of this statute were recently updated (see Adoptions and Safe Families Act of 1997, Appendix A, p. 65).

The Adoption Assistance and Child Welfare Act of 1980 changed the relationship between child welfare systems and families by focusing on family reunification and family preservation. The well-being of the family became the primary concern of child welfare agencies, with the well-being of the child being secondary. The option of out-of-home care was to be considered only when no alternatives existed.

A number of factors led to the enactment of the Adoption Assistance and Child Welfare Act:

- The increasing number of children in foster care;
- The length of time children spent in foster care during dependency proceedings (referred to as "foster care drift") was becoming excessive and costly. (Foster care drift refers to the practice of placing children in foster care ostensibly on a temporary basis, yet often for long periods of time, and including moves from home to home without any long-term resolution of their circumstance); and
- The emerging consensus among child maltreatment experts and advocates that efforts should be made to preserve and reunify families.

Child Abuse Prevention, Adoption and Family Services Act

In 1988, the federal government enacted additional legislation to prevent child abuse. The Child Abuse Prevention, Adoption and Family Services Act expanded prevention and early intervention efforts by creating the National Clearinghouse for Child Abuse Information, and by establishing advisory efforts at local, state, and federal governmental levels. The advisory organizations include: the U.S. Advisory Board on Child Abuse and Neglect; the state and local Inter-Agency Task Force on Child Abuse; and the National Center on Child Abuse and Neglect (NCCAN). NCCAN's charge is to expand public awareness through voluntary and community organizations, to conduct research, and to sponsor demonstration projects to better understand and improve management and treatment of the problem.

Family Preservation and Support

The Family Preservation and Support Services Program (FPSSP), enacted in September 1993, represents an important shift in state policy and funding to a strategy of family-focused prevention and early intervention services which address the underlying issues associated with child maltreatment. "Family preservation" is defined as alternative services that are intensive, short-term in nature and are provided to the family in the home. The goal is to improve the ability of families to cope with personal, financial, and other crises, and to attend to the needs of the children in a home setting without removal to out-of-home care. The range of services is designed to reverse problems that, if left unattended, could place children at risk of maltreatment (NCSL, 1994). FPSSP is a capped entitlement program (a fixed appropriation).

Adoption and Safe Families Act of 1997

The Adoptions and Safe Families Act (ASFA) was enacted to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. ASFA changes and clarifies a wide range of policies established under the Adoption Assistance and Child Welfare Act (Child Welfare League of America, 1998).

ASFA is designed to reduce the amount of time spent by children in foster care settings and to move these children more quickly into permanent settings, such as adoptive homes. This is accomplished through new time lines and conditions for filing termination of parental rights. It also authorizes adoption incentive payments for states, and requires states to document efforts to adopt. Geographic barriers to cross-jurisdictional adoptions are also addressed.
There are numerous other changes:

- Medicaid coverage is expanded to cover non-Title IV-eligible adopted children with special health care needs.
- Independent living services for children emancipating from foster care are extended.
- The Family Preservation and Support Services Program, renamed The Promoting Safe and Stable Families Program, is continued and expanded.
- Foster parents, pre-adoptive parents and relatives must now be notified of court reviews and given an opportunity to be heard.
- States are required to conduct criminal background checks on prospective foster and adoptive parents.
- States are required to establish standards to ensure quality services. The U.S. Department of Health and Human Services is required to assess state performance in protecting children and develop a performance-based incentive funding system.
- Child welfare demonstration waivers are expanded.
- Research on the coordination of substance abuse and child protection is required.

[A synopsis of state and federal statutes appears as Appendix A.]

Other Federal Programs

There are a number of other federal programs that also provide some services and funding to assist with child maltreatment. These include:

- Temporary Child Care for Children with Disabilities and Crisis Nurseries Act;
- Social Services Block Grant (Title XX of the Social Security Act). (However, in California these funds are used exclusively for the In-Home Supportive Services Program);
- Community Services Block Grant (CSBG); and
- Alcohol, Drug Abuse and Mental Health Block Grant.

Current California Programs and Requirements

As with federal programs, state programs encompass a broad range of activities—cash assistance for low-income families, service programs for targeted populations, and outreach and prevention programs that serve both targeted families and the broader population. The state also provides funding to local providers, utilizing formula, caseload-driven, and/or grant-making processes. The state prescribes services to be delivered and provides some or all of the funds for delivering those services.

Program Mandates

There are significant differences in the federal-state relationship as compared to the relationship between the state and local governments.

Due to the constitutional autonomy afforded states, the federal government cannot mandate that services be provided or that a problem be addressed by a state. However, the federal government can and does prescribe, as a condition of participation in a federal program, who is to be served and how. It is a common criticism that states are "forced" by the federal government to do something. This perception is attributable to several things. First, some mandates do result from federal and state court orders (such as serving illegal immigrants). Second, participation in a federal program is generally desirable because federal funds can significantly assist in addressing state problems. However, the strings attached to federal programs can result in significant costs to the state.

