Introduction to Child Welfare

Bryan Samuels, Commissioner Administration on Children, Youth and Families

U.S. Department of Health and Human Services
Administration for Children and Families



Major Child Welfare Legislation

ADOPTION AND SAFE FAMILIES ACT OF 1998 (ASFA)

- The Adoption and Safe Families Act (ASFA) of 1997, P.L. 105-89, marked the culmination of more than two decades of reforms in the child welfare field
- Enacted as an amendment to titles IV-B and IV-E of the Social Security Act, ASFA has two overarching goals:
 - To move children who are languishing in the child welfare system into permanent placements
 - To change the experience of children who are entering the system today

FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT OF 2008

- The Fostering Connections to Success and Increasing Adoptions Act of 2008 continued the work of ASFA. Major provisions include:
 - Extended assistance for 18-21 year-olds
 - Tribal IV-E authority
 - Guardianship Assistance Program
 - Educational enrollment and stability
 - Transition planning for youth aging out
 - Relative Foster Home Waiver Authority for States
 - Promoting sibling connections and relative notification

Only a fraction of reports of suspected abuse and neglect are substantiated or indicated; a much smaller subset receive child welfare services

- An estimated **3.3 million reports** of suspected child abuse and neglect were received in 2008, involving **six million children**
- Nearly **2 million reports**, involving **3.7 million children** were screened in for investigation or assessment
- 476,381 reports, involving an estimated 649,559 children, were substantiated or indicated

Source: Child Maltreatment 2009

10/4/2011 3

Reasons for cases being substantiated or indicated

Neglect	78.3%
Physical Abuse	17.8%
Other	9.6%
Sexual Abuse	9.5%
Psychological Maltreatment	7.6%
Medical Neglect	2.4%

Source: Child Maltreatment 2009

Array of placements for children receiving child welfare services

Foster Family (non-relative)	48%	Foster Family (relative)	26%
Institution	9%	Group Home	6%
Trial Home Visit	5%	Pre-Adoptive Home	4%
Runaway	2%	Supervised Independent Living	1%

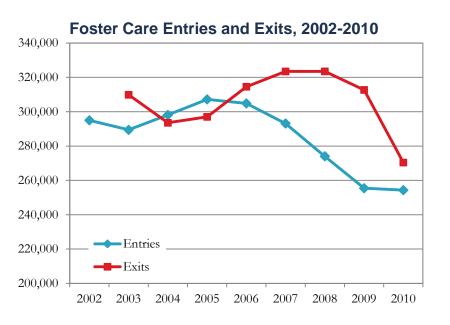
Source: AFCARS 2010, Report #18

Key Definitions

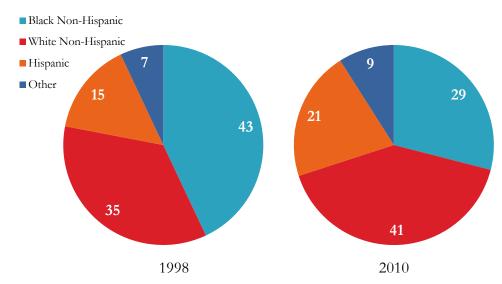
Family Foster Home: Up to 6 children Group Home: 7 to 12 children

Institution: 13 or more children

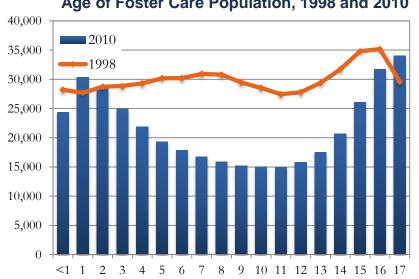
Context: Progress in Child Welfare



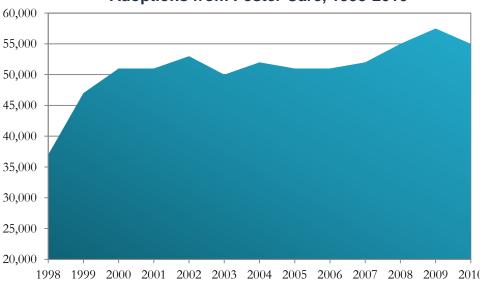
Racial Makeup of Foster Care Population, 1998 and 2010





