

5

CHILD WELFARE POLICY

LEARNING OBJECTIVES

- 5.1: Summarize how child welfare has been practiced throughout U.S. history
- 5.2: Explain how current state and federal child welfare policy laws apply to social work practice
- 5.3: Describe the benefit of child sensitive protocols for U.S. child welfare
- 5.4: Determine opportunities for advocacy using research on social problems surrounding the well-being of children

For many, the title *social worker* conjures up an image of people entering others' homes to remove their children. Despite the facts that (1) many social workers work outside this field and (2) many child welfare workers are not trained social workers, the profession of social work has been deeply intertwined with the history of child welfare policy. We use the term *child welfare* to describe the state acting in its role as *parens patriae*, or the protector of those who are vulnerable and cannot protect themselves. This role is balanced against other important state roles, such as the responsibility for safeguarding the rights of individuals, families, and communities. Striking such a balance can be difficult, particularly when assessments of what constitutes appropriate parenting are influenced by values, beliefs, and political considerations. This chapter begins with the history of child welfare from orphanages and workhouses and continues through the development of current child welfare agencies.

In this chapter, we examine how government responses to child welfare were often fed by underlying fears around immigration and urbanization, and by efforts to reform and change individuals and families who struggled to survive and adapt in a capitalist system with few safety nets. As Lindsey (2004) poignantly describes in his in-depth critical history, the U.S. child welfare system has been fundamentally **residual**, meaning it seeks only to meet the needs of individuals in the most dire crises. This is in stark contrast to systems that take a comprehensive approach through the provision of ongoing and regular supports to encourage optimal growth and well-being of children and families, which are often referred

Parens patriae: A Latin term describing the state as protector of those who are vulnerable and cannot protect themselves

Residual (policy): A policy that seeks only to intervene or meet the needs of individuals in the direct crises (in contrast, see **institutional** policy)

Institutional (policy):
Approaches that see intervention or regulation as a regular and appropriate function of government (in contrast, see **residual** policy)

to as **institutional**. Institutional approaches see intervention or regulation as a regular and appropriate function of government. This chapter pays special attention to how child welfare has been understood and practiced. Native American and African American families and communities, who have been and continue to be disproportionately affected by child welfare policies, have often challenged government policy. This chapter examines how and why the state simultaneously strives to protect children and reunify families by focusing on parental behavior, while ignoring the context in which child maltreatment occurs. It also reviews the impact of systemic problems such as poverty, housing inadequacy, and poor mental health services and delivery on child welfare. This chapter addresses recent state and federal supports and programming for children aging out of foster care, including the voluntary extension of foster care through the age of 21. It concludes with some areas for advocacy and a discussion of self-advocacy efforts by current and former foster youth.

Vignette: Social Work Responses to Families in Distress

Based on what you know from the media or your personal, work, or volunteer experiences, think about the following questions as you read the vignette. When you finish the vignette, answer the questions below.

1. What are the roles or responsibilities of the different professionals here (the teacher, Larry, his supervisor)?
2. What skills and training might Larry have from his BSW program that can help guide him in working with this family?
3. Who is Larry's client (the state? the family? the parents? the child/children)? What conflicting concerns might these stakeholders present?
4. What resources might this family benefit from, and who should provide them?
5. What role might race, class, gender, and other aspects of identity play in this vignette?

Larry recently graduated his BSW program and was in his first job with a local child welfare agency. He practiced in rural Oklahoma where he grew up and knew many of the families in his town. Recently, he received a call from a teacher in the local public school who was concerned about a student who was frequently absent, arrived in clothing that was too small and unclean, and seemed listless in the afternoon. Although the teacher had been concerned for the past few weeks, what prompted her call was her observation as a lunch duty monitor that the child did not have lunch for much of the week and relied on friends who shared their meals. Larry took the report, which he discussed with his supervisor. She advised him to visit the family during the day, while the child was in school. Larry arrived at the child's home and was greeted by her parents. When he told

them about the reason for his visit, they were distraught. The mother told Larry that they were both unemployed and had been threatened with eviction and water and electrical shutoffs. They were told they were ineligible for cash support through Temporary Assistance for Needy Families (TANF), and their unemployment benefits have come to an end. They had two younger children at home, one of whom required medical care and equipment, which limited their ability to enter the shelter system (such that it was in their rural county) or move in with friends, should they be evicted. Larry knew that legally children should not be separated from their families as a result of poverty. He also knew that the children's health and well-being may be compromised. He was particularly worried about the child with medical needs. With a heavy heart and some confusion about his mandate as a child welfare worker, Larry drove back to the office to consult with his supervisor.

HISTORY AND SOCIAL CONSTRUCTION OF U.S. CHILD WELFARE POLICY

While initially designed to respond to the needs of orphaned children, the U.S. child welfare system has changed, over time, to respond to children who are abandoned, neglected, abused, or victims of poverty. In this section, we look at the changing U.S. child welfare system from the Orphan Trains to modern child welfare. The treatment of children by the state has changed as views of children have developed from that of a liability or property to objects of nurturing and care. Institutions and systems have evolved and changed as children, originally seen as laborers, are now seen as unable to care for themselves both globally and in the United States (Schneider & Macy, 2002).

From the Colonial Era Through Urbanizing America

In early U.S. history, the majority of what we would consider child welfare centered on orphaned children. The state of medical knowledge combined with high rates of infection and disease, including maternal mortality rates in childbirth, led to far more orphans than we see today (Lindsey, 2004). The introduction of smallpox and other European diseases to indigenous American populations also resulted in the death of care providers for children (Schneider & Macey, 2002; but see below section). The population of children labeled “orphans,” however, also included many—perhaps even a majority—of children with one or two living parents who were unable to care for them, often due to ill health or poverty. The death of a breadwinning father or a caregiving mother was a common reason for temporary or permanent child dependency on the state.

In the country's early years, indigent children could be employed as indentured servants for their labor, as we describe in Chapter 9. Not only were U.S. children placed out in this manner, poor children dependent on local governments in England were sent as indentured servants to the United States and other colonies. Initially, there were no institutions specifically designed for children and they were therefore placed in almshouses or workhouses with adults. Where asylums for the mentally ill were available, orphaned children were also placed

in these institutions. No attention was paid to developmental needs or supervision and protection of children, who were often at the mercy of adult residents and older children. Many suffered terribly. The following description was provided to the 1884 National Conference on Social Welfare:

A group of boys were found in the wash-house, intermingled with the inmates, and around the cauldrons where the dirty clothes were boiling. Here was an insane woman raving and uttering wild gibberings; a half crazy man was sardonically grinning; and an overgrown idiotic boy was torturing one of the little boys, while securely holding him, by thrusting splinters under his finger-nails. The cries of the little one seemed to delight his tormentor as well as some of the older inmates who were looking on. The upper apartment of this dilapidated building was used for a sleeping-room. An inmate was scrubbing the floor, which was so worn that water came through the cracks in continuous droppings upon the heads of the little ones below, who did not seem to regard it as a serious annoyance. (Letchworth, 1894, p.133)

Early reformers used difficult conditions such as those described above as an impetus to create dedicated institutions and programming for children.

