

Introduction

The passage of the Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) marked the culmination of several decades of reform in the child welfare field. This legislation reinforces and clarifies the intent of the Child Welfare and Adoption Assistance Act (P.L. 96-272), which was enacted into law in 1980 due to growing concern that children and youth were being “lost” in foster care. The 1980 act reflected the belief that through the provision of family-centered services and permanency planning, the future for these children and youth would be more appropriate and positive. ASFA builds on earlier laws and codifies many innovative state policies and practices that have emerged to respond to the multiple, often complex, needs of children, youth, and families (see McGowan’s chapter for the history and context of child welfare).

All children and youth need a stable, nurturing, and enduring relationship with at least one adult who assures that their physical, emotional, educational, and social needs are met and who protects them from harm. The major role of the child welfare system in the twenty-first century is to insure the safety, permanency, and well-being of children and youth whose families are not meeting these needs or protecting them. Increasingly, attention is being given to programs designed to prevent child abuse and neglect (see the chapter by Guterman and Taylor). Despite these efforts, however, every day, public child welfare systems across the country receive many reports about children who allegedly are not receiving adequate care and protection from their parents or other

permanent caregivers. In 2001, child welfare agencies around the country received more than two and one-half million reports of alleged child abuse or neglect; more than 50% of these (1,789,000) were subject to investigation. Less than one-half of those investigations (578,051) were determined to be actual cases of abuse or neglect.

When such reports are received, the child welfare system’s legally mandated first response is to immediately and thoroughly investigate the nature and degree of harm experienced by the child. This first response is crucial; in some instances, it has life-and-death consequences for the child involved. In almost all cases, the first response and the engagement of family members, as discussed in Altman’s chapter, will shape the work with the identified family. At this initial juncture, agency staff must determine whether the child can safely remain at home if supportive services are provided to improve the parents’ level of care (see the chapters by DiPanfilis and by Shlonsky and Gambrill).

Whether children and their families are served through in-home services or children are placed in out-of-home care, the public child welfare system is responsible for providing service to children, youth, and families who come to its attention, in partnership with the courts (see Hardin’s chapter), private child welfare structures, and other service systems, such as mental health (see Dore’s chapter), substance abuse (see the chapters by Cordero and Epstein, Fenster, and by Maluccio and Ainworth), healthcare (see McCarthy and Woolverton’s chapter), education (see the chapters by Elze, Auslander,

McMillen, and Stiffman, and by Walsh), and family violence programs (see Postmus's chapter). Those practitioners serving children and families must insure that the array of services is individualized and culturally relevant (see the chapters by Cross and Fox, McRoy, Saltzburg, and Earner). The spiritual relevance of the services may also be of concern (see Hawkins's chapter).

In-Home Services

If, after the initial assessment, it is determined that the child can safely remain in his or her own home with services provided to improve the parents' level of care, the public child welfare system, which is state administered in some areas, county administered in others, is responsible for:

- Assisting families in solving the problems that caused abuse or neglect;
- Supporting families in their communities by helping children and youth to be maintained safely in their homes; and
- Preserving families by preventing separation of children and youth from their families.

To these ends, agency staff must develop an appropriate service plan with the goal of preventing out-of-home placement and monitor its implementation and the child's continuing safety in the home.

Services designed to help families stay together while insuring the well-being and safety of children and youth are sometimes called "in-home services." As the name implies, in-home services are provided in the homes and communities in which families reside. In-home services, discussed in the safety and well-being sections of this volume (see the chapters by Kemp, Allen-Eckard, Ackroyd, Becker, and Burke, and by Berry), assist families in learning the skills necessary for providing care and protection of children and youth and work to prevent out-of-home placements. In some cases,

participation in these services is voluntary; in others, in-home services are mandated. In states, tribes, and localities, these services are known by different names, but they are collectively most generally known as:

- Family support services;
- Family preservation services;
- Intensive home-based services;
- Family crisis services; or
- Family-centered services.

In-home services are based on the principles of client empowerment. Therefore, in-home services are designed to encourage families to take charge of their own lives and to be active partners in the process of supporting their own families. Such services first insure that the child and family's basic needs are addressed (e.g., food, shelter, clothing, health care, child care, employment training) and then attend to the problems that must be resolved to prevent the child's placement in out-of-home care.