In contrast, State and local government relationships are constitutionally distinct. Cities and counties are created by state law. California mandates that local jurisdictions provide certain health and human services. Welfare & Institutions Code Sections 17000 and 17001 are most well known and far reaching of these mandates. Together, these statutes charge counties with the responsibility for the health and human service needs of the indigent as the "provider of last resort." Thus, regardless of state funding, counties must provide health and welfare services to those in need. State and federal programs and funds mitigate this responsibility to a large degree. Counties however, remain ultimately responsible for indigent care. Changes in state and federal

programs and their funding levels can have a significant impact on local governments in California.

In addition to statutory mandates, there are other significant pressures placed on local governments to deliver program services established by the state and federal governments. California's constitution requires that all local mandates (since the late 1970s) be funded by the state. This requirement is enforced by the Commission on State Mandates. As a practical matter, while requirements and programs enacted by the state and mandated for local government require full funding, there are many instances in which this funding is provided in part or not at all.

Mandated Reporters and Reporting Data Systems

In 1965 and again in 1974, California enacted extensive mandated reporting statutes that specify who is required to report suspected child maltreatment cases to local child protective services (CPS) agencies. In addition, in keeping with the requirements of the federal Child Abuse Prevention and Treatment Act (CAPTA), California operates a Statewide Index of Child Abuse to monitor and support child abuse reporting efforts.

Out of Home Placement

Out-of-home care is the major service offered to children in the Child Welfare Services (CWS) program. Current law directs CWS social workers to first place the child with the parent with whom the child is not currently residing, or with a relative, if possible. If these preferences cannot be accomplished, the social worker must place the child in a foster family home or group home.

In many counties, children who are removed from their family home go first to a receiving home or emergency shelter. These places provide a safe environment within which initial interviews and medical exams can be performed. In addition, social workers at these shelters often make decisions regarding whether to place the child with a relative or in a foster home. A parent maintaining a separate residence, or a relative, may be willing and able to care for a child until such time that the court determines that the child can be returned to its family. This is generally the least disruptive option, since the child is placed into a relatively familiar environment.

When a suitable relative is not available, a social worker places the child in one of two types of foster care. Foster family homes, which can care for up to six children, receive a small monthly allowance to cover some of the costs associated with each foster child. The second type of foster care is a group home. These not-for-profit institutions provide services to children in a group setting. Generally, these facilities take children who require higher levels of care and who may have behavioral or physical problems. Group homes also are used by juvenile justice authorities and mental health agencies as alternatives to placement in other institutional settings. Children in the juvenile justice system, whose needs and conditions may be quite different, are generally not segregated from the abused or neglected children in the same institutional setting.

Case Management

Chapter 1203, Statutes of 1991 (SB 1125, Presley) made important changes to CWS programs. A number of local agencies are now required to create a case plan for each dependent child that includes specific goals, and describes the services that will be provided to achieve those goals.

Child Welfare Services (CWS) Program

Counties are required to assign to a local public agency the responsibility for investigating allegations of child abuse or neglect, and for providing support services to those families and children. These services include:

- Screening abuse or neglect reports;
- Investigating abuse or neglect allegations;
- Removing children from dangerous home situations to out-of-home care;
- Developing service plans and reports for the court;
- Overseeing efforts to maintain or reunify families; and
- Determining the disposition of long-term dependency cases, including adoptions.

These services are provided through the five basic programs: Emergency Response, Family Preservation, Family Maintenance, Family Reunification and Permanency Planning.

Emergency Response (ER)

The ER program is one of two preplacement services required under current law (Family Maintenance, discussed below, is the other). The ER program's primary functions are receiving and investigating reports of child abuse or neglect, providing intake services when children are removed from the home, and providing crisis intervention services. Counties are required to provide an in-person response 24 hours a day. Many counties have a limited capability to respond to reports and use established criteria for ranking priorities. Many calls are screened out at this level. Crisis intervention services include limited counseling by a social worker or another counselor, transportation, and emergency shelter care for children or the family.

Family Preservation Program (FPP)

FPP provides comprehensive range short-term services to families in which child maltreatment primarily is imminent. California counties employ a number of different program models, ranging from the “home builders” model piloted in Washington state, in which workers with small caseloads provide all the necessary services, to community-based multi-agency efforts that involve a case manager overseeing the provision of various services by numerous service agencies. Experience with these programs has led some practitioners to advocate for longer intervention periods of up to one year, with periodic follow-ups to provide support to families and to determine whether they need further services.

California statutes focus primarily on general guidelines and the financing mechanism, leaving program design to the individual counties. Each county is authorized, with the state's approval, to redirect a portion of the state and county portion of projected foster care expenditures to family preservation services. Eligibility is limited to families in which the children would, without this intervention, be placed in out-of-home care. Unlike other components of the Child Welfare Services Program, these funds can be used for any service deemed necessary to improve family functioning, including such items as drug treatment, parent education, mental treatment for parents and children, and home repairs.

California has over ten years experience with Family Preservation Programs (FPP). However, only 14 counties have instituted state-approved programs, reportedly due to the significant 1992 change in the state-county foster care funding ratio (instituted as part of “Program Realignment”).

Family Maintenance (FM)

This program provides voluntary or court-ordered services to children and their families in order to remedy abuse or neglect without separating children from their families. These services are provided for no more than 12 months. A county must provide a range of services that may include counseling, emergency shelter care, temporary in-home caretakers, out-of-home respite care, parenting and homemaker training, and transportation.