Orphanages and Orphan Trains

While the earliest recorded orphanage on U.S. soil appeared in 1660 in New Amsterdam (now called New York City), they greatly expanded at the turn of the 18th century (Schneider & Macey, 2002). Widespread calls for orphanages began in the middle of the 1800s as part of the larger asylum movement to create stabilizing institutions in an increasingly diverse and growing country (Rothman, 1971). Orphan asylums were specifically designed to separate children from those deemed mentally ill or criminal, as well as from those who were placed in workhouses to receive indoor aid. In this respect they represented a significant improvement. Often started by religious orders, progressive reformers, and philanthropists, the best orphanages sought to provide care as well as some education and, more frequently, to prepare orphans to learn the skills of a trade. However, there was little oversight and conditions in the institutions were often poor. Illness, neglect, and overcrowding were common. Sensationalized reports of abuse over time led to a preference for care within communities and families over care in large institutions. As with earlier periods, likely the majority of children were not in fact orphans but were instead children whose parents were temporarily or permanently unable to care for them (Ramey, 2012).

Beginning in 1854 and continuing to the 1930s, it is estimated over 150,000 children were transported from cities to the rural United States and Canada on what are called “orphan trains” (Cook, 1995). Charles Loring Brace, a Protestant minister who founded the Children’s Aid Society (CAS), began this system of *placing out* in response to a combination of social needs, fears, and opportunities. Brace and other reformers painted a bleak picture of children and adolescents in poor urban environments, whom they viewed as highly susceptible to sin and vice. These youth, many of whom were the children of immigrants, were feared as a threat to middle-class respectability. As was the case with orphan asylums, the term *orphan* included children who were considered abandoned, abused, or neglected. The emergence of trains able to travel west made the large scale transfer of urban youth possible; this coincided with a romanticization of farm life as pastoral and healthy, particularly in contrast to crowded cities that were considered a breeding ground for disease and bad habits (Holt, 1992).

The founders of the Children’s Aid Society early saw that the best of all Asylums for the outcast child, is the *farmer’s home* The United States have the enormous advantage over all other countries, in the treatment of difficult questions of pauperism and reform,

that they possess a practically unlimited area of arable land. The demand for labor on this land is beyond any present supply. Moreover, the cultivators of the soil are in America our most solid and intelligent class. From the nature of their circumstances, their laborers, or “help,” must be members of their families, and share in their social tone. It is, accordingly, of the utmost importance to them to train up children who shall aid in their work, and be associates of their own children. A servant who is nothing but a servant, would be, with them, disagreeable and inconvenient. They like to educate their own “help.” With their overflowing supply of food also, each new mouth in the household brings no drain on their means. Children are a blessing, and the mere feeding of a young boy or girl is not considered at all. (Brace, 1872)

While reformers appealed to religious notions of charity in recruiting farmers to take in children from the cities, they also clearly appealed to the value of the children’s labor. Most children sent on the orphan trains were adolescent boys. Photo 5.1 depicts orphan children age 7 and up picking cotton at a Baptist orphanage farm in Texas.

Farm work had its own dangers and was often difficult. Due to the dispersed nature of rural communities and the great distance from the sending agencies, there was little oversight of children once they arrived at their destinations. Generally, children sent on the orphan trains were not sent to specific, vetted families, but rather groups of children were met at train stations across the country where they would be examined and chosen by whoever arrived to greet them. The literature shows that, as a group, their experiences varied widely. Some were subject to harsh labor and poor conditions; some ran away to seek their fortunes in mines or elsewhere. Others were taken in by families who treated the children as their own and found new and rewarding lives. Regardless, most were severed from their communities and cultures of origin.

Diane Creagh (2012) describes a Catholic variation on the CAS’s orphan trains. Concerned by the growing number of abandoned infants, many of whom perished, Sister Mary Irene Fitzgibbon opened the Foundling Asylum in New York City. As the Foundling Asylum grew, and more babies survived with the advent of proper care and better medical attention, the Foundling Asylum began to place older infants and toddlers whose health was stabilized so the asylum could absorb new babies. The orphan trains were not a viable option for those who sought to keep Catholic children within the faith (Cook, 1995). Brace refused to place children with Catholic families due to prejudice; the orphan trains also did not take such young children (Creagh, 2012). Because these children were not yet able and ready to provide farm labor, and due to the desire to raise Catholic children within their faith, the Foundling’s “baby trains” appealed to the altruism and faith of fostering families. This also meant that families were vetted before children were placed, and children were pre-matched with the Catholic families who were to take them in. As with Brace’s orphan trains for older children, the treatment of children and the level of oversight varied greatly.

The demise of the orphan trains was due to a combination of factors (Cook, 1995). There was a growing recognition that environmental conditions such as poverty affected the ability to parent rather than only individual failing. Improvements in working conditions, the beginnings of public education, and the creation of albeit minimal safety nets, together with improved health and medical care (including safer childbirth), allowed more families to care for their own



PHOTO 5.1 A group of boys, aged seven and older, work in the cotton field of the Baptist Orphanage, near Waxahachie, Texas.

National Child Labor Committee collection, Library of Congress, Prints and Photographs Division (LC-DIG-nclc-0021)

children. The orphan trains, which were, overall, an improvement over prior systems of care and an important response to need, were also plagued by critical press. Stories that highlighted religious and social reformers' prejudices as well as the dangers of placing out came to outweigh stories of success. A changing agricultural landscape also reduced the availability of families to absorb children from the cities. By the 1930s, the use of orphan trains had largely ended with the beginnings of modern child welfare systems. You can find online and library resources to learn more about where children who rode the orphan train traveled, what their hopes were, and how they fared.

THE MODERN CHILD WELFARE SYSTEM

During the Progressive Era, many charitable organizations such as Brace's Children's Aid Society were started in an effort to assist families. The precursors to modern social workers, "friendly visitors," were primarily middle- and upper-class women who found charitable work one of the few acceptable outlets for their intellect and desire for engagement outside of the home. Indeed, it is precisely because the work of nurturing and assistance to families was viewed as consistent with what were seen as maternal duties that it was an accepted vocation.

