

FOSTER CARE

Voices from the Inside

Commissioned by

The Pew Commission on Children in Foster Care

Written by

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Foreword

In the United States today, there are more than half a million children in foster care. The majority will remain in care for more than three years and live in at least three different foster homes. Some will stay much longer and be placed in seven or more homes.

When tragedy strikes a child in foster care, the media and policy makers shine a spotlight on the child welfare agency, caseworkers, parents, and foster parents. Sadly, that spotlight rarely illuminates some of the structural factors that limit the ability of a child welfare agency to respond appropriately to the needs of children in their care. These include a financing structure that encourages over-reliance on foster care at the expense of services that might keep children safely out of foster care or move them more quickly to a safe, permanent home.

Nor does the spotlight generally find the unsung heroes—the caseworkers, foster parents, and adoptive parents who nurture and protect vulnerable children; the parents who overcome great odds and reunite safely with their children; and the children who show remarkable resilience in the face of profound and often prolonged difficulty.

This report, commissioned by the Pew Commission on Children in Foster Care, shines a spotlight on some of these unsung heroes. It presents the results of three focus groups conducted by the Commission in September and October 2003 in Washington, D.C., with young adults who had grown up in foster care; in New York City, with parents who had safely reunited with their children after the children had spent time in foster care; and in Denver, with foster and adoptive parents. Commission members were thoroughly engaged in this process—from creating and revising the focus group discussion outlines, to leading each discussion session, and lending their insights to this report.

These “voices from the inside” are powerful reminders of how much is at stake for every child involved with the child welfare system. The Pew Commission is dedicated to improving outcomes for these children by developing practical, feasible policy recommendations to reform federal child welfare financing and strengthen court oversight of child welfare cases. Because the mechanics of financing and court operations can sometimes seem far removed from the everyday experiences of children in foster care, we have endeavored to keep children at the heart of all of our work. We have done this through the focus groups summarized in this report, as well as through meetings and discussions with children, parents, caseworkers, and judges across the country.

This report shares some of what we have heard from those on the inside of foster care and child welfare. The voices in this report speak powerfully to the challenges that confront the nation as we seek to protect and nurture vulnerable children.

Bill Frenzel
Chairman

Bill Gray
Vice Chairman

Until she was seven, Jackie lived happily with her mother and grandparents. But it was Grandma who took care of her. Jackie didn't fully understand why her mother wasn't more involved, but she knew it had to do with her physical and mental disabilities.

When Grandma died and Grandpa sank into alcoholism, Jackie moved in with her aunt. Her mother was sent to a care facility where, it was hoped, she would respond to rehabilitation. She did not.

When Jackie was nine, her aunt appeared at school one afternoon. "She said she loved me, and I was not in any trouble, but she could no longer take care of me, her own three kids and a marriage that was falling apart," Jackie said. "It was very emotional for me, and despite what my aunt said, I kept thinking that if she let me stay, I would be a good girl."

From that day on, Jackie lived in a series of foster homes. Some were better than others. But she was fortunate to have one person she felt close to—a social worker who listened to her, gave her choices, and made sure that she was safe.

When I was 17, I was looking through some old papers, and found that my mother's legal rights to me had been terminated seven years earlier...without her knowledge or mine. Suddenly I realized that I had no legal mother, that I belonged to nobody. It was not what I wanted or needed, and no one told me.

Even though he was just a toddler, Luis knew he was living in chaos. His mother and father, both drug addicts, screamed and fought; there was never food in the refrigerator; his house was filthy. Even before his father went to jail, when Luis was four, he had begun raising his younger sisters and brother. His mother, a child herself—she was 13 when Luis was born—couldn't help because she was, he said, "in la-la land."

“My sisters and brother had to eat,” he said. “So I would go through dumpsters to get them food, and I stole baby formula for my little sister. I helped Kristina learn how to walk and how to be toilet-trained. I changed Emily’s diapers.”

The most devastating turmoil began when Luis’s mother brought Ricky into the house. That’s when life became “hell,” said Luis, now 23. Ricky, who had been his father’s best friend, was an abusive drug addict and dealer.

One day in school—Luis was in kindergarten—his teacher saw him snorting sugar through a straw. This behavior, coupled with bruises she had noticed in earlier weeks, prompted her to call the child welfare agency in Chelsea, Massachusetts, where Luis lived.

I was only six when I went into foster care. I remember vividly just sitting outside the courthouse . . . my birth mother crying. And then suddenly, I was living somewhere else, in some house I didn’t know. No one told me anything. For five years, no one told me anything.

Today, more than half a million children in the United States are living “somewhere else.” They are in foster care, placed there by public authorities because they could not live safely with their own families. This report, commissioned by the Pew Commission on Children in Foster Care, examines their experiences and the experiences of parents and foster and adoptive parents. It illustrates serious shortcomings in the nation’s child welfare system—of which foster care is the largest component—as well as aspects of the system that are successfully helping children live safely in permanent families.

The Cost of Foster Care

We usually think of the “cost” of foster care in terms of dollars and fiscal implications. But those most involved with, and affected by, foster care—former foster youth, parents, and foster and adoptive parents—made it clear that the system exacts a daily price on their lives. In six thematic sections, this report will outline the human costs imposed by a child welfare system that relies so heavily on foster care:

- I. The Cost of Insecurity**
- II. The Cost of Poor Communication**
- III. The Cost of Inflexibility**
- IV. The Cost of Not Securing Timely Help**
- V. The Cost of Professional Burn-Out**
- VI. The Cost of Stigma**

Foster care is intended to protect children from serious harm and provide a temporary sanctuary on the way to – or back to - a safe, permanent home. It should be one of many programmatic options available to caseworkers and judges. Sadly, this is not often the case. This report presents the voices of children and adults who have lived with the shortcomings of our current child welfare system. But it also presents the voices of individual youth, birth parents, and foster parents for whom foster care provided stability and success. It notes times when social workers, judges, foster parents, and others showed diligence, tenacity and compassion. These examples of excellence illustrate the potential within child welfare to work for all children, all the time.

Realizing this potential will take more than the heroic efforts of individual caseworkers, judges, foster parents, and others. It will take more than the resilience that enables some children to beat the odds and the determination that enables some parents to do better. It will take thoughtful changes in public policy and court oversight. And it will take public will and compassion equal to the individual commitment of the parents and children whose voices shape this report.

The Pew Commission on Children in Foster Care

The Pew Commission was formed in May 2003. Supported by a grant from The Pew Charitable Trusts to the Georgetown University Public Policy Institute, the Commission will

develop practical, evidence-based recommendations to improve outcomes for children in foster care. The Commission expects to release its recommendations in the spring of 2004.