Out-of-Home Services

When agency staff members determine that the young person cannot safely remain in his or her own home, the child welfare agency is required to provide for the child's welfare and protection by taking legal and physical custody of the child. These services are often called "out-of-home services." Out-of-home services provide 24-hour care by the child welfare system for children and youth who need to be temporarily separated from their families. Modeled after the 1977 Education of All Handicapped Children Act, these placements are mandated to be guided by the least restrictive setting principle; that is, placement settings are selected that most closely approximate a child's family setting. In addition, placement selections are to be based on sound ecological principles, taking into account the importance of placement in close geographic proximity to the child's own home, school, and other neighborhood supports. There are many different types of placements,

which collectively are typically referred to as “foster care.” The range of residential services (reviewed by Bullard and Johnson in their chapter) includes:

- Kinship care (sometimes known as “relative care placement”);
- Family foster homes (with a licensed foster family not related to the child);
- Therapeutic and medical foster homes (licensed foster parents with additional training to meet the special needs of the child);
- Emergency shelters (very short-term temporary housing for children awaiting a more appropriate setting);
- Group homes (state licensed, community-based facilities with 24-hour staff, with eight to 12 children usually of the same age);
- Supervised independent living settings (state licensed, community-based settings, without 24-hour staff, for older adolescents preparing to transition to adulthood); and
- Residential treatment centers (RTC) (state licensed congregate care settings with an on-site educational facility and intensive health, mental health, and social services).

In making the determination that placement in out-of-home care is necessary, the public child welfare agency accepts the critical responsibility of functioning as the child’s parent or caregiver. Consequently, the system staff is expected to insure that care and protection are provided at a level fully adequate to meet each child’s basic and individual special needs (see the chapter by Weaver, Keller, and Loyek). The public child welfare agency is challenged further to always provide care at a higher level than that of the parent or caregiver from whom the child was separated.

Federal laws specifically mandate that states and local child welfare agencies take full responsibility for the children and youth in their legal custody. Agencies are responsible for:

- Insuring that children and youth are safe and protected from further harm while separated from their families;
- Insuring that while in care, children and youth receive adequate physical, emotional, and educational care and that their special needs are fully met;
- Working expeditiously to reunify children and youth with their families if they have been separated from their families; and
- Developing and implementing a plan (referred to as the child’s “plan for permanency”) to provide a safe, nurturing, and permanent home for children and youth who cannot return home to their families. This includes recruiting, retaining, and supporting suitable permanent homes.

In this volume, the section on permanency is extensive. The chapter authors in this section either examine a placement alternative or one of the various permanency pathways that may be utilized to develop plans to achieve the intended long-term, stable home for the child or youth.

Providing a Safe and Nurturing Placement

A child’s family is at the center of his or her world. Therefore, for almost all children and youth, the experience of being removed from their family is extremely traumatic. No matter what harms children have experienced, they are attached to their parents/caregivers and thus experience profound loss and fear at being taken to live with strangers. Therefore, the public agency must be prepared to immediately provide the child a safe, nurturing placement and insure that in every way possible, the child is afforded support and stability. For example, every effort must be made to place children with caring relatives and with all siblings also in legal custody, which provides reassurance and comfort to them (see Hegar and Scannapieco’s comprehensive overview of kinship care, and Hegar’s chapter on siblings), and to place

school-aged children near their own schools, thus preventing the loss of familiar teachers and friends. These important efforts reduce the negative impact of separation from family upon the child.

Within days of an out-of-home placement, the public agency must provide children contact with their parents/caregivers (see Hess's chapter on family visiting of children in care), including the child's paternal resources (see Pate's chapter on fathers and the child welfare system), preferably in person. This contact reassures children and youth that they have not been abandoned and that the adults responsible for their care understand their deep need to maintain a relationship with their parents and other family members.

If it is determined that children and youth cannot safely be placed with a relative or other familiar person, the public agency is responsible for identifying a placement with caregivers who are fully prepared to meet not only the child's basic needs but also his or her special needs (see Barbell and Freudlich's chapter on foster care). For example, a child who has been chronically neglected may have severe developmental delays or medical needs; a child who has been repeatedly abused and lived in a violent household may be withdrawn and uncommunicative or aggressive and unresponsive to typical household rules (see Postmus's chapter). A child or youth who has been sexually abused may relate to adults and other children in ways that place him or her at further risk for exploitation. Depending on their nature and extent, children's special needs may be met through placement in a relative or nonrelative foster family home or may require more specialized services, such as a therapeutic or medical foster home. Some children's special needs, including diagnosed mental illness, require the intensive services and structure provided in a group or residential treatment setting. Therefore, at the time of placement, an accurate and full assessment must be made regarding the level of caregiver training and competence, placement

structure, and medical, mental health, and educational services that are required to insure that the child's special needs are fully met while in custody (see Cohen, Hornsby, and Priester's chapter on assessment). Otherwise, children continue to be subjected to repeated traumatic events at a time of already heightened vulnerability.