The Charity Organization Societies (COS), described in Chapter 1, sought to anchor friendly visiting practices in what they called "scientific charity." COS objected to indiscriminate giving and developed methods to evaluate whether families deserved aid. They also encouraged charitable organizations to use assistance to refashion their recipients' character. According to COS, friendly visitors were to provide not only (or even primarily) material assistance, but also advice, encouragement, and training. Those considered deserving were largely white women who had been widowed or deserted by their husbands. While needs derived most often from poverty, the task of the friendly visitor was to build character and imbue their charges with particular religious or moral values. Linda Gordon (1994) describes how destitute families often had little choice but to invite friendly visitors into their homes. These families gave up privacy, becoming subject to intrusive surveillance and instruction on parenting, character, and habits that were rooted in class-based and anti-immigrant sentiment, in exchange for much-needed material relief. This work of the COS movement was further professionalized by the establishment and adoption of Mary Richmond's (1922) method of social casework. **Social casework** focused on interactions with individuals and families. A foundational method of social work practice, social case work provided a systematic way to diagnose a problem to target an appropriate cure. One of its most vocal early critics was Bertha Capen Reynolds (1939), who felt that social case work methods created ethical conflicts for social workers by training them to encourage client compliance rather than working as allies alongside people to change social structures. The vision and influence of the COS was reflected in the beginnings of modern child welfare. First, it combined assistance with support and, when considered necessary, intervention that could include temporary or permanent separation of families (Lindsey, 2004). Second, it viewed itself as a professional endeavor and sought recognition through the establishment of professional training and practice.

The child welfare system originally was conceived broadly to incorporate the well-being of children within families. The Children's Bureau, created and initially led by social work foremothers such as Julia Lathrop, instituted a variety of programs. One curbed infant mortality by more than half over a 40-year period through education and training that led to better hygiene and increasing availability of prenatal and postnatal maternal and infant care (often considered the beginning of the public health movement). Another began to administer financial assistance to mothers with dependent children. In addition, the Children's Bureau created home visiting programs to train mothers how to care for their homes and children (see Photo 5.2).

This combination of services and functions did not last long. If you look at our current systems, functions related to health and well-being are under the auspices of one agency, while functions related to financial support—what we colloquially have come to refer to as

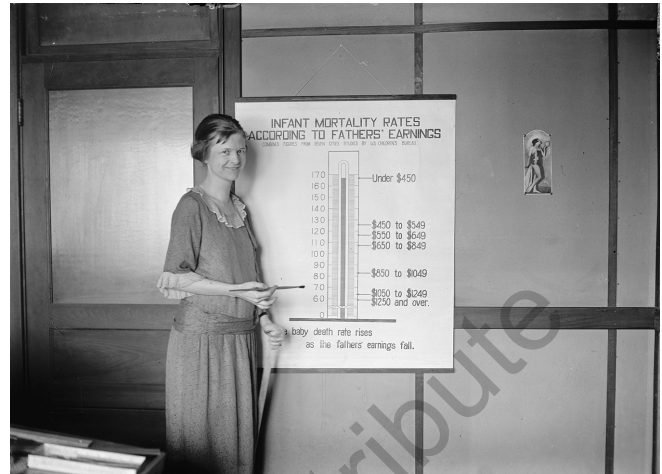
Social casework:

Developed by Mary Richmond, social casework was a systematic method focused on interactions with individuals and families

welfare—are seen as separate and independent functions of *other* agencies. For purposes of this chapter, what is most important is that child welfare came to be seen as synonymous with good parenting and shifted its attention to whether or not parents (largely mothers) were able to provide for their children's basic well-being.

The first reported case in which the state removed a child from the care of a legal guardian specifically for abuse was Mary Ellen McCormick (Markel & M.D., 2009). Mary Ellen's case was taken up by the Society for the Protection of Cruelty to Animals (SPCA) because there was no existing child welfare agency at the time. The SPCA filed a petition with the court, who responded to Mary Ellen's egregious and documented abuse by removing her from her adoptive mother. This led to the formation of the New York Society for the Prevention of Cruelty to Children (NYSPCC). The NYSPCC, founded in 1875, was the first agency dedicated to the protection of children from abuse and neglect (New York Society for the Prevention of Cruelty to Children [NYSPCC], 2017). This was followed by the creation of other charitable organizations dedicated to helping children who may be neglected or abused by their caregivers. As often happens today, Mary Ellen's initial removal did not fully ameliorate her situation, although she was ultimately adopted by a caring family and herself became the mother of both biological and adopted children (Markel & M.D., 2009).

Eventually, states began to take a role in the protection of children from neglect and abuse. By the 1950s, most states had created child protective service agencies with workers who had the authority to enter families' homes and place children and families under supervision and surveillance when there was a suspicion of abuse or neglect. If deemed necessary, these agencies were also entitled to remove children from their families temporarily or, in some circumstances, permanently. As Duncan Lindsey (2004) describes, due to lack of resources and a strong belief in the authority of the family as protected from state intervention, child welfare has always been a residual function of government. This means that the government can and will step in only when all else has failed.



Library of Congress, LC-DIG-npcc-24900

PHOTO 5.2 Children's Bureau (11/28/23)

REFLECTION

SOCIAL WORK PRACTICE TENSIONS

The tensions raised around social casework have continued into social work today. Form groups that have students who are interested in micro, mezzo, and macro practice.

- How are the tensions we describe above reflected in different types of social work practice?
- How might social workers who practice individual therapy or case management tap into broader social change?
- How might social workers who practice in the areas of community organizing or policy change engage with individuals?
- What kinds of alliances might clinical and macro practice social workers form to address issues that relate to child and family well-being?

Current Child Welfare Policies

Parents and other legal guardians are responsible for the basic welfare of their children. Legislation outlines specific responsibilities, such as compulsory school attendance and child support payments. Legislation also outlines liability for criminal abuse and neglect, including sexual abuse. In this chapter, we focus specifically on the role of child protective services for implementing civil child abuse and neglect statutes. This includes investigating and screening reports of child maltreatment and planning for and working with parents, children, foster, kinship, and adoptive parents. Table 5.3 at the end of this section provides a list of key federal child welfare laws by topic, many of which we also describe here in greater detail.

In its 2016 Child Maltreatment report, the U.S. Department of Health and Human Services (2017) reported the following statistics:

- The national estimate of children who received a child protective services investigation response or alternative response increased 9.5% from 2012 (3,172,000) to 2016 (3,472,000).
- The number and rate of victims have fluctuated during the past 5 years. Comparison of the national rounded number of victims from 2012 (656,000) to the national estimate of victims in 2016 (676,000) shows an increase of 3.0%.
- Three-quarters (74.8%) of victims were neglected, 18.2% were physically abused, and 8.5% were sexually abused.
- In 2016, a nationally estimated 1,750 children died of abuse and neglect at a rate of 2.36 per 100,000 children in the national population. (Children's Bureau, 2016a, p. ii)

These figures provide a sense of the scope and type of U.S. child welfare concerns and current trends.