Led by two prominent former members of Congress, Bill Frenzel (R-MN) and Bill Gray (D-PA), the Commission includes fourteen additional members who represent the range of stakeholders in child welfare including agency administrators and providers, state legislators, judges, foster and adoptive parents, and former foster youth. They bring a wealth of experience, insight and commitment to this undertaking.

The Commission will craft recommendations in two critical areas:

- improving federal funding mechanisms to help facilitate faster movement of children out of foster care and into safe, permanent homes, and to help reduce the need for foster care;
- improving court oversight of child welfare cases to promote better and more timely decisions related to children's safety, permanence, and well-being.

According to Chairman Frenzel, "improvements in federal financing and court oversight will enable states and communities to take the steps necessary to improve outcomes for children in foster care." Members of the Pew Commission intend to keep children at the center of their work.

The Focus Group Discussions

As part of our extensive effort to listen and learn, the Commission consistently sought out those who know the child welfare system intimately: young adults who were raised in foster care, parents whose children were placed in care and have since been successfully reunited with them, and foster and adoptive parents. In three focus group discussions conducted in September and October 2003, Commission members heard stories of loss and limbo, struggle and survival. They heard about instances when foster care succeeded for children and parents: a youth whose caseworker advocated strongly for her, a parent who described her son's foster mother as "my best ally," a woman who has fostered more than 30 infants and ultimately adopted two children with special needs. They also heard about its shortcomings. The focus groups represented a small, but powerful sample of the individuals affected every day by the child welfare system.

Each discussion group—eight former foster youth in Washington, D.C., thirteen parents in New York City, and eleven foster and adoptive parents in Denver—offered a different perspective on how foster care works. Within each group, participants voiced a wide range of experiences and a variety of opinions. But a number of common themes emerged. Together,

former foster youth, parents, and foster and adoptive parents provided powerful glimpses of a system that often does not succeed in serving the children and families who need it most.

A Primer on Children in Foster Care

Foster care was intended to be short-term—a temporary placement until children could return safely to their families or be adopted. But for more and more children, foster care has become a long-term arrangement. According to the federal Adoption and Foster Care Reporting System (AFCARS), in FY 2001 more than one-fourth of children in foster care had been there for between two and five years; another 17 percent had been in foster care for more than five years.¹ Analysis of data from Chapin Hall’s Multi-State Foster Care Data Archive indicates that one out of every five children entering foster care for the first time is under one year old and that the very youngest children stay the longest in foster care.² Half of the babies who enter foster care before they are 3 months old, for instance, spend 31 months or longer in placement.³

Children enter care for a number of reasons, but predominantly because of abuse and neglect. While the common image is of children having been beaten, bruised or burned, many are removed from their homes because of neglect. Sixty percent of the children who had been in foster care for one year were there because of neglect.⁴ Data from the National Survey of Child and Adolescent Well-Being indicate that thirty-two percent were in foster care as a result of abuse. An additional eight percent of children in foster care entered for reasons other than abuse and neglect, such as the need for mental health services, domestic violence, or disability.⁵

The longer children remain in foster care, the more likely they will experience multiple placements. More than 20 percent of children in foster care will live in at least three different placement settings; some will live in seven or more.⁶ Multiple moves rupture relationships, in-

¹ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. "Preliminary Estimates for FY 2001" as of March 2003 (8). Available at www.acf.hhs.gov/programs/cb.

² Wulczyn, Fred and Hislop, Kristen. "Babies in Foster Care: The Numbers Call for Attention." *Zero to Three*, April/May 2002, pp 14-15.

³ *Ibid*, p. 15

⁴ U.S. Department of Health and Human Services. *National Survey of Child and Adolescent Well-Being: Baseline Report for One-Year-In-Foster Care Sample*. Executive Summary. Washington, D.C: Administration for Children, Youth and Families, October 2003.

⁵ *Ibid*.

⁶ Barbell, Kathy and Freundlich, Madelyn. *Foster Care Today*. Washington, DC: Casey Family Programs, 2001, pp.1-3.

The Foster Care Numbers

The number of children in foster care rose throughout the 1970s, 1980s and 1990s.¹ Today, the number of children in foster care nationally is nearly twice the number in care in 1987.²

In recent years, however, the number began to decline slightly. According to the Adoption and Foster Care Reporting System, in 1998 there were 560,000 children living in foster care. In 2000 and 2001, there were approximately 556,000 and 542,000 respectively.³

Fewer children in care do not necessarily translate into fewer resources being spent on those who remain in care. States consistently report that there is an increase in the number of children with multiple or severe special needs.⁴

¹ During this period, the number of children in foster care declined between 1980 and 1985, and then began to increase from 250,000 to today's numbers.

² While this is the case nationally, this is not the case in every state.

³ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. "Preliminary Estimates for FY 2001" as of March 2003 (8). Available at www.acf.hhs.gov/programs/cb.

⁴ Kortenkamp, K. and Ehrle, J. *The Well-being of Children Involved with the Child Welfare System: A National Overview*. New Federalism National Survey of America's Families. Series B, 8-43. Washington, DC: The Urban Institute, 2002

interrupt schooling, delay medical care and can derail children's development in fundamental ways. Some of these problems likely have roots in the underlying abuse or neglect that led a child to be placed in foster care; nevertheless, long and uncertain periods in foster care also contribute to these poor outcomes.⁷

I. The Cost of Insecurity

Being taken from my parents didn't bother me. . . . But being torn away from my brothers and sisters . . . they were my whole life. . . . It was probably the most painful thing in the world. They told me I would be able to see them a lot, but I was lucky to see them at all.

—Luis, former foster child

While foster care is intended to protect abused or neglected children and give them support and stability until they can return home safely or be adopted, the voices of those with direct experiences make it clear that the security they need most eludes them. In a variety of ways, the

⁷ Newton, Rae and Litrownik, Alan. "Children and Youth in Foster Care: Disentangling the Relationship Between Problem Behaviors and Number of Placements." *Child Abuse & Neglect*, October 2000, Volume 24 Issue 10, pp. 1363-1374.

child welfare system often makes it difficult for children to develop and maintain important relationships with adults and other children

Children may be separated from their parents, siblings, and other relatives without consistent recognition that contact with or knowledge about their families is critical to their healthy development. Contact with extended family may be discouraged or infrequent. Even when it is unlikely that children will return to their birth parents, they hunger for some connection. Shalita, almost 21, has never seen her father. She wonders why social workers were not able to help her find him.

Children are often moved from foster home to foster home and expected to adjust. Yet, foster children often lack a sense of social connection to adults or children in their new communities. Too often, they must change schools as a result of their initial placement and with each move to a new foster home, making it difficult to form attachments to teachers and other adults and to form and maintain friendships with peers. Shalita, who attended six schools, said, “I completely disconnected myself from people because I had to.”