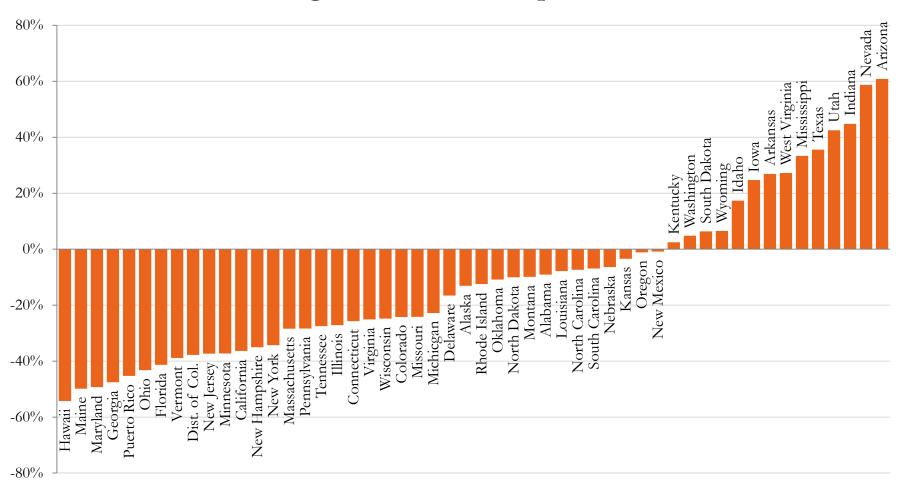


Adoptions from Foster Care, 1998-2010

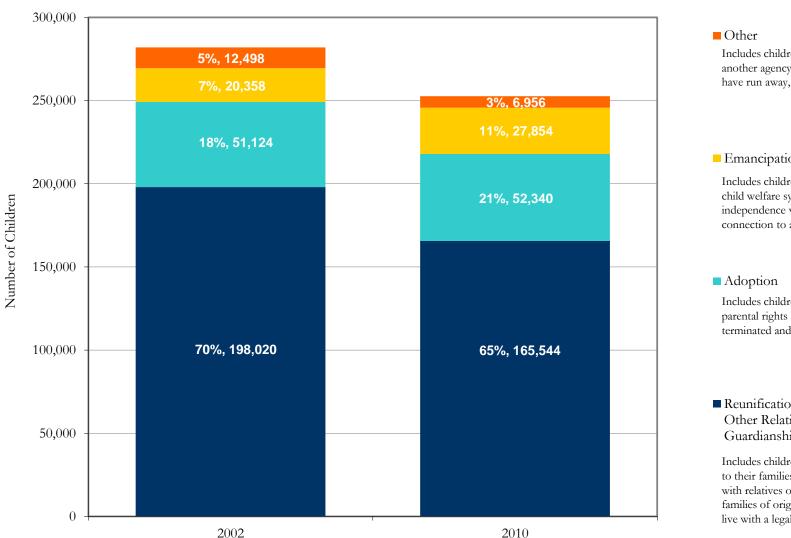


Changes in Foster Care Have Not Been Evenly Distributed

Percent Change in Foster Care Population, 2002-2010



Reasons for discharge among all children exiting child welfare, 2002 & 2010



Includes children transferred to another agency, children who have run away, and deaths

Emancipation (Aging Out)

Includes children who exit the child welfare system to independence without a permanent connection to an adult

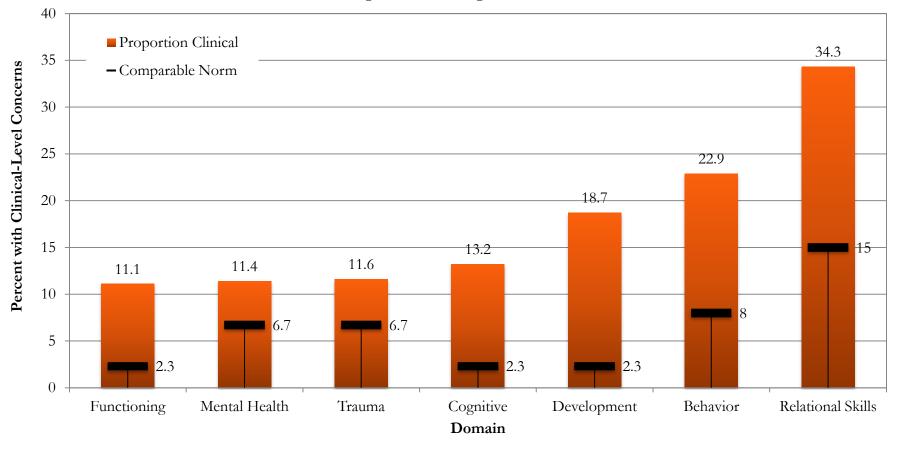
Includes children whose parents' parental rights have been terminated and are legally adopted

■ Reunification, Living with Other Relatives, Guardianship

Includes children who return home to their families after removal, live with relatives other than their families of origin after removal, or live with a legal guardian