The federal government's initial involvement in the area of abuse and neglect was through the Social Security Act, which included Aid to Dependent Children (ADC) and its later incarnation Aid to Families with Dependent Children (AFDC). This legislation provided money

TABLE 5.1 ■ Children in Poverty by Race and Ethnicity

Race	Data Type	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
American Indian	Percentage	33	31	35	35	37	37	37	36	34	34
Asian and Pacific Islander	Percentage	12	12	13	38	39	15	14	13	13	12
Black or African American	Percentage	35	34	36	38	39	40	39	38	36	34
Hispanic or Latino	Percentage	27	28	31	32	34	34	33	32	31	28
Non-Hispanic White	Percentage	11	11	12	13	14	14	14	13	12	12
Two or more races	Percentage	19	19	20	23	24	24	23	22	21	20
Total	Percentage	18	18	20	22	23	23	22	22	21	19

Data provided by National Kids Count

to states for use in their own child abuse and neglect prevention and intervention efforts. The first federal legislation that regulated (rather than merely provided funding for) child abuse and neglect was the Child Abuse and Prevention Act (CAPTA) of 1974 (PL 93-247). It was most recently reauthorized in 2010. As stated in the introduction:

It has long been recognized that parents have a fundamental liberty, protected by the Constitution, to raise their children as they choose. The legal framework regarding the parent-child relationship balances the rights and responsibilities among the parents, the child, and the State, as guided by Federal statutes. This parent-child relationship identifies certain rights, duties, and obligations, including the responsibility of the parents to protect the child's safety and well-being. If parents, however, are unable or unwilling to meet this responsibility, the State has the power and authority to take action to protect the child from harm. (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2010, p. 2)

CAPTA defines child maltreatment “at a minimum, [as] any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm” (42 U.S.C.A. § 5106g). CAPTA sets minimum standards for child abuse and neglect, requiring all states to have a system designed to intervene on behalf of children, with guidelines designed to balance parents' rights with the duty of the state to intervene in its role as *parens patriae*. It also set up mechanisms to track and aggregate state level data. The U.S. Department of Health and Human Services Agency for Children and Families Child Welfare Information Gateway website is a reliable source of federal and state data as well as research and information on child welfare policies and programs.

States have wide discretion to implement child welfare laws. In general, states investigate when a suspicion of child abuse or neglect is reported. While anyone can file a report of child maltreatment, all U.S. states have laws that designate people in certain professions or roles, including social workers, teachers, and medical professionals, as **mandatory reporters**, meaning that they have a duty to report a suspicion that a child is being abused or neglected (Children's Bureau, 2015). As a social worker, you must familiarize yourself with the law in your state because the content and process for reporting varies. For example, if a mandated professional in Alaska files a report with her supervisor, this does not relieve her of the responsibility; she must report the incident directly to the relevant agency herself. However, a mandated reporter in Georgia may discharge this duty by reporting to the person in charge of the facility or their designee (Children's Bureau, 2015). Not sure what the rules are in your state? The Child Welfare Information Gateway provides a state-by-state list of statutes that it updates periodically.

Once a report is filed, the local child protective services (CPS) agencies screen the report. Reports can either be screened out or be placed within the supervisory authority of CPS. Some agencies also provide for voluntary family preservation services, which are designed to assist families who might be struggling but do not reach the level of a “founded” report of child abuse or neglect. When CPS places families under mandated supervision, cases may be tracked according to the assessment of risk. Levels of supervision and intervention vary with the perceived type and severity of risk. Some children remain in their homes. Children who are removed from their home may be placed in foster care, with relatives or kin, or in a congregate care facility such as a group home. Once a child is removed from the home, the CPS agency must file a report with the dependency court, which oversees the process and adjudicates in the case where the removal or any facet of the process is disputed (Children's Bureau, 2016b). Parties to child welfare cases are multiple: They include the CPS agency, the child, and at least

Mandatory reporter:
A person who by virtue of their profession is obligated to report a suspicion that a child is being abused or neglected

Court-appointed special advocate (CASA) (see also *guardian ad litem*): A trained volunteer who is appointed by the court to represent the best interest of the child

one parent. Where the parents' interests may differ, they may be viewed as separate stakeholders. Whether or not all parties' interests are recognized as separate may depend on the state. In some jurisdictions there may be both an attorney who represents the child and a person appointed to represent what is considered the best interest of a child, which may be different from what the child wants. **Court-appointed special advocates** (CASAs) or *guardians ad litem* (names and exact roles vary by jurisdiction) are volunteers who may be appointed by the courts to safeguard the best interest of the child and may also be involved in child welfare cases (National CASA Association, 2019).

In 2016, over 437,000 children were in foster care (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2017). Similar numbers entered (273,539) and exited (250,248) foster care during that same year. Some groups are overrepresented in foster care; these same groups fare worse in almost all respects, including services that they (and their families) are provided and outcomes. One group is racial and ethnic minorities; we discuss African American and Native American children and families in greater detail below. Another group that is overrepresented in foster care is LGBTQ+ youth (Van Leeuwen et al., 2006; Wilson, Cooper, Kastanis, & Nezhad, 2014). Like other vulnerable youth, LGBTQ+ youth often have a harder time while in foster care with higher rates of victimization and multiple placements. They may also have fewer social supports and more difficulties when they exit care, including homelessness (Robinson, 2018).

Foster care and other forms of placement are designed to be temporary. Children remain under the supervision of CPS while the agency works with the family, under the review of the courts, toward reunification. Courts are required by law to review child welfare cases every 6 months at minimum and to engage with the child on those occasions to the extent possible given the child's age. There are two possible permanent outcomes for child-welfare involved children, broadly speaking. The first is remaining or reunifying with the child's family of origin, which has been the preferred goal under the law since the enactment of the Adoption Assistance and Child Welfare Act of 1980 (Anyon, 2011). This occurs when CPS and/or the court determines that the family of origin can meet minimum standards of care. The second option is **termination of parental rights** (TPR), which severs the *legal* ties between the parent and the child. This means that the child may be legally adopted by another family.

Termination of parental rights (TPR): Severs the *legal* ties between the parent and the child. This means that the child may be legally adopted by another family.

In 2016, 57,208 children were adopted with public agency involvement nationwide (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2017). TPR does not guarantee that a child will in fact be adopted or find a stable home. In particular, older children, racial minorities, and children with special needs may not find adoptive parents. Older children may not want to be adopted. Some family members or kin who serve in a foster role may want to continue to do so without legally and officially severing the ties of their relative or friend. In such cases children must avail themselves of other options, such as continued foster or kinship care, independent living arrangements, or group homes.