The high turnover rate for child welfare workers often results in children having several different social workers during their stay in foster care. The youth in our focus group discussion reported that they often felt no connection with anyone and had no sense of even one person on whom they could count.

More positive experiences did happen for some of the youth in our focus group. Lee had a case manager who took a special interest in him. “I was able to see the report that was going to be submitted to the judge . . . and point out some things. From that point on, things definitely improved. I was more involved in the process.” While many siblings are separated in foster care, Lisa was lucky. She and her twin sister were always placed together. So were her three youngest brothers. Two other brothers went to live with their father’s parents. The children’s social workers made sure that the children met frequently. “They didn’t do a good job with having meetings with my mother,” said Lisa, “but they did a good job of making sure that we [siblings] maintained contact.”

Consistent education is another issue for foster children. Lisa changed schools every two years; Abbey, every twelve months; Shalita attended two elementary schools, two middle schools and two high schools. All of the former foster youth talked about their inability to focus on learning against the backdrop of changing schools, losing family and friends, and feeling

On Their Own: Children Who Age Out of Foster Care

Between 18,000 and 20,000 children leave care each year as “emancipated youth,” meaning they have reached the age of majority without being adopted or reunified with their families of origin. Studies have consistently revealed poor outcomes for these youth after they leave foster care. A study conducted by the University of Wisconsin found that 37 percent of the youth emancipated from foster care in 1995 still had not completed high school, 12 percent had been homeless at least once since their discharge from foster care, and about 18 percent had been incarcerated at some point since their discharge.¹ Focus groups with 100 youth in Nevada found that 41 percent did not have enough money to cover basic living expenses, 24 percent had supported themselves at some time by dealing drugs, 50 percent left foster care without a high school degree, and 41 percent had been in jail.² The U.S. General Accounting Office reported in 1999 that state and local administrators felt they could not provide youth who were leaving foster care with all the support they needed to make a successful transition to independent adult living.³

¹ Courtney, Mark, Piliavan, Irving and Grogan-Kaylor, Andrew. *The Wisconsin Study of Youth Aging Out of Out-of-Home Care: A Portrait of Children About to Leave Care* Madison, Wisconsin: School of Social Work, University of Wisconsin, 1995.

² Nevada KIDS COUNT. “Transition From Care: The Status and Outcomes of Youth Who Have Aged Out of the Child welfare system in Clark County, Nevada.” *Issue Brief II*. Las Vegas: University of Nevada, 2001.

³ U.S. General Accounting Office. “Foster Care: Effectiveness of Independent Living Services Unknown.” Washington, DC: General Accounting Office, GAO-HEHS-OO-12, 1999.

depressed. Even in the face of achievements they make as adults, their gaps in skills continue to trouble them and diminish their self-esteem.

The lack of security is especially troubling for children who cannot return to their birth homes and are waiting for another permanent home. According to the Adoption and Foster Care Reporting System, in 2003 there were 126,000 children in the United States waiting to be adopted, 64 percent of whom had been in foster care for more than two years. Furthermore, seven percent of all children in foster care aged out of the system with no permanent family or support system, while two percent were runaways.⁸

The emotional and social insecurity children experience while in foster care takes its toll. “To this day,” said Lee, who spent six years in foster care, “each of us [in the focus group] struggles with security—it is like the bottom can drop out from underneath us, and it seems that disaster is just around the corner.” Jelani, who spent nine years in foster care, said, “I remember

⁸ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. “Preliminary Estimates for FY 2001: as of March 2003 (8). Available at www.acf.hhs.gov/programs/cb.

every day I would come home from school, I would just see if my stuff was packed or what—that was the first thing I would go check for.”

II. The Cost of Poor Communication

I would feel like I was just being passed around and not really knowing what was going on. No one explained anything to me. I didn't even know what rights I had . . . if I had any. No one told me what the meaning of foster care was. No one told me why I had been taken away from my mom. I knew there were bad things going on, but no one really explained it to me.

—Luis, former foster child

Foster youth, parents, and foster and adoptive parents enter the system in different ways—willingly or unwillingly, out of love or loss, in times of emotional crisis or as a gesture of generosity and hope. But members of all three groups sounded a common, painful theme: their voices were lost in a system that does not always speak or listen enough to those it most affects.

Repeatedly, young adults recalled their bewilderment as children at being removed from their families and sent to live elsewhere with no explanation—or at least, none they could understand.

Lisa spent ten years in foster care. “I thought they would tell me what was going to happen,” she said. “I was a pretty smart nine-year-old. I always wanted to know, well, is my mom going to court, is she getting on medicine, is she making it? They wouldn’t tell me. I didn’t really know if they were working to reunite us or if they were looking for a permanent home for us. I wasn’t really sure.”

From a child’s vantage point, the regulations, timetables and language of foster care are impenetrable. Suddenly their lives are filled with new jargon and acronyms—foster parent, guardian ad litem (GAL), court-appointed special advocate (CASA), permanency planning—and few opportunities to ask questions, voice opinions or receive age-appropriate guidance. They may have deep concerns and questions about their birth parents that foster parents cannot answer; they are curious about court procedures and decisions; they want answers about their futures from caseworkers. Often, they said, each person involved in their cases had different assumptions about the eventual outcome, but no one shared those differing views, let alone attempted to reach consensus.

When there are multiple service providers involved in a case, each person may have a different notion of what the outcome will—or should—be. “At the time I entered care,” said Jackie, “I thought I would move back in with my aunt, whom I had been living with for the past two or three years. My aunt thought my mom was going to get rehabilitated and I would move in with her, and my social worker thought I was going to be adopted. And none of that happened. I think everyone thought they were on the same page as the others.”

Parents and foster and adoptive parents also spoke of their frustration in getting relevant, timely information about children, procedures, requirements and outcomes. “When ACS (Administration for Children’s Services in New York) is knocking on my door and telling me they’re there to remove my children because they feel like my children are at risk, right then and there, I’m confused, I’m scared,” said Jennifer,* a parent who spent time in foster care as a child. “There’s no literature or information about what a parent’s rights are when ACS knocks on the door.”

Parents described even more confusion and inability to be heard once they entered the court system, with its array of hearings (protective, adjudicatory, dispositional, permanency), seemingly arbitrary timetables and unfamiliar legal language. Alisha’s* youngest son was placed in foster care. “I think the court system would have more effectively worked for me if my voice could have been heard. You see, during the deliberations, they never asked, ‘What do you want? Are you a part of this service plan? Is the ACS worker providing services for you?’ No one thought about me. . . .I felt like no one cared.”

Sometimes language is a barrier. In Luis’s case, a social worker’s assumptions led to more confusion. “I’m half Puerto Rican, so everyone assumed I could speak Spanish. I can’t. . . . All of my foster homes were Spanish, and my social worker spoke only Spanish, so I could never speak to anyone.”