To address all these issues, the child's public agency caseworker or case manager is charged with coordinating an assessment and service planning process, through which the child's service and placement needs are determined, an appropriate placement setting is selected, and a plan for delivery of needed service is developed. The child's plan for services (the "case plan") is developed in partnership with the child's family, monitored through court and other reviews every six months at a minimum, and revised as indicated by the parent's use of services and the child's needs. In addition, throughout the child's placement, the public agency caseworker/case manager is responsible for maintaining regular contact with the child, the child's parents, and the child's caregiver to insure that the child is safe, that caregivers have the information and support necessary to provide for the child's care, that the continuity of family relationships and connections is preserved for children, and that progress toward the permanent plan is taking place.

Family Reunification as a Permanency Goal

Because most children and youth want to live with their families and because both legally and morally, parents and other legal permanent caregivers have a right to raise their children when they can do so safely, the public agency is required to make reasonable efforts to provide services that enhance family's capacities and facilitate the child's safe return home. This placement outcome is called "family reunification" (see Pine, Spath, and Gosteli's chapter on reunification) and is to be achieved within 12 to 15 months of the child's entry into legal custody.

To achieve reunification, services must be individualized to address the family's particular needs, be accessible, and be provided in a timely manner by competent professionals. Thus it is the public agency's responsibility to insure that at or immediately following the child's placement, the family's service needs are identified, appropriate services are offered, and obstacles to service provision are addressed. Such services necessarily include frequent, regular parent-child (and when placed separately, sibling-sibling) visits and other contacts. Without frequent contact, already fragile family relationships cannot be maintained and children inevitably experience abandonment and deep loss. Without frequent contact, family reunification is much less likely to occur and to occur successfully. Again, the child's well-being and safety are at stake.

When it has been determined that a child may safely be returned to his or her home, an assessment must be made of the follow-up services required to support the family in this often difficult transition. Simply returning a child who has lived out of the home back into the family unit without services to support changes in parents' behaviors predictably results in further harm to the child due to neglect and abuse.

Adoption and Other Permanency Goals

In some instances, due to the severity of the neglect and/or abuse, a parent's diagnosed condition, or a family's history, it can be determined at the time of placement that family reunification cannot safely be achieved. In other instances, such a determination is made after reunification services have been provided and it becomes clear, based on the parents' inability or unwillingness to make the changes required for the child's safe return to their care, that reunification will not be achieved.

In either case, under timetables mandated by federal law, the public agency is responsible for identifying another viable plan for the child's future that provides the child with stability and

a sense of permanence (see D'Andrade's chapter). The agency must determine what plan is appropriate for the child—permanent placement with relatives; adoption; or in some cases, Another Planned Permanent Living Arrangement (APPLA). Steps to achieve this permanent plan must be identified, taken in a timely manner, and documented fully in the case record. For example, achieving the goal of adoption typically requires the legal termination of the parent's rights, recruitment of an appropriate adoptive family, and preparation of the adoptive family and the child for adoption (see Groza, Houlihan, and Wood's chapter on adoption).

Services designed to support birth parents when reunification cannot occur, although not mandated and generally underfunded, are also increasingly being made available by service providers (see the chapters by Hollingsworth and Cooper Heitzman).

In all instances, achieving permanency for the child through means other than family reunification will require services that support the child in working through the realization that he or she will not be returning to his or her parent's care (see Testa and Miller's chapter on guardianship). Permanency arrangements for youth have frequently been defaulted to what was known as "long-term foster care" or "independent living designations." More recently, services for youth have begun to be reconceptualized and to focus more on promoting lifetime connections for youth and less on a permanency goal of independent living services (see Nixon's discussion on youth development issues; Renne and Mallon's chapter on APPLA; and Staller's chapter on the unique needs of runaway and homeless youth).