Among the most recent changes to CAPTA were in the 1997 Adoption and Safe Families Act (ASFA), which was designed to balance between the preferred goal of reunification of families and the perceived detriment of children remaining in the limbo status of foster care for lengthy periods. ASFA described the obligations of CPS agencies:

Reasonable efforts shall be made to preserve and reunify families

- (i) prior to the placement of a child in foster care, to prevent or eliminate the need for removal of the child from the child's home; and
- (ii) to make it possible for a child to safely return to the child's home (Adoption and Safe Families Act [ASFA], §101[B], 1997)

Together with the requirement of reasonable efforts, ASFA also put time limits on reaching these goals. According to ASFA, CPS agencies must petition for TPR for children who have been in care for 15 of the prior 22 months. Despite a declared policy preference for children to remain or reunify with their families of origin, ASFA also made it possible for agencies to work with families toward reunification at the same time as it sought permanent adoptive placements, a process that is called *concurrent planning*.

Current statistics indicate that foster care placement is on the rise. Many attribute this growth to the opioid epidemic, likening it to the crack cocaine epidemic in the 1980s, which was also considered to increase child welfare involvement. According to the Children's Bureau (2016c):

Although there is variation in how States report factors that contribute to foster care cases, it appears that parental substance use may have contributed to the growth in the child welfare population. From 2012 to 2015, the percentage of removals where parental substance use was cited as a contributing factor increased 13 percent (from 28.5 percent in 2012 to 32.2 percent in 2015)—the largest percentage increase compared to any other circumstance around removal.

Another report by the Children's Bureau (Radel, Baldwin, Crouse, Ghertner, & Waters, 2018) describes the complicated ways in which drug use can interact with child welfare involvement. For example, the lack of family-friendly treatment programs may precipitate involvement in the child welfare system if parents who seek treatment cannot do so while remaining with their children. Case workers overwhelmed with burgeoning caseloads may not be able to provide families with the attention they need to preserve or reunite families. There are also some indications that it is harder to address child abuse and neglect when it is accompanied by parental drug abuse.

Poverty and Child Welfare Involvement

While the law explicitly mandates that children should not be separated from their families because of poverty, poverty may in fact be a leading cause of child welfare involvement (Lindsey, 2004). In Eamon and Kopel's (2004) review of state court decisions, three of the four successful individual challenges to child welfare decisions were based on the finding that children were illegally removed from their parents because of poverty. Regardless of parents' intent or desire, they may be unable to meet their children's basic needs, including nutrition, shelter, or medical care, if they do not have sufficient financial resources (Photo 5.3 depicts a family experiencing homelessness).

Sometimes poverty manifests itself in a lack of adequate housing, an inability to afford child care, and/or a lack of access to medical and mental health care, including addiction treatment, that may help parents avoid neglect and abuse. Think back to the vignette at the beginning of this chapter. Like many CPS workers, Larry may find himself in a bind, knowing that he has a duty to look out for children for whom parents are unable to provide minimum standards of care.

Housing is a useful example of how poverty can impact child welfare involvement. Rising housing costs, a decrease in affordable and adequate homes, and a dwindling



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PHOTO 5.3 Parents may be unable to provide for their children due to unforeseen circumstances. This family in Iowa was forced to evacuate their home due to a flood.

number of public housing spots create challenges for many low-income families. Families living below, at, or even above the poverty line increasingly spend larger portions of their income on housing (Joint Center for Housing Studies, 2018). This leaves fewer financial resources for other expenses such as medical or child care, clothing, and school supplies. Inadequate housing is consistently correlated with substantiated findings of child abuse and child neglect (Freisthler, Merritt, & LaScala, 2006). Housing problems can precipitate admission into temporary care, as well as result in delayed or failed reunification with parents (Cohen-Schlanger, Fitzpatrick, Hulchanski, & Raphael, 1995; Shdaimah, 2009). Once families become child-welfare involved, their housing comes under scrutiny, even if housing deficiencies were not the reason for their initial involvement (Reich, 2005, pp. 130–132). Child welfare involvement itself may also jeopardize existing housing arrangements. For example, parents whose children are removed may lose public housing slots. In a proverbial Catch-22, if and when these same parents are deemed ready to reunify with their children, they may not be reunified due to lack of adequate housing (Shdaimah, 2009). We discuss housing and homelessness more in Chapter 14.

Child welfare agencies and child welfare professionals who want to help families remain together or to reunify families after children have been removed often cannot address housing problems. They have limited resources with which to help families, and policies and structural impediments, such as limiting criteria for federal housing programs, work against them (Harburger & White, 2004; Shdaimah, 2009). The same is true for most other aspects of poverty. The current federal child welfare policy has, until recently, been internally contradictory. It allowed for provision of financial resources to foster parents, while failing to make them available to families of origin to support the stated preference of the law, which was to keep children in their homes and to reunify separated families. The Family First Preservation Act, a bipartisan bill signed into law by President Trump in 2018, should change this. It allows states to use federal foster care dollars on prevention programs for parents, including addiction treatment, parenting and counseling programs, and mental health treatment. The new policy went into effect in October 2018. This bill was a culmination of years of effort on the part of advocates and was the result of a compromise that paired a reduction in the use of congregate care (group settings) (supported by Republican Senator Orrin Hatch) and provision of funding for families of origin (supported by Democratic Senator Ron Wyden) (Kelly, 2018; McCarthy, 2018). It is too early to tell whether and how this will impact rates of reunification.

Race in Child Welfare

African American children were initially excluded from the rescue impulses of early child welfare efforts. However, as policies focusing on child abuse and neglect were established first at the state and then federal level, the numbers of child-welfare involved African American children began to climb. In 1972, as part of the larger civil rights movement, the National Association of Black Social Workers (NABSW) drew attention to the disproportionate number of African American children under the supervision of child protective services. They were particularly concerned not only with the removal of individual children from their families, but also from the cumulative impact on the larger community through the growing number of foster and adoptive placements with white families (Oliver, 2014). Today, it is widely acknowledged that African American children and families comprise a larger proportion of child-welfare involved families than their representation in the general population, and receive **disparate treatment**, meaning they are treated differently than their white counterparts (Duarte & Summers, 2012).

Disparate treatment:
Treating different groups differently, often considered a manifestation of discrimination or prejudice

Disproportionate rates of placement are likely driven by the intertwined nature of race-based discrimination and poverty and their impact on child and family well-being. Table 5.1 above shows ongoing and stark differences between rates of non-Hispanic white children, who have the lowest rates poverty at around 12% to 13%, as compared to African American children, who have the highest rates of poverty, hovering around 35%.

Poverty as associated with race cannot fully explain the disproportionate child welfare involvement with children of color. NABSW and other advocates have pointed to racism as a factor in differential levels of surveillance, perception of abuse and neglect by reporters, as well as to responses to child welfare allegations, including allocation of resources to help families remain together or reunify. They also decried the impact of the removal of African American children from cultural communities as damaging to children's racial identity formation in a racialized society, as well as a source of ongoing trauma to the families and communities from which they are separated (Roberts, 2002). Despite widespread attention to racial disparities, a recent review of the literature reveals its persistence at all stages of child welfare case processing.