Foster parents suffer, too, from fragmented or unavailable information. “[The caseworker says] ‘Here’s the case number and here’s their birth date.’ And you have to rely on shattered, broken children to give you the information of their lives,” said Alice, a Colorado Springs foster parent and mother of twelve children, eleven of whom are adopted. Other foster parents recalled the frustration of making numerous phone calls to a court clerk, trying to chase down the date of

* Denotes that this is not the participant’s real name.

an important hearing, or of being the last to learn of decisions about children in their care; they wished for opportunities, in and out of court, to voice their observations and opinions.

Bill, a foster parent, recalled a rare experience of inclusion. “We had a judge who welcomed us as another concerned party in this child’s life and also seemed to understand that we had the most face-time with this child of anybody else in the courtroom. So it was pretty rewarding.”

But many participants described a system in which decision-making is fragmented and information guarded rather than shared. While confidentiality certainly plays a crucial part in determining what facts about a family or child may be disclosed, and to whom, nearly everyone said that more information would help those involved to feel that the system is working with them.

Former foster youth, parents, and foster parents were eager to use their own experience to help guide others. They wished to be role models, advocates, recruiters, mentors and policy-shapers, helping children and families navigate the system and making it more responsive and effective.

III. The Cost of Inflexibility

The results need to be individualized. In my state, success either means adoption or reunification. And so by those standards, I am a failure because I was not adopted and I was not reunified.

—Jackie, former foster child

In child welfare, there has always been a delicate balance between being overly intrusive in the lives of families and not doing enough to protect children from harm. On the one hand, child welfare professionals do not want to unnecessarily remove children from their homes, and want to protect families from government intrusion. On the other hand, they are often criticized for not intervening enough, and protecting the rights of parents over the safety of the child. Over the years, the pendulum of child welfare activism has swung in both directions, often overlooking the real challenge: that of viewing every family as distinctive, with unique strengths and different needs.

Jackie is just 22, but she speaks with the jaded view of a child welfare veteran, someone who has seen the tide turn many times. “There seems to be this push for a cure-all answer, and this year it might be permanency as far as adoption, so they try to get every kid adopted, and that’s the big solution, but that doesn’t work for every kid. And the next year they say, oh well, we failed, so let’s think of some other answer, and so now this year it’s reunification. . . . My social worker did her best to try to do a long-term plan, but I think it was her superiors who would change their ideas about what should be happening.”

Participants emphasized the individual nature of their situations and the failure of the system to respond sensitively to their unique circumstances. Some foster youth craved contact with their parents; others wanted little to do with them. Some had a relative who might have provided a safe, loving home given adequate support and subsidies; others said their foster families provided a more secure and nurturing home than anyone in their birth families could have offered. Their discussion proved what many child welfare professionals have known for a long time—one size does not fit all. Caseworkers must have a myriad of tools to respond to the complex needs of children and their families.

The focus group participants were particularly concerned about their experiences in the nation’s courtrooms. Court oversight of child welfare cases, mandated by the Adoption Assistance and Child Welfare Act of 1980, ensures that a judge will rule on all cases involving a child’s removal from home, the termination of parental rights, or the move to adoption. But court involvement frequently brings with it the inherently adversarial tenor of the legal system, in which participants are viewed as opposing interests rather than as members of a team working together for the good of the child.

Parents, in particular, chafed at what they viewed as the inflexibility of agencies and courts. They spoke positively of the rare occasions when parents, guardians ad litem, foster parents, caseworkers, and others sat down face to face, had time to hear one another’s points of view and, together, chiseled out a plan for the child and the family.

One parent spoke highly of the Annie E. Casey Foundation’s family-to-family model, in which parents and foster parents must reach consensus about a plan for the child.⁹ Another agreed that a positive relationship with her son’s foster mother allowed her to remain more

⁹ For further information on the Family to Family model, visit the Annie E. Casey Foundation website: <http://www.aecf.org/initiatives/familytofamily/>.

involved in his life. “We did have a relationship. I knew where she [the foster mother] lived. My child was placed in my area, walking distance from me, so I could be a part of his doctors’ appointments, taking him to the park.”

But in most cases, parents said numerous barriers stood in the way of positive relations between them and foster parents. Nancy* recalled that she was not permitted to have the phone number of her children’s foster mother. In violation of agency rules, the foster mother gave her the number. “She gave me . . . extra time and . . . leeway, but if the agency would have found out, she probably would have lost her license [as a foster parent],” she said.

A system launched with the finest intentions—to protect children in abusive or neglectful situations—now seems hamstrung in its efforts to fulfill its mission. Too often, participants said, the system’s success is judged by numbers with no connection to children’s well-being—without recognizing the nuances behind those numbers: Is the foster home a nurturing and sustaining one? Is the adoption placement an appropriate match? Were all involved parties allowed to provide adequate input in the decision-making process?

IV. The Cost of Not Securing Timely Help

I think psychological therapy for foster kids is needed because some of us are being bounced [from home to home], some are being abused. It helps to talk to someone who you know will listen because so many times you think you're talking to someone, but they're not listening.

—Luis, former foster youth

The circumstances that prompt the entry of a child into foster care have deep, complex roots. The stories generally begin with neglect or abuse; they may be exacerbated by the effects of mental illness, substance abuse, domestic violence, and poverty. Yet while children’s circumstances differ, the available remedy is more often foster care, and less often the services and supports that might help families manage a crisis, learn stronger parenting skills, overcome addiction, seek shelter from domestic violence, or gain access to mental health treatment and medication.

Parents and former foster youth in the focus groups said that, in most cases, help came to their families too late—after the children had been placed in foster care, when the trauma of

rupture had already begun. They said that earlier intervention might have prevented the need for foster care in the first place or might have enabled children to leave foster care sooner. Early identification and intervention is particularly critical for infants and very young children, whose signs of distress may be overlooked or dismissed.

“I think there are too many kids in foster care because we’re not taking the time to rehabilitate the families that need help,” said Lisa. “For example, my mom was mentally ill, and she was poor. Well, wouldn’t it have made sense to get her some mental health help, make sure her kids had health insurance and that they were going to school and had food in the refrigerator?”

When services are introduced for parents, they are often part of a court-ordered reunification plan: if the children are to be returned home, the parents must complete a substance-abuse program, attend parenting classes, or follow other requirements recommended by a caseworker and approved by a judge. But gaining access to those services can be one more obstacle in the face of families and children. Social workers may not have a comprehensive list of nearby resources; judges may order inpatient substance abuse treatment, but the treatment center has a six-month waiting list; the only parenting classes may meet on the other side of town or during hours the parent is working. Parent Alisha* noted, “The worker who is handling the case should be able to have a list of resources available. . . . This way, she could know what is needed: A, B, C; X, Y, Z. I find that when it’s time for a service to be provided for parents, caseworkers don’t have any idea where to look.”