Family Reunification (FR)

This program provides support services to parents whose children have been removed from the home due to neglect or abuse, with the goal of reunifying the children with their families. Services can be provided for no more than 18 months and are an alternative to FM program services. A county must provide a range of services that may include counseling, emergency shelter care, parenting and homemaker training, and transportation.

Permanency Planning (PP)

The Permanency Planning program develops long-term plans for the placement of children who are not expected to be able safely reunified with their parents. In addition, the program provides case management and periodic administrative reviews of children who are not adopted, and who remain in long-term foster care or in the home of a relative.

Adoption Assistance Program

Under California law, termination of parental rights is possible when children become dependents of the court, and if an adoption is likely to occur. Adoption is generally a more desirable long-term alternative to placement with a relative, or to long-term foster care. However, many children who have been through the dependency court, and are in need of a permanent placement, are not considered adoptable. Dependency proceedings can be lengthy, and the uncertainty caused by multiple short-term out-of-home placements can leave a child with emotional scars that may cause behavioral problems. In addition, children who are not infants, or are children of color,

or who have developmental disabilities, or special physical needs, are more difficult to place in adoptive homes.

California Department of Social Services (DSS) receives federal funds to provide assistance to families who adopt children with special needs, and to fund an administrative structure to resolve dependency cases more quickly. Administrative requirements include:

- Periodic case reviews;
- Efforts to reunite families; and
- Movement to "permanency planning" for children in out-of-home placements after 18 months. "Permanency planning" requires a determination as to whether a child can be adopted, should move to a long-term living arrangement with a relative, or will be placed in long-term foster care. Seldom does a child return to a parent at this stage in the process.

As part of its mission to protect children, the program requires that reasonable efforts be made to prevent the placement of a child in foster care. Family maintenance or reunification is to be attempted first, with the expectation that services be provided to prevent out-of-home placement. If reunification fails or is not possible, children are then to be moved, as quickly as possible, to long-term, stable placements, including adoption or foster care.

Local Child Protective Services agencies are actually responsible for investigating and substantiating child maltreatment reports and for the provision of services to families in which children are identified as maltreated and in need of assistance. Foster care is provided by state-licensed individual family and group homes and by foster family agencies that are paid a set rate based on the type of services provided.

Independent Living Program

Federal funds are awarded to DSS to provide a range of services designed to improve the prospects for long-term foster care children who live independently after they leave foster care. Services include health promotion, housekeeping, money management skills, decision-making skills, job training, tutoring, and personal presentation and social skills.

Research findings in the early 1980s, and surveys of homeless shelters beginning in the mid-1980s, found that adolescent youth emancipated from long-term foster care were not acquiring the education, job training, or personal coping skills required for a successful transition to adult life. As a result, the Independent Living Program was established to provide assistance to foster care children aged 16 and older. Under this program, states are authorized to provide a range of services designed to improve the prospects for long-term foster care children to live independently after they leave foster care.

Children's Trust Fund

Funds are collected through a tax check-off option on state income tax returns. These funds are used to supplement Child Abuse Prevention and Treatment Act (CAPTA) funding and for other prevention activities. The Office of Child Abuse Prevention (OCAP), manages these funds, and oversees grants for primary prevention programs in schools and other local community settings. In addition, OCAP:

- Monitors and evaluates prevention programs;
- Disseminates information about maltreatment prevention, identification, and treatment; and
- Supports research and data collection projects related to child abuse prevention.

Current Prevention Demonstrations in California

California Safe and Healthy Families Program

This family support home visiting model was created from a project based at San Diego Children's Hospital. The San Diego project was a replica of the Healthy Families America Model developed in Hawaii. The focus of this program is on skill building and support for families that are at risk for child maltreatment. Its home visiting model is designed to allow communities flexibility in implementation while establishing minimum standards of training, supervision and quality maintenance. The model has not yet been implemented statewide. The program has multiple funding agencies including the California Department of Social Services, Children and Family Services Division, and the Office of Child Abuse Prevention in partnership with the California Wellness Foundation and the Stuart Foundations.

Youth Pilot Program (YPP)

This is a state initiative that tests innovative ways to provide and fund comprehensive services for those families and children in need of the most support. Funding for YPP was established in Assembly Bill 1741, enacted in 1993. Counties that participate in this program are allowed to be creative in finding alternatives to better serve high-risk families.

Family Resource Centers

California is developing five regional Family Resource Centers (FRCs) to further advance community based and pro-family services. The goal is to provide a network of services that enables families to receive the comprehensive services they require. A grant from the federal government is funding this program.

Program Challenges and Considerations

Some recent reports have suggested that California's state and county child protective services are in a crisis situation. There are many reasons for this, including the increase in child maltreatment reports, the high turnover rate of child welfare workers, an inability to create

positive working relationships with the court systems and the lack of sufficient data and case management record keeping (U.S. GAO, 1997).