Levels of disproportionality tend to increase at every subsequent stage after a maltreatment report is substantiated. African American children (1) are more likely than youth of other racial/ethnic backgrounds to be placed in out-of-home care rather than to receive in-home services; (2) experience more frequent changes in placement; (3) are less likely to reunify with birth parents; and (4) tend to have longer stays in foster care. Disparities for African American children have also been extensively documented. Previous studies indicate that African American children and families receive fewer and lower quality services, fewer foster parent support services, fewer contacts by caseworkers, less access to mental health services and less access to drug treatment services when compared to other racial/ethnic groups. (Boyd, 2014, p. 15, citations omitted)

Yolanda Anyon (2011) explains how tensions around the causes of and solutions to racial disparities are grounded in larger tensions surrounding the function of child protective services, which is illustrated in Table 5.2. Anyon identifies four main policy perspectives (Column 1) with corresponding outcome goals (Column 2). The means to achieve each goal are different, as are the targets of intervention (Columns 3 and 4). In an ideal world with optimal resources, these goals and the means to achieve them would not be in conflict.

For example, it is easy to see that speedy resolution of child welfare cases only conflicts with cultural continuity when there are more African American children coming into the system than there are adoptive African American families. If sufficient resources—including political will—were devoted to tackling these problems, then they might not be in conflict. However, in the United States we have never devoted sufficient resources to any of these foster care goals.

The Multiethnic Placement Act (MEPA) (1994) and the Interethnic Adoption Provisions Act (IEPA) (1996) provide evidence of U.S. policy priorities (Shakeshaft, 2018). These laws were enacted in response to public outcry over children spending extended periods of time in foster care, deemed to be a result of child welfare agencies prioritizing cultural continuity through requirements or preferences for racial matching over permanent placements. Such practices were also subject to discrimination-based court challenges from white families who were denied permission to adopt nonwhite children. MEPA made it illegal to discriminate in foster care or adoption proceedings on the basis of race or ethnicity (or national origin), to delay proceedings to identify racially or ethnically matched families, or to require that caseworkers justify adoptions that are transracial (Anyon, 2011). IEPA made these prohibitions stronger and created a right to sue if race is considered in planning for permanency.

TABLE 5.2 ■ Characteristics of the Four Policy Perspectives

Policy Perspective	Developmental Outcome Prioritized	Framing the Problem of Disproportionalities and Disparities	Preferred Intervention Strategies
Expedient permanency	<ul style="list-style-type: none"> Stable attachment 	<ul style="list-style-type: none"> Exit dynamics—unrealistic efforts to reunify troubled families or find foster youth racially matched adoptive parents Exit dynamics—insufficient pool of African American adoptive families 	<ul style="list-style-type: none"> Color-blind placement decisions Exemptions for providing reasonable efforts toward reunification Timelines for terminating parental rights Concurrent permanency planning Adoption incentives
Social advantage	<ul style="list-style-type: none"> Long-term self-sufficiency 	<ul style="list-style-type: none"> Exit dynamics—undue emphasis on biological and community connections in placement decisions 	<ul style="list-style-type: none"> Placement decisions that emphasize prospective families' access to material and social capital Out-of-origin community placements Adoption incentives
Cultural continuity	<ul style="list-style-type: none"> Positive racial identity 	<ul style="list-style-type: none"> Entry dynamics—history of racism and ongoing discrimination in the child welfare system and society at large Exit dynamics—barriers faced by African American families wanting to adopt 	<ul style="list-style-type: none"> Race matching in placement decisions Targeted recruitment of African American foster and adoptive parents Cultural competency training for transracial adoptive parents Subsidized kinship care
Family preservation	<ul style="list-style-type: none"> Biological connections 	<ul style="list-style-type: none"> Entry dynamics—risk factors and related stress disproportionately experienced by African American families who lack the resources necessary for providing stability and safety 	<ul style="list-style-type: none"> Concrete prevention and reunification services Subsidized kinship care Open adoption

Source: Reprinted from Children and Youth Services Review, Vol 33, Yolanda Anyon, Reducing racial disparities and disproportionalities in the child welfare system: Policy perspectives about how to serve the best interests of African American youth, Pages 242-253, Copyright 2011, with permission from Elsevier.

Finally, IEPA required that states develop plans to recruit and train a diverse cadre of foster parents. MEPA/IEPA clearly and explicitly identified the chief concern regarding the plight of African American children as lengthy stays in foster care. These policy changes were designed to create a speedier path to permanency, while failing to address other facets of child welfare placement. This legislation is reinforced by the Adoption and Safe Families Act (ASFA, 1997) provisions described above, which are also designed to expedite permanent placements for children.

The Indian¹ Child Welfare Act (ICWA)

From our beginnings as a nation, the U.S. government tried to dismantle indigenous tribal structures, seize control of lands, and destroy the cultural integrity of indigenous communities. This began in earnest during the American Indian Wars, which started in the 1770s and lasted until the 1920s, while the United States fought with multiple tribes over land and control. As the U.S. government expanded the scope of its power, treaties with Indian tribes turned into executive orders designed to subjugate and control the lives of indigenous peoples. Over time, the federal government created assimilationist policies to incorporate indigenous peoples into U.S. political, economic, and social systems.

One major component of this assimilationist approach by the federal government was a series of efforts to Americanize indigenous children by forcibly removing them from their tribes and families at a young age. Beginning in 1878, the Bureau of Indian Affairs developed a network of boarding schools designed to hold children who were removed from their families and inculcate these children with dominant U.S. cultural values (Garner, 1993). Over several decades, government agents and reservation police seized indigenous children and forcibly removed them to schools over their parents' protests, while noncompliant parents were placed in jail or otherwise penalized. Although these schools provided an education that may not have been available on Indian reservations, they also deliberately deprived indigenous children of their cultural heritage to erode tribal integrity. The children were held at off-reservation boarding schools for periods of 4 years to 8 years and often denied visits by their parents or families (Johnson, 1999). Meanwhile, orphaned indigenous children were denied the opportunity to remain with their tribes and were placed in nonindigenous households. These practices continued late into the 20th century; between 1969 and 1974, 25% to 35% of all those who were defined as *American Indian* children continued to be separated from their families and placed in nonindigenous homes or other institutions (Johnson, 1999; Jones, 1995). In some states, indigenous children were placed outside of their homes at a rate more than 20 times the national average (Garner, 1993). Disproportionate involvement of indigenous children in the child welfare system continues.