Once children are in foster care, they need more than food, a warm bed, and a caring adult. Children who enter care often have multiple and complex needs: for doctors to address neglected health concerns, therapists to help them cope with the trauma of abuse or neglect, tutors or special-education services to help remedy learning gaps. They may need specialized play therapy, speech therapy or physical therapy; they may require medication to treat anxiety, depression, attention-deficit or attachment disorders.

In theory, the physical and mental health care needs of foster children are paid for by Medicaid,. All foster and adopted children eligible for IV-E reimbursement are automatically eligible for Medicaid. States are also required to provide physical and mental health screening for all income-eligible children under age 21, as part of Medicaid’s Early Periodic Screening,

Diagnosis, and Treatment (EPSDT) program. States are then supposed to pay for any services prescribed by the EPSDT treatment plan.

But in practice, foster children do not always get the medical attention, mental health care or other services they need. Not all health providers are authorized to provide EPSDT screenings and diagnosis; once services are prescribed, they may be difficult for foster families to access. Foster parents in the focus group described numerous roadblocks in getting help for children in their care: only some agencies and providers accept Medicaid, for example, or they may take Medicaid patients only during limited hours of the week. Specialized services, such as those for disabled or emotionally disturbed children, may be located far from the families' home communities.

"We went six or nine months without a Medicaid-accepting child psychiatrist," said Bill, a foster parent in Colorado. "That was a mess. Family pediatricians were having to prescribe or monitor medicines. And there was even a waiting list to come to the children's hospital in Denver."

Many foster parents try to bypass those hurdles by taking foster children to their own family physicians. "But the family physician is saying, 'I don't take Medicaid. You're going to have to go somewhere else,'" said foster parent Alice. "The people that do take Medicaid are full. Families are being forced to go to the public health office or community health clinic to get the kids seen, and then it's this long, drawn-out process."

Several foster youth reported that Medicaid came through as promised: it paid for Lisa's braces, Jackie's prescriptions, emergency-room care when Luis fell and punctured his cheek. But most youth said they were dismayed when, at age 18 or 21, their Medicaid benefits stopped or became limited, leaving them in a health-insurance limbo at a time when they had few other resources. Some birth parents also lack adequate medical coverage, therefore lacking access to medical and mental health services. Or they may suffer from the same scarce resources in attempting to access these services.

Foster youth, parents, and foster parents said there is a pressing need for follow-up services when children leave foster care. In FY 2001, 57 percent of children who left foster care were reunified with a parent or primary caretaker. While those reunifications may be counted as the system's successes, the return of children to their parents—after seven months or seven years of living in multiple foster placements—requires ongoing support and attention. Some studies

indicate that approximately one-third of children who reunify with their parents enter foster care again within three years.¹⁰

Jennifer*, a parent who spent time in foster care as a child, said that “after-care is very important. Not the six months they give you, but follow-up support groups, so the children have the skills or supports they need to deal with coming back into their community and people asking them, ‘Where’ve you been? What’ve you been doing? What’s up with your mom?’” While many of the parents noted their children’s “forgiveness,” “resilience” or “flexibility” upon returning home, others described tumultuous periods of adjustment and the need for assistance from therapists, teachers, and others to help heal the wounds of separation.¹¹

The needs of older foster youth also surfaced numerous times in the focus groups. In FY 2001, 17 percent of children in foster care were over age 16, and 18 percent were “emancipated” from care with no family or other supports. Foster youth emphasized their need for education assistance, independent living skills, and mentors as they either “age out” or make the tentative transition from foster care to living on their own. Jelani, now 23, loved and appreciated his foster parents, who “really made me a part of their family,” but when they died, he felt adrift. “When the goal for certain kids is independent living, there need to be more programs where you learn how to find an apartment, or draft a resume, or find a job,” he said. “Because you don’t have parents to help you do that.”

As a foster parent, Alice empathizes with the sense of loss and loneliness that many foster youth feel when they reach the age of 18 or 21 and find their cases closed. “Those children that came through my door, the ones who have either emancipated from the system or are still in the system, my heart breaks for them,” Alice said. “Because no one is going to walk them down the aisle, and no one is going to be there for their graduation.”

¹⁰ General Accounting Office. “Foster Care: Recent Legislation Helps States Focus on Finding Permanent Homes for Children, but Long Standing Barriers Remain.” Washington, D.C: General Accounting Office, GAO-02-585, June 28, 2002, p. 10.

¹¹ Wulzeyn, Fred and Hislop, Kristen. “Babies in Foster Care: The Numbers Call for Attention.” *Zero to Three*, April 2002.

The Chafee Foster Care Independence Act

Title IV-E does provide some funding for foster youth “aging out” or making the shift to independent living through the Chafee Foster Care Independence Program. The program is a capped entitlement to states, with a discretionary component (subject to the annual appropriations process) specifically for education and training. States’ allocations are based on their share of the foster care population; they may spend the money on basic living skills training, education assistance, counseling, and limited financial and housing assistance for children likely to remain in foster care until age 18 or for former foster youth up to age 21. The Chafee Foster Care Independence Program represents a small slice of IV-E funding; in FY 2003, the appropriation was \$182 million, compared with \$4.6 billion for foster care expenditures and \$1.5 billion for adoption.

V. The Cost of Professional Burnout

I find that sometimes, workers are in this field so long that they have no compassion. They’re burned out and they’re very judgmental.

—Rebecca*, birth parent

Participants raised several workforce issues that applied to social workers, attorneys, judges, and others in the child welfare system: the unmanageable caseloads they are expected to carry; the lack of access to ongoing, appropriate training; their sometimes limited knowledge of child development; the lack of good information systems to track and analyze caseloads; and the barriers posed by differences in race and class. Whether or not a child or family receives appropriate services depends largely, they believe, on the luck of the draw—one individual who takes an interest in a child or an outspoken birth or foster parent who is not afraid to make waves. Sometimes, the system seems to work only for those willing to break the rules and challenge the standard ways of working.

“My social worker was canned for bucking the system,” said Jackie. “She worked really hard for kids; she got money for me to do extracurricular [activities]. She listened to me when I complained about foster parents. She was incredible. And she didn’t follow the rules the way she was supposed to.”

Training for many of those who work in the system is inadequate. Consider foster parents: Casey, who has fostered 30 infants over the last five years, said that the training and information foster parents receive is limited and that they cannot always rely on social workers for accurate

information about a child's needs. "A child shows up at your door," she says, "and [the worker] may have a name and date of birth. You know, I'll never forget picking up a child from the hospital, a newborn, and I was told by the caseworker that the baby was Caucasian. I picked up this baby and I said, 'Wait a minute, maybe I have the wrong baby here.' I called the caseworker and said, 'This baby is not Caucasian.' They knew nothing! Nothing! It is so incredibly hard to receive a child, whether it's a newborn or any age, and not be prepared. . . ."