Report rates have increased enormously. Between the years of 1976 and 1990, there was an increase of 309 percent, from 416,033 to 1,700,000 reports nation wide (Zuravin, 1995). Most county agencies were not prepared to deal with the number of reports, and in response initiated programs for screening cases for level of danger. As a result, cases with the least priority may be neglected until they become more severe, requiring an immediate investigation. Reasons for the rise in report rates are correlated with mandated reporting laws and an increase in substance abuse among parents, particularly crack cocaine during the 1980s and methamphetamines in the 1990s.

In 1996, the Auditor General of California released a report on the Los Angeles County foster care program that found many weaknesses in the system (1996). The county was reportedly not complying with state mandates, and the state was not overseeing the county properly. This resulted in social workers with too many cases and neglectful practices, such as failure to make required visits to foster homes. The review found that only 41 percent of the required visits were actually made. It was also found that social workers were handling up to 88 cases, 33 more than the union caseload standard. These findings suggested that many children in foster care were at risk for further emotional and physical abuse. A similar audit was performed in Kern County which included a state-wide inquiry about child protection system issues. Many counties reported difficulties balancing legal mandates with limited resources.

APPENDIX A: STATE AND FEDERAL CHILD WELFARE STATUTES

Child welfare services have evolved over time, with the goal of improving the well-being of children in the United States. Legislation has played a major role in shaping child welfare services, policies and programs. The following is a selected list of key child welfare legislation.

FEDERAL STATUTES

Social Security Act of 1935

- ***Aid to Dependent Children.*** Provided grants to children who were deprived of parental support or care due to specified reasons.
- ***Child Welfare Services.*** Provides funds to states to provide social services to homeless, dependent, or neglected children, or children in danger of becoming delinquent.

Social Security Act, Amendments of 1961

- ***AFDC-Unemployment Parent Program.*** Authorized states to provide AFDC payments to two-parent families due to unemployment.
- ***AFDC-Foster Care Program***. Provided for continuation of AFDC payments to needy children placed in foster family homes if they were receiving AFDC at the time of removal from the home.
- ***Social Services in Foster Family Homes***. Requires states to provide services to improve conditions in the home from which the child was removed to foster care.

Public Welfare Amendments of 1962

- ***Social Services Funding***. Increased funding for social services including child care and foster care for non-federally eligible children.
- ***Child Welfare Services***. Required states to coordinate spending for child welfare with foster care and other services provided to dependent children and families, and defined child welfare services.
- ***Institutional Care***. Extends foster care payments to children placed in institutions such as group homes.

Chapter 576, Statutes of 1963

- ***Mandated Reporting on Child Abuse.*** Requires certain doctors to report suspected child physical abuse to the county welfare agency.

Social Security Act, Amendments of 1967

- ***Child Welfare Services Program.*** Establishes Child Welfare Services Program as separate Title (IV-B) under the Social Security Act.

- ***Child Support Enforcement.*** Requires states to establish paternity of children born out-of-wedlock, supply information to the federal government on parents with outstanding support orders and cooperate with other states in locating parents who owe child support; and directs the Internal Revenue Service to provide states with addresses of parents with outstanding support orders.

Child Abuse Prevention and Treatment Act (CAPTA) of 1974

- ***National Center on Child Abuse and Neglect (NCCAN***). Created a national center to conduct, compile, analyze, and publish research on child abuse and neglect; serve as a clearinghouse for information on successful programs to prevent or treat abuse or neglect; and provide training materials and technical assistance for demonstration programs designed to prevent, identify or treat child abuse or neglect.
- ***Grants***. Provides grants to public and non-profit agencies for demonstration programs designed to prevent, identify or treat child abuse or neglect.
- ***Funds for prevention and treatment.*** Provides funds to states for payment of expenses and other costs of programs to prevent and treat child abuse or neglect. Qualifying states must have child abuse reporting laws that include immunity for mandated reporters, that require investigation of reports, and that meet certain other requirements.

Adoption Assistance and Child Welfare Act of 1980

- ***AFDC-Foster Care.*** Established foster care (IV-E) as a separate program from the regular AFDC program (Title IV-A) and specified conditions for federal funds including:
  - ***Goals for Long-Term Foster Care.*** Required states to set goals for a number of children in long-term foster care (24 months or longer) and specify how the state would meet the goal.
  - ***Reasonable Effort.*** Requires states to make "reasonable effort" to prevent or eliminate the need for foster care or to make it possible for the child to return home.
  - ***Case Plans.*** Requires states to develop a case plan for each child placement in the least restrictive placement possible, administrative review at least every six months to determine whether progress is being made to return child home, and within 18 months of placement a hearing to determine a permanent plan for the child.
- ***Adoption Assistance Program.*** Requires states to establish a system for providing financial assistance to meet the special needs of children who are difficult to adopt due to such circumstances as age, ethnic background; physical, mental, or emotional disabilities or medial needs**.**

- ***Child Welfare Services.*** Social services specifically designed to:
  - Assure adequate care of children away from their homes,
  - Prevent or remedy family problems that result in abuse or neglect,
  - Prevent unnecessary separation of children from their families,
  - Restore children to their families after removal,
  - Place children in suitable adoptive homes, and
  - Protect and promote the welfare of all children.
- ***Child Welfare Services Funding Increases.*** Links increased federal funding for state child welfare services to implementation of certain foster care provisions and preplacement preventive services.