The Indian Child Welfare Act (ICWA) represents the federal response to mounting pressure from activists who defined themselves as American Indian, who prior to the 1960s lacked a strong enough voice to attract the attention of a nation “unconcerned with the survival of Indian traditions or culture” (Johnson, 1999). Beginning in 1969, organizations such as Indians of All Tribes, led by graduates of boarding schools, mounted more than 70 protests in which they seized and occupied properties across the country (Johnson, 1999). In July 1970, President Richard Nixon strongly supported a policy of Indian self-determination in a message to Congress (Garner, 1993). In 1973, a 10-week confrontation between Indian activists and the U.S. Army at Wounded Knee highlighted the discrimination and alienation faced by indigenous peoples, as well as their call for greater autonomy (Johnson, 1999). It was in this sociopolitical context that ICWA was passed in 1978. ICWA aims to protect the best interests of indigenous children, families, and tribes by establishing federal requirements in relation to child custody proceedings involving what ICWA describes as Indian children. For example, ICWA affirms the right of Tribal Courts to oversee cases of adoption, abuse, and neglect involving children on reservation land and grants them preference in ruling on these proceedings.

¹There is much debate within and outside of indigenous communities in the United States about the terms Native American, American Indian, and other terms. In general, we use the term indigenous or Native American throughout this chapter unless referring to the official law, which in the United States often still says “Indian,” or to research that has used these or other categorical designations. For more information about this debate, see activist Russell Means' writing on this: <http://compusci.com/indian/>.

ICWA built on the knowledge and experience of activists, including many Native American lawyers and social workers who had worked with families torn apart through removal. However, not all those involved with child welfare knew about the tragedy of historic child removal policies. As Margaret Jacobs (2014) describes:

To thousands of non-Indian Americans, the testimony of Indian activists and the passage of ICWA came as a shock. Many social workers, adoptive families, and nonprofit agency directors were accustomed to seeing themselves as caring rescuers. Now some perceived themselves anew through Indian eyes: as child snatchers. For some this was a sobering moment that led to self-question. Others resisted the implications of ICWA and opposed it wholeheartedly. For most Indians, the passage of ICWA brought a new mood of hopefulness as Indian social workers and tribal leaders organized to put the act into full effect. (p. 128)

The efficacy of ICWA in protecting indigenous children and preserving indigenous communities has been repeatedly been called into question by research. A study assessing ICWA compliance in 1988 found that ICWA did not reduce the flow of Indian children into non-Indian care. In fact, figures in 1987 reflect an increase in the percentage of children placed in nonindigenous care from the years prior (Johnson, 1999). Other research indicates that foster care placement rates for Indian children decreased in the 1980s, although they remained higher than those for non-Indian children (MacEachron, Gustavsson, Cross, & Lewis, 1996). Research in 2013 supports this conclusion, finding that although foster care placement of Indian children has continued to decrease, Indian children are still twice as likely to be in the foster care system than children in the general population (Summers & Wood, 2014). Because compliance is partial and may be slow, or because it might take time to identify a child as falling under the jurisdiction of ICWA, to identify relatives, or to solve complex legal issues, a number of cases have arisen where children were placed with non-Native American foster parents and the placements were challenged under ICWA. Such cases are difficult for all involved, whatever the outcome. They raise questions of individual and community belonging, the relative importance of cultural identity, the extent to which cumulative community impact should be considered, and the long-term consequences when cumulative community impact is ignored. For example, in *Adoptive Couple v. Baby Girl* (2013 U.S. LEXIS 4916), the court ruled that a noncustodial parent (in this case a father who was a registered member of the Cherokee Nation) could not invoke ICWA, and the child stayed with her adoptive parents. In another case, the California Supreme Court ordered that a Choctaw child be returned to live with biological relatives after 4 years with her foster family (Branson-Potts, 2016). To promote compliance with ICWA requirements, the Bureau of Indian Affairs proposed new regulations and ICWA guidelines in 2015 and again in 2016 (Bureau of Indian Affairs, 2018).

The case of ICWA demonstrates an ongoing need for the federal government to preserve and protect the welfare of indigenous communities, as well as the need to view and respond to not only individual cases but also broader policies. The treatment of Native American children and communities also show how what are sometimes promoted as beneficial attempts at rescue may (intentionally or inadvertently) serve as a cover for biased and discriminatory policies and policy implementation that oppresses and controls minority populations (Crofoot & Harris, 2012). Social workers are often at the front lines of such policies. The NASW Code of Ethics prioritizes cultural humility, social justice, and human dignity and requires that we engage in critical analysis of any policy and pay particular attention to voices of those who are most affected.

DISCUSSION

REMOVAL OF NATIVE AMERICAN CHILDREN

Think about the responses of different groups of social workers after learning of the systematic removal of Native American children.

1. What do you think are some of the feelings they might have had after learning of these stories, and why?
2. How might a stance of cultural humility have changed well-intentioned social work practice with Native American children?
3. Provide an example of a more recent instance of policy-guided social work practice that might cause unintended harm.
 - a. Which groups are impacted by this policy?
 - b. Who are the different actors or agencies in charge of carrying it out?
4. What steps do you think social workers and social services agencies at individual, agency, and policy levels of practice can take to prevent harmful consequences of well-intentioned policies?

TABLE 5.3 ■ Relevant Federal Child Welfare Laws

Topic	Laws	Oversight Agency	Website
Child protective services	Child Abuse Prevention and Treatment Act Adoption and Safe Families Act	U.S. Department of Health and Human Services Administration for Children and Families	https://training.cfsrportal.acf.hhs.gov/section-2-understanding-child-welfare-system/2999S
Provisions for particular communities and populations	Indian Child Welfare Act Interethnic Placement Act	No federal agency has oversight responsibility for ICWA (Children's Bureau/ACYF/HHS, 2018)	https://www.childwelfare.gov/pubPDFs/icwa.pdf
Material support	Social Security Act (Survivors Benefits) Temporary Assistance for Needy Families (cash benefits for families living below federal poverty line) McKinney-Vento Homeless Education Assistance Improvements Act of 2001	Social Security Administration (SSA) U.S. Department of Health and Human Services Administration for Children and Families, Office of Family Assistance U.S. Department of Education	https://www.ssa.gov/ https://www.acf.hhs.gov/ofa/programs/tanf https://www2.ed.gov/programs/homeless/legislation.html
Maternal and child health	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Supplemental Nutrition Assistance Program (SNAP)	U.S. Department of Agriculture Food and Nutrition Service	https://www.fns.usda.gov/wic/women-infants-and-children-wic https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

POLICY INFORMED BY ALTERNATIVE LENSES

In all its iterations, U.S. child welfare has been residual, addressing only the direct situations when children are in need of assistance due to abuse and neglect. A recent report of the United Nations Special Rapporteur on Extreme Poverty and Human Rights on His Mission to the United States of America (Alston, 2018) describes the tremendous and growing inequality and the extreme poverty in the United States. In a footnote (15), the report points to the dubious U.S. distinction as “the only country in the world that has not ratified the Convention on the Rights of the Child, which protects the economic and social rights of children.” Further evidence of this is the fact, also noted by the report, that the United States has the highest infant mortality rate in the developed world and the highest youth poverty rate among all countries in the Organisation for Economic Cooperation and Development (OECD).