Foster children and foster parents acknowledged that caseworkers have their own set of burdens: they have too many cases, they may not have the necessary training, and they are mired in paperwork. Still, many foster parents, like Casey, are appalled that caseworkers often lack basic information about the children and families who make up their caseload and about knowledge of procedures. One of the participants in the parents' group suggested that some social workers are in the field for so long they have run out of compassion. After working at a job for several years, she wondered, do they hear what the parents are saying? Are they still caring?

If social workers come under fire from youth, parents and foster parents, judges and lawyers fare no better. Former foster children, for the most part, perceived judges to be "pretty uninformed" about foster kids. "They have this thing," said Jason, "about wanting to deal justice. Dealing with foster care issues . . . is just a kind of a waste of their time." Judges are well-versed in the law but are often unfamiliar with basic child development; at a minimum, they need to understand that infants are seriously affected by trauma, that moving from foster home to foster home undermines a child's basic sense of security, and that not knowing when or if they will ever see parents and siblings again is profoundly disturbing to young children and adolescents alike.

While the Adoption and Safe Families Act (ASFA) has mandated stricter timetables for moving children out of foster care and into permanent families, it has exacerbated an unresolved crisis in the courts, which often lack the management tools, the staffing, and the time needed to make careful, informed decisions about the futures of thousands of children. The burden on judges and lawyers is enormous; court systems struggle to create mechanisms through which all children can be monitored and their unique needs understood and considered as life-changing decisions are made for them. And those most affected—birth parents, children, and foster and

The Child Welfare Workforce

High turnover, unrealistic caseloads, and overwhelming responsibility: this is how the child welfare workforce is consistently described in the media, among state and local administrators, and by the child welfare workers themselves. The effects of these workforce issues permeate the system and contribute significantly to the feelings of insecurity, poor communication, and difficulty accessing services described throughout this report.

According to a recent child welfare workforce survey by the Annie E. Casey Foundation there are an estimated 876,000 child welfare caseworkers in the United States.¹ Seventy-two percent are women, and their mean salary is \$30,590. Caseworker turnover is high; every year, an estimated 20 percent of public caseworkers and 40 percent of private caseworkers leave their positions

High turnover is a particular concern for children and families. When workers leave, it disrupts trust between the caseworker and the child and family, trust that can often take many months to develop. Turnover also can result in court delays, changes in the case plan, and other transition problems.

Large caseloads are also a significant issue. When caseloads are too high, workers have little time to visit families, assess a child's safety, or make timely decisions for the child. The Child Welfare League of America recommends caseload standards of between 10 and 17 for child protective services workers (depending upon their combination of responsibilities), 12 to 15 for family foster care workers, and 10 to 12 for adoption workers.² Given high turnover, worker shortages, and lack of funding, these caseload standards are very difficult to meet.

Evidence of the problems caused by workforce constraints is more than anecdotal: a report by the General Accounting Office in 2003 found that the child welfare system is seriously understaffed and that workforce issues are a significant barrier to states' achieving the goals of safety, permanency, and well-being. Workforce issues were cited by one-third of the 27 states reviewed under the new Child and Family Services Reviews. All 27 states reviewed reported problems providing adequate training and necessary staff development to reach child welfare goals.

¹ The Annie E. Casey Foundation. "The Unsolved Challenge of System Reform: The Condition of the Frontline Human Services Workforce." Baltimore, MD: The Annie E. Casey Foundation, 2003.

² Child Welfare League of America. Child Welfare Standards: *Guidelines for Computing Caseload Standards*. Washington, DC: Author, 2003. Available at www.cwla.org/programs/standards/caseloadstandards.html.

adoptive parents—are trapped in a system that has not yet found a way to turn its disconnected parts into a cohesive whole.

“My [child’s] law guardian, I wanted her to see my face,” said parent Patricia.* “Do you see that I’m stressed? Do you see that I have been crying? Do you see that I need some answers about my children? These law guardians, judges, lawyers, anyone involved with a parent needs training from the parents.”

Joaquina said the daughter she adopted has been traumatized because of the unwillingness of a judge to carefully consider her case, returning the child to an abusive home before she was eventually adopted. “I have my daughter in counseling, and she is taking ballet and tap lessons,

and it keeps her going,” said Joaquina, “but she still has these nightmares. She’s afraid they’re coming to take her back. . . . I told them, ‘You took from me a safe, loving little girl and you sent me back a broken, tormented soul.’”

Not all focus group participants had such grim stories. Some foster parents talked about welcoming, knowledgeable judges, compassionate social workers, adoptions that proceeded smoothly. One former foster child recognized that his foster home offered him more stability and loving care than his family of origin.

But everyone agreed that there is a need for smaller caseloads and more training for judges, lawyers and caseworkers. They recognized that low salaries for social workers and low maintenance payments for foster parents can discourage quality people from entering and remaining in this field of work.

“We need more social workers,” insisted Shalita. “The ones we have can’t possibly keep up with all of the children. And it’s not a competitive field. No one wants to be a social worker because they really can’t make a living out of it. If we can’t pay them right, they don’t feel valued. If you don’t feel valued, your performance is not going to be as high. . . .”

More support is needed for foster parents too, said the former foster children. “Good people come into the system,” said Shalita. “And they’re getting their hearts broken because they’re not being used effectively.”

VI. The Cost of Stigma

There’s a perception that . . . these foster kids . . . if they’re not with their mother or father, that means no one wants them, and no one wants them for a reason, so I think they’re almost seen as a lost cause.

—Jelani, former foster youth

All participants in the focus groups said that they feel stigmatized, as though they were wearing signs that screamed, “Bad Kid” or “Abusive Parent” or “Just In It for the Money.”

Participants in the former foster children’s group even insisted that a new word be identified to replace “foster” because the image and its implications are so negative. “We hold back sharing [that we were foster children] because we want to be acknowledged and accepted

for who we are,” said Lee. “Even after you’ve proven yourself, it does change how somebody views you permanently.”

Parents feel vulnerable for other reasons. They know they have not provided nurturing care for their children. They feel sad and guilty and angry. But they also said that they are captives of the faulty architecture of the child welfare system. They accused social workers of judging them out of context, in the absence of accurate and complete information. They said that judges and lawyers lack respect for them. And they argued that they are viewed as lazy, uncaring and unfit, without being given a fair opportunity to be heard or to receive the resources they need to turn their lives around.

“People should look at parents as individuals,” said Leslie,* whose only child was in foster care. “Look beyond the drug use. Find out what happened to that parent before the drugs and whatever the reason they [the children] are abused. . . . Whatever happened in that parent’s life—look before then and help them pull that back and build on that.”