Consolidated Omnibus Budget Reconciliation Act of 1985

- ***Independent Living Program.*** Established a program under the foster care program to provide assistance for children age 16 or older to aid in the transition from foster care to independent living.

Child Abuse Prevention, Adoption and Family Services Act of 1988

- ***Advisory Board on Child Abuse and Neglect.*** Provides annual recommendations on programs, research, areas of unmet need, and ways to coordinate federal child abuse and neglect activities to prevent duplication and more effective programs.
- ***Inter-Agency Task Force on Child Abuse and Neglect.*** Coordinates federal efforts with respect to child abuse and neglect prevention and treatment programs, coordinates adoption related activities, and prepares a comprehensive plan for coordinating goals and objectives of federal agencies with responsibilities for child abuse and neglect related programs.
- ***National Clearinghouse for Child Abuse Information.*** Maintains, coordinates and disseminates information on all public and private programs showing promise with respect to prevention, identification and treatment of child abuse and neglect; and maintains and disseminates program data.
- ***National Center on Child Abuse and Neglect.*** Conducts research into the causes, prevention, identification and treatment of child abuse or neglect, disseminates information about this research and provides technical assistance to public agencies and private non-profit agencies working with children.

Omnibus Budget Reconciliation Act of 1993

- ***Family Preservation and Support Services.*** Creates a family preservation program under Child Welfare Services (Title IV-B) to provide funds to states for family preservation services and community-based family support services as defined.

Adoptions and Safe Families Act of 1997

- ***Adoptions***. Establishes a new time line and conditions for filing termination of parental rights. Authorizes adoption incentive payments for states. Requires states to document efforts to adopt. Authorizes new funding for technical assistance to promote adoption. Addresses geographic barriers to cross-jurisdictional adoptions. Sets new time frame for permanency hearings. Modifies the "reasonable efforts" provision in P.L. 96-272. Expands health care coverage to certain adopted children with special health care needs. Continues eligibility for the federal Title IV-E adoption assistance subsidy to children whose adoption is disrupted. Authorizes the use of the federal parent locator service.
- ***Kinship***. Establishes a kinship care advisory panel.
- ***Family Preservation.*** Continues and expands the Family Preservation and Support Services Program, renamed the Promoting Safe and Stable Families Program.
- ***Foster and Adoptive Parents.*** Requires states to check prospective foster and adoptive parents for criminal backgrounds. Requires notice of court reviews and grants the opportunity to be heard to foster parents, pre-adoptive parents and relatives.
- ***Quality of Care.*** Directs states to establish standards to ensure quality services. Requires assessment of state performance in protecting children. Directs development of performance-based incentive funding system. Expands child welfare demonstration waivers. Requires study on the coordination of substance abuse and child protection.
- ***Independent Living.*** Extends independent living services for children emancipating from foster care.

STATE STATUTES

Allen-Cologne Act, Statutes of 1965

- ***Statewide Index of Child Abuse Reports.*** Requires the State Bureau of Criminal Identification and Investigations (SBCII) to create an index of child physical abuse allegations and to report to local authorities any prior reports; requires county welfare agencies to report allegations of child physical abuse to the SBCII.
- ***Mandated Reporters.*** Adds additional required reporters of child physical abuse.
- ***Immunity.*** Provides immunity from civil and criminal prosecution to mandated reporters when reporting suspected cases of physical abuse.

Chapter 348, Statutes of 1974

- ***Mandated Reporters.*** Required mandated reporters of suspected abuse to also report sexual molestation.

Chapter 978, Statutes of 1982

- ***Dependency Court Reforms.*** Revised California laws guiding the resolution of child abuse or neglect allegations to conform to the federal Adoption Assistance and Child Welfare Act of 1980.

Chapter 1485, Statutes of 1987

- ***Juvenile Dependency System.*** Amended SB 14 to make termination of parental rights dependent on danger to the child; restated priority for relative placement over foster care, and established preservation of the family as the primary goal of the dependency system.

Chapter 105, Statutes of 1988 and Chapter 188, Statutes of 1990

- ***Family Preservation Program***. Established first state-authorized intensive service delivery family intervention programs designed to reduce the need for out-of-home placement of children at risk of abuse or neglect.

Chapters 91, and 868, Statutes of 1991

- ***Family Preservation Programs.*** Authorized all counties to establish family preservation programs and establish a process to submit proposals to the state to allocate a portion of their annual foster care allocations to fund family preservation services.

Chapter 1203, Statutes of 1991

- ***Child Welfare Services.*** Requires counties to provide a written case plan with specific goals and service for each child receiving child welfare services, and revises the types of services provided by CWS.
- ***AFDC-FC.*** Specifies that foster care services may be provided for children removed from a home pursuant to a voluntary placement.
- ***Dependency Court Proceeding***. Removes repeal date for certain provisions defining the jurisdiction of dependency court, revises time limits for provision of services under certain circumstances, and requires that a case plan be a part of the child's social study submitted to the court.

Chapter 360, Statutes of 1992, Dependency Court Mediation Demonstration

- Authorized up to seven counties to implement mediation processes to reduce costs and backlogs in dependency courts, and authorized those counties to increase fees on birth certificates to fund their programs.