The United States has some programs that hint at a more holistic approach to child welfare, including the state Children’s Health Insurance Program (CHIP) and the Supplemental Nutrition Assistance Program (SNAP), both of which are discussed in Chapter 11. However, these programs are themselves residual in that they are designed to ensure the barest of benefits to the most poverty-stricken children, with many hurdles to proving eligibility and accessing them even for families who qualify. What does it look like in other countries that take a holistic, institutional approach to child welfare? Similar to the ways the Annie E. Casey Foundation uses the Kids Count database (described later in this chapter), the OECD looks at multiple dimensions of child well-being: “material well-being, housing and environment, educational well-being, health, risk behaviours, and quality of school life.” In a 2007 report of overall child well-being, the United States ranked 21 of 22 wealthy countries, ahead only of the United Kingdom. The top-ranking countries were the Netherlands and Sweden (Organisation for Economic Cooperation and Development, 2009, p. 27).

The Global Coalition to End Child Poverty is a coalition that includes UNICEF, OECD, and Save the Children. This coalition (2017) recently advocated what they call Child-sensitive Social Protection (CSSP) as the best way to ensure that families can raise their children safely and with the proper attention to developmental and educational needs.

Child-sensitive Social Protection (CSSP) includes all social protection measures that address children’s needs and rights and which improve elements of child well-being. It is an approach under which all social protection measures aim to maximise impacts and minimise any possible harms for girls and boys, across all ages, by systematically incorporating child risk and benefit (impact) analysis into each stage of policy and programme design, implementation and monitoring. It recognises and takes into account the long-term benefits of investing in children that not only help realize the rights and potential of individuals but also strengthen the foundations for economic growth and inclusive development of society as a whole. (p. 4)

What might this look like? While concrete understandings of child well-being will differ according to local resources and cultural beliefs, the report contends that CSSP can be achieved in any country. Looking through a CSSP lens means that all policies would be examined for their impact on children’s well-being. Some policies may be explicitly directed at children. Many countries have what is called a *child grant*, which is provided to families after the birth of a child to help support expenses associated with raising a child. This is also a societal expression of valuing children as a societal good rather than the products of individual family decisions. For example, in Israel, families receive a one-time *birth grant*, as well as a monthly payment

until the child reaches the age of 18. These grants are universal: They are provided to all families regardless of income. This means that there is no need to prove eligibility (National Insurance Institutes of Israel, n.d.). Another indicator that may not be targeted to children but that impacts their well-being is the extent and coverage of health care. In countries that provide minimum levels of universal and accessible health care for all, children and the families that care for them have greater access. In the absence of health care, not only might children's health be directly compromised, but there may also be an indirect impact on their well-being when parents or other family members are unable to function fully as caregivers due to untreated health problems. This may be exacerbated by lack of sufficient financial assistance for families where a parent may have a disability that prevents them from working and/or caring for a child without additional financial or in-kind supports. As another example, even Nepal, with many fewer resources than the United States, has increased its general disability benefits as part of its effort toward CCSP (Global Coalition to End Child Poverty, 2017).

ADVOCACY

USING CHILD-SENSITIVE SOCIAL PROTECTION AS A TOOL FOR ANALYZING U.S. POLICY

Pick any area of social policy in this textbook. Imagine that you are a social worker who is working with a child or someone who is connected to the child as a caregiver or professional (parent, grandparent, family with children, doctor in a hospital setting, teacher).

1. How would your chosen policy impact the individual with whom you work?
2. What are the direct or indirect positive contributions of this policy to child well-being?
3. What are the direct or indirect negative consequences of this policy to child well-being?
4. What changes might you propose to mitigate any negative impact of the policy on children?

OPPORTUNITIES FOR ADVOCACY

You may have recently taken a required class in research, or you may be taking such a class now or soon. While it may be clear to you how you can use research in clinical social work practice, you might be somewhat confused about its relevance to policy practice. The Annie E. Casey Foundation's Kids Count Data Center is an excellent example of research that is designed to analyze and shape policy around the well-being of children.

On its website, which allows anyone to access Kids Count resources, the Annie E. Casey Foundation (2019) explains:

The Kids Count Data Book provides a detailed picture of how children are faring in the United States, ranking states on overall child well-being and . . . key indicators covering economic well-being, education, health and family and community. Each year, the release of the Data Book generates significant media attention and a unique opportunity to discuss ways of improving the lives of children and families.

This description highlights several important features for advocacy. The kind of information provided by the Casey Foundation can be extremely helpful to policy advocates, who otherwise

might not have the financial resources or personnel expertise to collect or analyze state-level data. The Data Center can be accessed online, allowing advocates to make their own charts or graphs by selecting relevant measures or comparison state(s). In fact, one of the charts in this chapter was made using data from the Data Center. The annual publication of the Kids Count Data Book keeps tabs on how states progress (or regress) from year to year, tracking investments in different areas that impact children's lives. This, in itself, may provide incentives for improvement and allows advocates to keep a watchful eye on local policymakers. It also compares states, allowing advocates to point out how their own state can improve or maintain its role as a leader, depending on how it compares to other states. Such comparisons may also help policy advocates at the state or national level identify other states with similar problems, or states that might provide models to emulate, or be potential collaborators or allies. Finally, media coverage of this annual publication encourages ongoing public discussion about issues of importance to child well-being, which can assist local and national organizations in their attempts to frame child well-being within a broad set of social, economic, and community-related concerns. Evidence-informed media coverage may also enrich public dialogue and sustain interest in child welfare, which can waver or wane over time.

Social workers such as Karina Jimenez Lewis, MSW, help collect and analyze the data in the Kids Count Data Book, as well as disseminate the information found to the media, advocates, and policymakers (Annie E. Casey Foundation, 2016). Social workers have the training and knowledge to participate in and lead data collection efforts as well as the dissemination of information as they gain expertise. Think about how you might use these or other resources in your field placement or your future professional career to learn more about problems that touch communities you work with.

Final Discussion

Now that you have finished reading this chapter, reread the vignette at the beginning. Based on what you have learned, answer the following questions. Point to specific references in the chapter that help you answer these questions. Consider how different theories inform the response to these questions.

1. What are the roles or responsibilities of the different professionals here (the teacher, Larry, his supervisor)?
2. What skills and training might Larry have from his BSW program that can help guide him in working with this family?
3. Who is Larry's client (the state? the family? the parents? the child/children)? What conflicting concerns might these stakeholders present?
4. How might a CSSP or an institutional approach to child welfare be different?
5. What role might race, class, gender, and other aspects of identity play in this vignette?