The parents in the focus group, in the face of daunting odds, have succeeded in making dramatic life changes that have allowed reunification with their children. They are proud of their children—a daughter who was just graduated from college, a 21-year-old son who works for an insurance company, a son who is on his way to becoming the rap star of his dreams. Most of the parents now work in the child welfare field, sharing their knowledge so that other parents might be helped toward reunification with their children.

The parents in the focus group discussion argued strongly that they should play a role in educating social workers. They could help, said John,* to teach social workers about what to look for, which important indicators can predict a family’s ability to be rehabilitated and prevent placement of their children. Kurtis*, along with other parents, pointed out how discrepancies of class and race may affect the way social workers view poor families. “You [social workers] don’t know about poverty” said Kurtis, parent of four children who are now out of foster care. “You don’t know about sleeping outdoors. You don’t know about being abused.”

Foster parents said they are hit equally hard by the stigma of foster care. They bristle at assumptions that they are “in it for the money.” People don’t understand, they protest, that even though foster parents receive a monthly check, the money is for the costs involved in raising a child. Sometimes those costs are extraordinary.

“I love my children to death and will fight anybody for them,” said Alice, a single foster mother. “But I want you to come and see that body-sized hole that’s in my basement from my child with a mental illness. . . . When he’s raging, that’s what my house looks like. Really, the money is the least . . . if I can just keep sanity in my house.”

Foster parents are, said Bill, “the caboose on the end of the train. . . . It’s never going to be an easy or fun job,” he acknowledged, “but they’ve got to figure out ways to make us feel more supported and fulfilled.”

Even some foster youth noted that foster parents are underappreciated. “As children are growing up . . . they’re told policemen are there to protect you, and they’re there to support you; firemen will save you if your house is on fire, and they’ll be there for an emergency,” said Lee. “Kids aren’t told: ‘If your mother starts doing crack or you start getting abused mentally and physically, there’s foster parents out there that will take you and put you in a safe environment and maybe even adopt you, and you can become a part of their family.’”

If the system worked as intended—if foster care were truly a temporary shelter until children could return home or be adopted—much of the stigma of long, uncertain years in foster care would be relieved. That would require, say the voices from the inside, a fresh look—and greater attention to—prevention, reunification, and adoption, as well as to meeting the needs of children in foster care. Meanwhile, the words heard and experiences encountered by those who grew up as foster children still sting: “You don’t look like a foster child.” Or “You’re a bloodsucker. . . . You’re taking resources from society.”

“If we were trying to put a message in the *New York Times*,” mused Jelani, “[it might say], ‘One of those foster kids that you see as a lost cause . . . could be the scientist that discovers the cure for cancer.’”

Conclusion: The Cost to All of Us

Former foster youth, parents, and foster and adoptive parents made it clear that they pay a price for the system’s failures. They suffer from the insecurity of ruptured relationships and disrupted schooling; they endure the limbo of uncertainty about their futures. They are hurt by the system’s inflexibility. They suffer from a lack of access to needed services. Their lives are compromised by professional burnout. They feel the sting of foster care’s stigma for years, even long after their cases have been closed.

But they are not the only ones affected by the limitations of the current child welfare system. Society as a whole pays a price when the system does not achieve the results that it should. We pay in tax dollars, of course, but we also pay the invisible costs of lost potential and thwarted promise, the myriad contributions that might have been made by children whose futures wither before they have time to fully bloom. Some children, like those in the focus group, are resilient, resourceful, and lucky; they manage to succeed no matter what obstacles are thrown in their paths. But many do not. When children get stuck in foster care, deprived of the support they need to thrive and grow, we all pay the price of their pain.

Jackie, now 22, graduated from the University of Iowa in May 2003 with a degree in journalism and hopes to find a job in communications. The legacy of her foster care experience lingers. “No matter what I do—and I have learned to depend on myself,” she said, “there is always the thought that something will go wrong. Anyone could choose to leave—foster parents, friends, boyfriends. I’m aware that no one is obligated to be there for me.”

Her anxiety is compounded because she “belongs to no one.” She is still incensed that her mother’s rights were terminated without any input from her. “Now, as an adult, I’ll be looking to get guardianship of my mother, and it is one more hurdle I’ll have to deal with because we are no longer legally related.”

Jackie believes that services at home could have helped her aunt keep her and that her relationship with her mother could have been supported. “But that didn’t happen,” she said. “I think I’ve been successful, despite the odds, but to the system, I’m one of the failures—neither reunited with my family nor adopted. But it is the system that has made me a legal orphan. That’s the legacy they left me.”

* * * *

When Luis was ten, his photograph and story were featured on a Boston segment of “Wednesday’s Child,” which, each week, showed a child waiting to be adopted. Mary Beth was watching. Less than a year later, she adopted him.

“At first, I felt it was just another home,” Luis said. “I did things to test my mother—breaking dishes and windows, just to see if it was real. When I had more serious problems with the law in eighth grade, my mother looked at me and said, ‘Well, have I passed all the tests?’ I looked into her eyes and said, ‘Yes.’ I knew this person would not abandon me like everyone else. I never had any troubles after that.”

Luis believes all children deserve the nurturing that came to him so late. “I think it’s important that a kid is just getting what he needs—food, health care, love. You really have to instill into a kid [that] . . . you have a right to be happy. You have a right not to be hit. You have a right to nourishment. You have a right to love. . . . I just think everybody deserves a family when they’re young.”

Afterword

The young adults and parents in this report give eloquent and poignant voice to the human costs of a child welfare system that is overly reliant on foster care. For many children and families, foster care is a helpful option – providing safety for children whose homes are unsafe, and allowing time for parents to resolve the problems that overwhelm their ability to care for their children. But for other children and families, foster care is not the best option – just the only one available. When that happens, the human costs are insupportable.

This “one-size-fits-all” approach has roots in federal financing. While not every problem described by focus group participants is a direct result of federal financing, the federal financing structure clearly contributes to a problematic situation. It limits the options available to state and local child welfare agencies to tailor services to meet the different needs of individual children and families in crisis. This afterword briefly describes federal child welfare funding and some of its inherent problems.

While the federal government does not prescribe the services a state must provide to children and families in the child welfare system, the structure of federal financing drives many of the programmatic decisions states and communities make. To see this connection, it is necessary to understand the structure of federal financing. According to the Urban Institute, federal funds account for about half of states’ total reported spending for child welfare services.ⁱ They generally flow to states in ways that encourage one programmatic approach – foster care – to a far greater extent than other approaches.