APPENDIX B: WELFARE REFORM AND CHILDREN: POTENTIAL IMPLICATIONS

by
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Adults are typically the focus of welfare policies and programs, even though children comprise a majority of public assistance recipients. In 1995, about two-thirds of those receiving Aid to Families with Dependent Children each month were children.[1] Moreover, key provisions in the most recent welfare legislation, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), have implications for children.

Based on research findings from welfare-to-work program evaluations and from basic research on child development, we conclude that welfare reform can affect children in diverse ways. These effects will vary depending on state and local policies, family characteristics and risk status, patterns of maternal employment, and children's experiences in the home and in nonmaternal care settings.

RECENT FINDINGS

Findings from recent welfare-to-work evaluations provide an important resource for generating hypotheses about how PRWORA will affect children.[2] These studies not only examine program impacts on children's cognitive development, school progress, health, and social adjustment. They also ask whether impacts on children can be explained by program effects on family economic status, maternal educational attainment, maternal psychological well-being, parent-child relations, or child care participation.

The three welfare-to-work programs considered in these studies—JOBS, the New Chance Demonstration, and the Teenage Parent Demonstration (see note 2)—differ from those that will be implemented under 1996 welfare reform. The earlier generation of programs emphasized providing recipients with education and job skills to enhance employability, while the new policy requires recipients to make the transition to employment. Therefore, our concern is less with specific findings from the evaluations than with broad conclusions that are applicable in the new policy context.

The findings to date indicate, first, that welfare-to-work programs can bring about changes in multiple aspects of family life that are important to children. These changes include but go beyond changes in maternal educational attainment and family economic status.[3] For example, findings

point to evidence of program impacts on maternal psychological well-being and on parent-child interaction and the children's home environments.[4] Evidence also exists for program impacts on young children's participation in non- maternal child care settings.[5] Previous research documents linkages between each of these factors and children's development.[6]

Second, the findings include both positive and negative program impacts on the set of family variables of importance to children. For example, participation in some welfare-to-work programs results in modest increases in earnings and income and in in creases in maternal educational attainment.[7] At the same time, some results point to negative program impacts, for example, on maternal depression and mothers' subjective sense of stress (within the New Chance evaluation).[8]

Third, findings to date indicate that program impacts on children vary by family characteristics. Considerable heterogeneity exists among families receiving welfare in terms of maternal educational attainment, duration of welfare receipt, and degree of social support. Families differ in number of risk factors (such as low educational attainment, low reading and math skills, and moderate to high levels of depressive symptoms), as well as in number of protective factors (such as presence of a support network and warmth in family relationships). Apart from maternal participation in welfare-to-work programs, measures of cognitive development and behavioral adjustment for children from welfare families can be predicted by the accumulation of risk and protective factors present in their families.[9] Evaluations of welfare-to-work programs show that program impacts on children vary in light of the presence of specific risk factors and the total number of risk factors. For in stance, the New Chance evaluation found that unfavorable program impacts on children's social development occurred specifically for children from families with a high number of risk factors and for children whose mothers had more symptoms of depression at the start of the study.

Finally, in the present policy context, in which we can expect substantial variation at the state and local levels in specific program components and populations served, it is important to note that findings of relevance to children differ across the set of available evaluations. Program impacts on parenting behavior illustrate this point. Within the New Chance evaluation, findings point to significant (though modest) positive program impacts on the quality of cognitive stimulation provided to the child and on the emotional quality of mother-child interaction.[10] In contrast, evaluators documented no program impacts on parenting within the Teenage Parent Demonstration,[11] while researchers found significant though small negative program impacts on these dimensions of parenting during the first months of assignment to the JOBS program.[12] These contrasting findings do not reflect program variations alone, but a combination of program features and populations served.

What the Findings Suggest for Welfare Reform Impacts

The findings from evaluations of welfare-to-work programs that are relevant to children within the new PRWORA environment imply that:

- There are multiple pathways, noneconomic as well as economic, by which welfare-to-work programs can affect child development.

- Program impacts on children will reflect the net effect of multiple changes within families, some of which may be positive and some negative.
- Impacts of welfare reform on children are likely to differ for families with differing initial characteristics, and the overall number of risk factors will be important.
- In the new policy context, we can anticipate that impacts on children will vary in light of the specific features of state and local programs.

WELFARE PROVISIONS IMPORTANT TO CHILDREN

Keeping in mind the broad conclusions above about how welfare programs may affect children, we turn to what the research on families and children might tell us about the potential implications of specific PRWORA provisions for children.

Employment Requirements

Welfare legislation enacted in 1996 requires participation in work-related activities, as defined by each state, within 24 months of receiving assistance. The focus on work departs from previous legislation, which allowed welfare recipients to participate in human capital development activities such as basic education or job training.