In all instances, achieving permanency for the child or youth requires that the potential permanent caregiver is fully informed of the young person's basic and special needs and is willing and able to meet those needs. And once the child is placed with the potential permanent caregiver, services to support and to maintain

the child's integration into the caregiver's family are essential (see Festinger's chapter on adoption disruption, as well as Wright and Freudlich's chapter on post-permanency services).

Placement of a child in foster care is intended to be a temporary measure. Children should be placed in out-of-home care only when a careful assessment determines that the child's safety and well-being cannot be insured even with the provision of intensive services to the family. In those instances, out-of-home family placement with relatives or others or in a group care setting, depending upon the child's special needs, is a time-limited measure, taken to protect the child until the child can be safely returned to his or her home. When the preferred placement outcome of family reunification cannot be achieved, placement then is necessarily extended. But placement remains a temporary measure, taken until the child can be permanently and legally placed with another family, either relatives or an adoptive family.

In only a few instances should children be required to stay for longer periods in legal custody, including those in which the child's special needs require treatment that cannot be provided in a family setting. The child welfare system is not intended to serve as a replacement for the families that children need and deserve. However, when the child welfare system fails to follow the legally mandated processes outlined above, it will inevitably fail to achieve the goals for permanency it is mandated to accomplish. As a consequence, children will predictably spend longer periods of their lifetimes in legal custody than is necessary or acceptable.

For more than 40 years, research has consistently found that the longer children are permitted to remain in care, the greater the likelihood that they will never return to their own families or move into another stable permanent home. And during lengthy stays in legal custody, if they are exposed to multiple placement changes and/or to other harms in care, including caregiver neglect and abuse, their emotional, physical, social, and educational status will

deteriorate, often markedly. Young children, particularly, who rely on a stable, continuous nurturing adult relationship to develop the capacity for healthy human attachments, are often irreparably harmed by multiple placement changes and neglect and abuse in care (see the chapter by D'Andrade on placement stability). Practice and accreditation standards and federal and state legislation have been devised to prevent such harms to already vulnerable children.

Children in custody necessarily rely on others to document their needs and experiences. Professionals in the child welfare system understand that if it is not written down, it is as if it never happened. Without a full and accurate record of the child's needs and experiences, the child's well-being and safety are in constant jeopardy. Given the life-altering nature of the decisions made in the child protection and permanency planning process, decisions based on incomplete or inaccurate documentation are not only likely to be unwise, but may also be seriously harmful and even life-threatening to a child.

In addition, without timely, accurate, and thorough documentation of the child's experiences while in care, critical aspects of the child's history will be lost. The agency will then be unable to fully and accurately inform others, such as placement caregivers or service providers, about children's needs while in care or to inform children's birth or adoptive families about their needs upon discharge from legal custody.

The circumstances that bring child welfare practitioners into the homes and lives of children, youth, and families are often ambiguous and challenging. The child welfare practitioner is asked to make decisions quickly, based on the best and most complete information available to him or her. This information will always have limitations, and yet decisions based on it will have profound, long-term consequences for children and families. The decisionmaking process is more effective when agency staff work together as a team within the agency and

with the family and community partners (see the chapter by Chahine and Higgins) to develop service interventions that include the following elements of good child welfare practice:

- Child-focused: the safety, permanency, and well-being of children and youth are the leading criteria in all child welfare decisions;
- Family-centered: children, youth, parents, and extended family members are involved as partners in all phases of engagement, assessment, planning, and implementation of case plans;
- Strengths-based: practices emphasize the strengths and resources of children, youth, biological and extended families, and their communities;
- Attentive: practices take into account both risk and resilience factors for children, youth, and families (see the chapter by Fraser and Terzian);
- Individualized: case plans are individualized to address the unique needs of the child, youth, and family to appropriately address needs for safety and permanency;
- Culturally competent: problems and solutions are defined within the context of the family's culture and ethnicity;
- Comprehensive: services address a broad range of family conditions, needs, and contexts;
- Community partnership-oriented: planning and implementation of case plans are undertaken in partnership with staff and agencies from different systems that together make a formal commitment to provide the services and supports that the child and family need; and
- Outcome-based: there are measurable outcomes for services regarding the safety, permanency, and well-being of children and youth.

At every stage and for every child and family, the cornerstone of effective child welfare practice is formed by comprehensive and ongoing

assessment, the competent and timely provision of appropriate services, and the complete and accurate documentation of service provision and outcomes.