Children Known to Child Welfare Face Challenges in Social-Emotional Domains

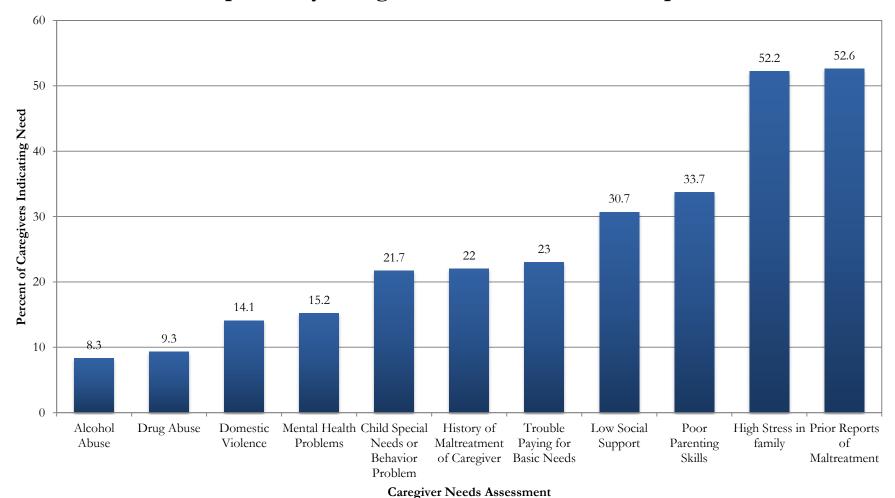
Clinical-Level Concerns across Domains for Children Reported to CPS, General Population Comparison, 0-17



Source: National Survey of Child and Adolescent Well-Being II, US Department of Health and Human Services
Functioning: Vineland Adaptive Behavior Scale (VABS; Screener Daily Living Skills Domain), 0-17 years; Mental Health: Children's Depression Inventory (CDI; depression), 7-17 years; Trauma: Trauma Symptom Checklist for Children (TSCC; post traumatic subscale), 8-17 years; Cognitive: Kaufman Brief Intelligence Test (K-BIT; cognitive composite), 4-17 years; Development: Battelle Developmental Inventory, 2nd Edition (BDI-2; cognitive developmental quotient), 0-47 months; Behavior: Child Behavior Checklist (CBCL; problem behaviors total), 1.5-17 years; Relational Skills: Social Skills Rating System (SRSS; social skills), 3-17 years;

Caregiver Needs and Intervention Areas

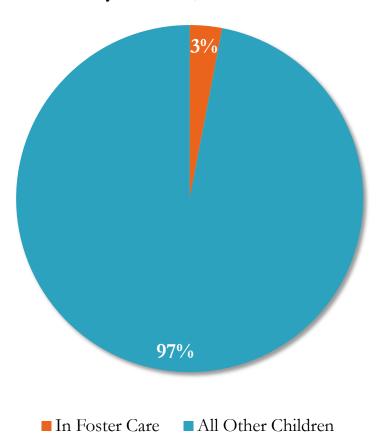
Needs Reported by Caregivers with Maltreatment Report, 0-14



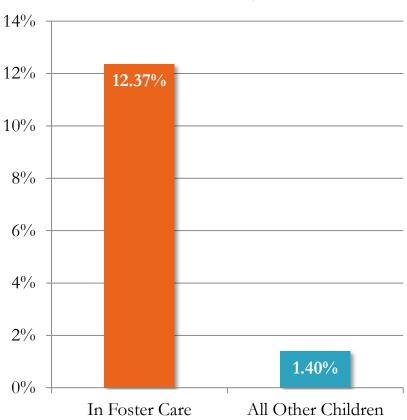
Source: National Survey of Child and Adolescent Well-Being, US Department of Health and Human Services. Analysis courtesy of C. Simmel, Rutgers University School of Social Work

Children in Foster Care Receive Disproportionate Levels of Antipsychotic Medication Compared to Other Children on Medicaid

Foster Care Status of Children Covered by Medicaid, FY 2007



Antipsychotic Utilization Rate among Children Covered by Medicaid According to Foster Care Status, FY 2007



11

Medicaid Medical Directors Learning Network and Rutgers Center for Education and Research on Mental Health Therapeutics. Antipsychotic Medication Use in Medicaid Children and Adolescents: Report and Resource Guide from a 16-State Study. MMDLN/Rutgers CERTs Publication #1. July 2010. Distributed by Rutgers CERTs at http://rci.rutgers.edu/~cseap/MMDLN/RAPKIDS.html.

Guiding Principles of Major Child Welfare Legislation

ADOPTION AND SAFE FAMILIES ACT OF 1998 (ASFA)

- The safety of children is the paramount concern that must guide all child welfare services
- Foster care is a temporary setting and not a place for children to grow up
- Permanency planning efforts should begin as soon as a child enters the child welfare system
- The child welfare system must focus on results and accountability
- Innovative approaches are needed to achieve the goals of safety, permanency, and wellbeing

FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT OF 2008

- Permanent family connections are important to all children.
- Continuity in a child's education should be maintained whenever possible.
- For youth to become successful adults, they need a variety of developmentally appropriate supports up to and beyond age 18.
- Indian Tribes, Tribal organizations, and tribal consortia know the best approach to serving their children and families.