Findings from the small set of studies examining maternal employment in low-income families indicate that children fare slightly better or about the same on measures of development when their mothers are employed than when they are not.[13] In one study, for example, children were found to show higher scores on measures of reading and math in the early years of elementary school when their mothers had been employed than when they had not been.[14] One researcher hypothesizes that some of the favorable outcomes for children are rooted in the better mental health for employed than for nonemployed mothers, a pattern that has been noted consistently and that may be stronger among low-income than middle-class families.[15] Other re searchers hypothesize that the neutral to favorable implications of employment for children from low-income families reflect the infusion of needed economic resources.[16]

Two caveats to this general conclusion are relevant to PRWORA policy. First, some studies point to negative outcomes for children in low-income families when employment is initiated during the first year of a child's life.[17] Given that, under PRWORA, some states are requiring employment for mothers whose infants are as young as zero to three months, researchers need to clarify the implications of maternal employment for infants in low-income families. Second, studies looking at families with employed mothers note that child outcomes in low-income families vary according to maternal wage level,[18] and that the quality of the home environment provided to young children can decline when mothers begin jobs that are low-wage and involve repetitive, unstimulating tasks.[19]

Time Limits

Under previous welfare law, public assistance was an entitlement for all families that met certain income eligibility guidelines. The new law places a 60-month lifetime limit on welfare receipt. States have latitude to create even stricter time limits or to exempt some families from the 60-month limit.

While it is possible that the new incentive structure will change the behavior of long-term welfare recipients so that they don't reach the 60-month time limit, there is reason to be concerned about the children of long-term welfare recipients who do ultimately lose their benefits. An evaluation of the JOBS program found that long-term welfare recipients (and their children) differ from short-term recipients in important ways. Long-term recipients displayed more depressive symptoms, had less of a sense of personal control over their lives, and had fewer social supports than short-term recipients. Long-term recipients also provided their children with less cognitive stimulation and emotional support than did short-term recipients, and the children themselves scored lower on measures of receptive vocabulary and social maturity.[20] Children from families who are more likely to reach the time limits thus appear to be at higher risk already.

Paternity and Child Support

Welfare reform strengthened child support and paternity establishment provisions. States are now mandated to have a process in place for voluntary paternity acknowledgment and to establish paternity for 90 percent of all births to unmarried women. These policies have the potential to increase families' economic resources as well as paternal involvement in children's lives.

Based on the existing research, however, only cautious predictions can be made in the present policy context about the effects of paternal involvement. It is reasonable to predict that if fathers play more active, positive roles in children's lives as a result of PRWORA, children will benefit. Indeed, various forms of paternal involvement and the provision of child support have been linked to positive developmental outcomes for children.[21] However, it is not yet known whether or how child support in a mandatory context influences father-child contact or children's developmental outcomes. Moreover, benefits to children may not occur if increased paternal involvement leads to inter-parental conflict or increased maternal stress.[22] Contentious paternal involvement and negative father-child relations may place children at greater risk for poor developmental outcomes. It will be important to examine the degree to which the new child support provisions influence the quality of nonresident fathers' relationships with both children and mothers.

Eligibility and Entitlement Changes

Children with disabilities who are already at risk for negative outcomes may potentially experience both decreases in specific benefits and decreases in parental availability and supervision. Under PRWORA, an estimated 135,000 to 315,000 children with behavioral disorders and learning disabilities who received Supplemental Security Income (SSI) will no longer be eligible for benefits.[23] In addition, adult welfare recipients in the families of many of these children will be subject to work requirements. Likewise, children of legal immigrants who are no longer eligible

for food stamps under PRWORA may experience diminished family resources. Some states will provide supplemental funds or emergency benefits for families who are no longer eligible for certain programs. But, as a result of welfare reform, some families already at risk for difficulties will simultaneously experience significant decreases in benefits and in time available for adult supervision of children.

Further, PRWORA eliminated the federal entitlement to public assistance for those who met certain eligibility requirements. States are required to maintain 80 percent of their FY 1994 Aid to Families with Dependent Children and Emergency Assistance spending (for new Temporary Assistance for Needy Families programs), but are not required to provide cash assistance and can deny benefits to certain groups. The children of families that experience significant decreases in economic resources due to state eligibility decisions may be at greater risk for negative developmental outcomes.

Child Care

Under the new welfare law, states have flexibility regarding child care funding and child care assistance eligibility guidelines. PRWORA combined child care monies into the Child Care and Development Fund, which is a capped grant based on prior state child care expenditures. States will vary in the degree to which they use this money to provide subsidies, increase the supply of child care, assist parents in finding child care, and strengthen regulation and monitoring of licensed child care.

Important to children's well-being is whether states, when providing a child care subsidy to families, require them to use a licensed caregiver and encourage them to use different types of care such as center or family daycare. Indications are that a substantial proportion of families will turn to unlicensed, informal forms of child care when seeking to fulfill the new work requirements. This type of care often offers more flexible hours of operation and is less expensive than center-based care. But research shows that unlicensed, informal child care is often of lower quality than regulated settings.[24]

Nonmarital and Teenage Child bearing

Given the large body of research documenting negative developmental outcomes for children born to teenage mothers, single-parent families, or large families with closely spaced or unwanted births,[25] the degree to which PRWORA reduces childbearing among nonmarried women and teenagers and promotes marriage will be important to child well-being. Toward these ends, the welfare law requires teenage welfare recipients to attend school and live with their parents or other responsible adults. PRWORA also allows states to institute a "family cap" that denies additional benefits to families in which more children were born while the families were receiving assistance. States that succeed in reducing non-marital births will receive monetary bonuses.