Systemic Issues

On a systemic level, states and local child welfare agencies have had to make strategic decisions about how to use existing financial and staff resources (see the chapter by Sahonchik, Frizsell, and O'Brien), work in partnership with the courts, develop purposeful agreements to coordinate with community-based organizations and other child-serving agencies, and continuously redesign their service delivery so individualized case plans can be developed that will insure the safety of the children and youth.

The principles and provisions of ASFA, the most recent federal legislation concerning child welfare practice, are designed to insure child safety, decrease the time required to reach permanent placements, increase the incidence of adoption and other permanent options, and enhance states' capacity and accountability for reaching these goals. This law has had a significant impact on children and families, the child welfare and court systems, child welfare practice on the front lines, and community-based organizations that are enlisted to help meet the comprehensive needs of children and their families. The influence of this law has been made manifest in the key findings from the Child and Family Services Reviews (see Milner, Mitchell, and Hornsby's chapter), now completed in all 50 states as well as in the District of Columbia and Puerto Rico. The Child and Family Services Review process examines statewide data indicators and qualitative information to determine state achievement in two areas: (1) outcomes around safety, permanency, and well-being; and (2) systemic factors that directly impact the state's capacity to deliver services that support improved outcomes.

Seven systemic factors are also identified for examination by the federal review process:

1. Statewide information system: The state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is—or has been within the preceding 12 months—in foster care.
2. Case review system: The state provides a written case plan for each child to be developed jointly with the child's parent(s); provides a periodic review of the status of each child no less than once every 6 months; insures that each child in foster care has a permanency hearing no later than 12 months from the date the child entered foster care and not less than every 12 months thereafter; provides a process for termination of parental rights proceedings; and provides foster parents, preadoptive parents, and relative caregivers of children in foster care with notice of and an opportunity to be heard in any review or hearing.
3. Quality assurance system: The state insures that children in foster care placements receive quality services that protect their safety and health and evaluates and reports on these services (see the chapter by Sahonchik, Frizsell, and O'Brien).
4. Staff training: Development and training programs support the goals and objectives in the state's Child and Family Services Plan; address services provided under both subparts of Title IV-B and the training plan under Title IV-E of the Social Security Act; and provide training for staff that provide family preservation and support services, as well as child protective, foster care, adoption, and independent living services. Ongoing training is also provided for staff that addresses the skills and knowledge necessary to carry out their duties within the state's Child and Family Services Plan. Short-term training is also offered for current or prospective foster parents, adoptive parents, and the staff of state-licensed/approved child care institutions that care for foster and adopted children (see the chapter by Morrison for a discussion of accreditation of child welfare organizations).
5. Service array: The state has an array of services that assesses the strengths and needs of children and families; addresses the needs of the family, as well as the individual child, to create a safe home environment; and enables children at risk of foster care placement to remain with their families when their safety and well-being can be reasonably assured. Services are designed to help children achieve permanency; be accessible to families and children in all political subdivisions covered in the state's Child and Family Services Plan; and be individualized to meet children's and families' unique needs.
6. Agency responsiveness to the community: The state engages in ongoing consultation, coordination, and annual progress reviews with a variety of individuals and organizations representing the state and county agencies responsible for implementing the Child and Family Services Plan and with other major stakeholders in the services delivery system, including, at minimum, tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family servicing agencies.
7. Foster and adoptive parent licensing, recruitment, and retention: The state establishes and maintains standards for foster family homes and child care institutions, applies standards to every licensed/approved foster family home or child care institution that receives Title IV-E or IV-B funds, and complies with the safety requirements for foster care and adoption placements. In addition, each state has a process that recruits foster and adoptive families who reflect the racial diversity of children in the state, and develops and implements plans for the effective use of cross jurisdictional resources to facilitate timely adoption or permanent placement (see Pasztor, McNitt, and McFadden's chapter).

Each of these systemic factors is addressed at various points in this text. These factors greatly affect the experiences not only of those served by the system, but also of those who are responsible for serving them.

By and large, the keys to improving the experiences of children, youth, and families currently in or entering the child welfare system are to continue to identify evidence-based approaches to achieving child and youth safety, well-being, and permanency; to promote more

effective methods of implementing those approaches regardless of the jurisdiction within which children and youth reside; and to adequately fund those services essential to achieving child safety, well-being, and permanency. Certainly evaluation of policies and practices resulting from the implementation of ASFA will help the field better understand how to promote the best interests of individual children and youth.