Title IV-E of the Social Security Act is the largest source of child welfare funding, accounting for 48 percent of federal child welfare spending in state fiscal year (SFY) 2000.ⁱⁱ It is a permanently authorized, open-ended entitlement program that reimburses states for a portion of the cost of maintaining a child in foster care. States may claim this federal reimbursement for every income-eligible child who is placed in a licensed foster home or institution. In FY 2003, federal foster care expenditures were estimated to be \$4.6 billion.ⁱⁱⁱ

ⁱ Bess, Roseanna, Cynthia Andrews, Amy Jantz, Victoria Russell, and Rob Geen. 2002. *The Cost of Protecting Vulnerable Children III: What Factors Affect States’ Fiscal Decisions?* Washington, D.C.: The Urban Institute. *Assessing the New Federalism* Occasional Paper No. 61.

ⁱⁱ Bess et al., 2002.

ⁱⁱⁱ IV-E also provides 1) a federal reimbursement to states for expenses related to supporting adoptions from foster care (\$1.5 billion [estimated] in FY 2003) and a capped entitlement for the Chafee Foster Care Independence Program for youth aging out of foster care (\$182 million in FY 2003). The FY 2003

The other major dedicated source of federal child welfare funding is Title IV-B of the Social Security Act. States may use IV-B funds for a broad array of child welfare services, without meeting income or other eligibility standards. While IV-B is a flexible source of funding, it is also a relatively small pot of money, accounting for just 5 percent of all federal child welfare spending in SFY 2000.^{iv} Unlike IV-E, IV-B is not an open-ended entitlement. Subpart 1 (the Child Welfare Services Program) is discretionary funding; its FY 2003 appropriation was \$290 million. Subpart 2 (Promoting Safe and Stable Families) is a capped state entitlement, meaning that states are entitled to a specified share of annual funding. Subpart 2 has a mandatory funding floor (currently \$305 million) and a discretionary component. The FY 2003 appropriation for Subpart 2 was \$405 million. In total, IV-B accounted for \$695 million in federal child welfare spending in FY 2003.

In recent years, states have also used three major non-dedicated funding streams to support child welfare services. These are the Social Services Block Grant (representing 17 percent of all federal child welfare spending in SFY 2000), the Temporary Assistance to Needy Families block grant (15 percent), and Medicaid (10 percent).^v Together, these three funding sources accounted for 42 percent of total federal child welfare spending in SFY 2000.

Finally, more than two dozen other federal programs – ranging from Supplementary Security Income to mental health programs -- together accounted for about 5 percent of total federal child welfare spending in SFY 2000.^{vi}

This funding structure is almost universally acknowledged as ineffective and problematic on several fronts:^{vii}

- **“Back-End” versus “Front-End” Funding.** The vast majority of dedicated federal child welfare funds—Title IV-E—can only be accessed by states once children have been removed from their families of origin. The more flexible funding (IV-B) that is available for prevention, reunification, and permanency services is relatively limited and subject to the annual Congressional appropriations process. As a result, states’ ability to invest in prevention or in alternatives to foster care is limited.

estimated expenditures and appropriation figures presented here are from the Congressional Budget Office. [See <http://www.cbo.gov/factsheets/FosterCare.pdf>.]

^{iv} Bess et al., 2002.

^v Ibid.

^{vi} Ibid.

^{vii} Much of the information presented below is based on a report by Karen Spar of the Congressional Research Service. [Spar, Karen. 2001. *Child Welfare Financing: Issues and Options*. Washington, D.C.: Congressional Research Service, U.S. Library of Congress.]

- **A Link to AFDC.** States receive IV-E funding only for children whose biological families currently meet the 1996 requirements for Aid to Families with Dependent Children (AFDC). AFDC is a program that no longer exists. It was eliminated when Congress passed welfare reform in 1996, yet by law states must continue to use the 1996 AFDC income standard to determine whether they can claim federal reimbursement for the cost of a child’s time in foster care. Because this AFDC “look-back” is not adjusted for inflation, it has resulted in fewer “IV-E eligible” children for whom a state may claim federal reimbursement with each passing year. This look-back has also led to complicated, costly systems at the state level to determine eligibility and claim reimbursement, leading many to ask whether these public resources might be better spent on direct services to children and families.
- **Complexity.** As described earlier, states use many non-dedicated federal funding sources to supplement funding available through IV-B and IV-E. Each funding stream has its own allocation provisions, matching rates, cost-allocation rules, and reporting and other requirements. As is the case with IV-E reimbursement claims, accessing these other federal funds requires substantial and costly administrative efforts on the part of states.
- **Reliance on Non-Dedicated Funding Streams.** States’ reliance on non-dedicated funding streams can also create budgeting uncertainties. It places state and local child welfare systems at the mercy of federal budget decisions not directly linked to child welfare. It also places a state’s child welfare system in competition with other state budget priorities for the same funding sources – a growing concern in the current state fiscal environment.

Federal financing contributes to the difficulty states have in meeting the federal goals of safety, permanency, and well-being for every child in the child welfare system. The current structure is almost universally recognized as cumbersome, inflexible, and loaded with perverse incentives. Yet a reasonable alternative has yet to emerge.

Proposing a reasonable alternative is part of the mission of the Pew Commission on Children in Foster Care. The Commission is led by two former members of Congress – Republican Bill Frenzel and Democrat Bill Gray – who have the trust and respect of their former colleagues, both for their knowledge of the Congressional budget process and for their ability to work across party lines to advance sound public policy. Members of the Commission include individuals who lead or have directed state, county, and urban child welfare systems, federal child welfare programs, and private agencies; noted scholars; leading jurists; state legislative leaders; advocates; foster and adoptive parents; and a young adult with personal experience in foster care.

This wealth of experience and expertise is enriched even more by the voices of children, parents, caseworkers, judges, and others with direct and sustained exposure to foster care. Some

of these voices appear in the pages of this report. As the Commission proceeds, their stories will continue to touch our hearts and inspire our work.

Carol Emig

Executive Director

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About the Pew Commission on Children in Foster Care

Launched on May 7, 2003, the Pew Commission on Children in Foster Care (www.pewfostercare.org) is committed to improving outcomes for children in foster care. Funded by a grant from The Pew Charitable Trusts to the Georgetown University Public Policy Institute, the Commission is a national, nonpartisan entity comprised of experienced legislators, child welfare administrators, family service providers, judges, foster and adoptive parents and former foster youth.

The Commission is dedicated to developing practical, evidence-based, nonpartisan policy recommendations related to federal financing and court oversight of child welfare.

The Commission's recommendations will focus on two targeted areas:

- 1.) Improving existing federal financing mechanisms to facilitate faster movement of children from foster care into safe, permanent families and to reduce the need to place children in foster care,
- 2.) Improving court oversight of child welfare cases to facilitate better and more timely decisions affecting children's safety, permanence and well-being.

The Commission will release its recommendations in the spring of 2004.

The views expressed in this report are those of the authors, and do not necessarily reflect the view of The Pew Charitable Trusts.

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