If family cap policies do not successfully discourage childbearing, however, families would experience a decline in economic resources, because they would need to share the same resources among more family members. Indeed, some recent findings suggest that family cap policies may

not be effective. An evaluation of Delaware's A Better Chance Program (ABC), which instituted family cap policies, time-limited welfare receipt, and sanctions (among other reforms), found that the policies had no impact on reducing births or pregnancies.[26]

Children in certain subgroups will benefit from welfare reform to the extent that new policies succeed in moving parents into jobs and increasing economic resources for families; bringing about greater and more positive father involvement (both economic and social) in children's lives; placing children in care settings that are safe, stimulating, and supportive; and reducing family size.

Certain PRWORA provisions, however, will place children who are already at elevated risk for poor developmental outcomes at even greater risk. Children in families whose mothers are less likely to find stable employment, more likely to be sanctioned or hit time limits, or who will be ineligible to receive benefits under the new legislation, could face negative outcomes due to decreased economic resources and higher maternal stress. Children enrolled in poor quality child care while their mothers work may also be at increased risk for poor outcomes.

Finally, the offsetting influences of various welfare policies may result in PRWORA having neither negative nor positive effects on some children. But many of these children will likely remain at risk for the negative outcomes associated with long-term poverty.

NOTES

1. U.S. House of Representatives, Committee on Ways and Means, 1996 Green Book,Washington, D.C.: U.S. Government Printing Office, 1996.

2. The three evaluations whose findings are examined here all have components focusing explicitly on child outcomes. The evaluations are: 1) the National Evaluation of Welfare-to-Work Strategies, which focuses on the Job Opportunities and Basic Skills Training Program (JOBS)—the program that was implemented nationally in response to the Family Support Act of 1988 (Hamilton, G., T. Brock, M. Farrell, D. Friedlander, and K. Harknett, Evaluating Two Welfare-to-Work Program Approaches: Two-Year Findings on the Labor Force Attachment and Human Capital Development Programs in Three Sites, Washington, D.C.: U.S. Department of Health and Human Services, Administration for Children and Families and Office of the Assistant Secretary for Planning and Evaluation, 1997; Moore, K.A., M.J. Zaslow, M.J. Coiro, S.M. Miller, and E.B. Magenheim, "How Well Are They Faring? AFDC Families with Preschool-Aged Children at the Outset of the JOBS Evaluation," Washington, D.C.: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 1995); 2) the evaluation of the New Chance Demonstration, a voluntary comprehensive program for adolescent mothers receiving welfare who had dropped out of school, with program components for children as well as mothers (Quint, J., H. Bos, and D. Polit, New Chance: Final Report on a Comprehensive Program for Young Mothers in Poverty and Their Children, New York: Manpower Demonstration Research Corporation, 1997); and 3) an evaluation of the Teenage Parent Demonstration, a mandatory program for adolescent mothers entering the welfare system (Kisker, E.E., A. Rangarajan, and K. Boller, Moving into Adulthood: Were the Impacts of Mandatory Programs for Welfare-Dependent Teenage Parents Sustained After the Programs Ended? Washington, D.C.: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 1998).

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6. Evidence is summarized in Zaslow, M.J., K.A. Moore, D.R. Morrison, and M.J. Coiro, “The Family Support Act and Children: Potential Pathways of Influence,” Children and Youth Services Review, vol. 17 (1995), pp. 231–249.

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8. Quint, Bos, and Polit 1997.

9. Moore et al. 1995; Zaslow, M.J., M.R. Dion, D.R. Morrison, N.S. Weinfield, J.R. Ogawa, and P. Tabors, “Protective Factors in the Development of Preschool-Age Children of Young Mothers Receiving Welfare,” in E.M. Hetherington, ed., The Impact of Divorce, Single Parenting, and Remarriage on Children, Mahway, N.J.: Lawrence Erlbaum Associates, 1998.

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13. Evidence is summarized in Moore, K.A., M.J. Zaslow, and A.K. Driscoll, "Maternal Employment in Low-Income Families: Implications for Children's Development," Washington, D.C.: Child Trends, Inc., February 1996; and in Zaslow, M.J., and C.A. Emig, "When Low-Income Mothers Go to Work: Implications for Children," Future of Children, vol. 7, no. 1 (1997), pp. 110–115.

Most of the research on the implications of maternal employment for children considers what happens to children when their mothers voluntarily choose to be employed, rather than when their mothers are required to participate in employment activities in the context of welfare-to-work programs. We can use existing re search as a re source for predicting the implications of PRWORA for children, but note two caveats. First, researchers are still seeking to account adequately for the role played by self-selection in explaining child outcomes when mothers themselves choose employment. Second, findings on employment in the context of a mandatory program may differ from those when employment is voluntary.

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Child Trends, Inc. is a non-profit, nonpartisan research organization dedicated to studying children, youth, and families through research, data collection, and data analysis. In Assessing the New Federalism, Child Trends has responsibility for conceptualizing and designing ways to measure changes in children's well-being, and for assessing the implications of policy and programmatic changes for children.

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