

Improving Outcomes for Children and Families: An Intersystemic Approach to Child Welfare Service Delivery

**2003 Fedele F. and Iris M. Fauri Memorial Lecture
University of Michigan School of Social Work**

Presented by
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I am delighted to have been asked to present the 2003 Fedele F. and Iris M. Fauri Memorial Lecture in Child Welfare. This is especially an honor, as former University of Michigan Dean and Vice President Fedele Fauri was a nationally known leader in the field of child welfare for nearly 50 years. When Dean Allen-Meares asked me to select a topic for the lecture, I indicated that I have great concerns about the serious challenges in child welfare practice today and would be honored to have a forum to discuss these issues and proposed solutions. Therefore, I have entitled my talk: Improving Outcomes for Children and Families: An Intersystemic Approach to Child Welfare Service Delivery.

This is a very timely topic as I am sure you are all very familiar with the recent media reports about an adoption case in Trenton, New Jersey. The national headlines stated:

Despite 38 visits over the past two years, case workers in New Jersey failed to notice that four adopted boys (ages 8 to 19) in a New Jersey home were starving—none weighing more than 50 pounds and often relied on eating wallboard and insulation to stay alive. The utilities had been turned off for the last six months, the kitchen doors were locked shut and the four boys were obviously starving. (Newsday.com, Oct. 28, 2003)

In this case, the boys were removed from their home on October 10, 2003 and their parents, Raymond and Vanessa Jackson, were criminally charged with starving the four sons they adopted from the state's foster care system.

Everyone who listens to talk radio, watches TV news or reads the paper has heard about this case and others in other states which point to problems within the nation's child welfare system. It is unfortunate that we seem to focus only on these issues when they are highlighted by the media or there has been a lawsuit against a state system.

As horrific as the New Jersey case is, this is not unique to New Jersey. In 2001, there were 542,000 children in the nation's child welfare system and service delivery is being questioned and challenged in many states.

Since 1995, Children's Rights, Inc., of New York, the nation's leading organization promoting and protecting the rights of abused and neglect children in foster care systems, has filed suits or begun an investigation of child welfare service delivery in many states including the District of Columbia, New York, Missouri, New Jersey, New Mexico, Georgia, Tennessee, Florida, Wisconsin, and Connecticut.

For example, as part of the Brian A. Lawsuit Settlement Agreement between the Tennessee Department of Children's Services and Children's Rights, for the past year and a half I have been addressing some of these child welfare service delivery issues in the state of Tennessee. According to Brian A. documents, the Tennessee Department of Children's Services in 2000 was charged with:

...lack of appropriate foster care placements, lack of adequate assessments, investigations and services to insure safety of children returned to home of parents or relatives. Also DCS routinely fails to provide appropriate caseworker, monitoring and supervision. Children often face abuse and neglect while in care, do not receive necessary services and treatment, and frequently spend many years moving from one inappropriate placement to another.

Children spend years of time in care, lose much of their childhoods, move from one inadequate placement to another, lack appropriate services, are discharged at 18 without life skills and the turnover rates for caseworkers are unmanageably high. (Children's Rights, Inc. 2000).

Some excerpts and ideas presented in this lecture can be found in some of the author's published works. In addition, some sections of the lecture have been published or will be published in the following book chapters, McRoy, R.G. (2004). The Color of Child Welfare Policy in K. Davis & T. Bent-Goodley (Eds.), *The color of social policy*. Washington DC: Council on Social Work Education; and Mc Roy, R. G. & Vick, J. (in press) *Intersecting Child Welfare, Substance Abuse and Domestic Violence* in Fong, R., McRoy, R.G., & Ortiz-Hendricks, C. (in press). *Intersecting Child Welfare, Substance Abuse and Family Violence: Culturally Competent Approaches*. Washington, DC: Council on Social Work Education.

The preceding description of systemic failures is alarming and must be understood in context. What has happened to our systems of care? Let's begin examining these issues by looking first at child welfare policies and other factors which have impacted the growth in the number of children entering the child welfare system.

In 1974, The Child Abuse Prevention and Treatment Act (CAPTA) was passed, which provided funds to states for the prevention and treatment of child abuse and neglect (See NCCAN, 1996). It also required states seeking such funds to pass laws mandating the reporting of child abuse and neglect. Increased reporting led to more investigations and removals of children in care. By 1977, over 502,000 children were in the out-of-home care system (Curtis, 1999) and children were remaining in care for an average of 2.4 years.

Concerned about finding permanency for the growing number of "special needs" children (older children, children with disabilities, ethnic minority children) growing up in care, the first federal legislation specifically dealing with adoption was passed by Congress, Public Law 96-266, the Adoption Opportunities Act of 1978 (Courtney, 1999). It was designed to eliminate barriers to the adoption of special needs children. Funding was provided for post-adoption services and specialized minority adoption programs.

Two years later, Congress passed the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), also in response to the growing numbers of children lingering in foster care. This legislation required that a written case plan be developed for each child and administrative or court reviews at least every six months "to determine the continuing necessity for and appropriateness of the placement...and to project a likely date by which the child might be returned to the home or placed for adoption or legal guardianship" (Adoption Assistance and Child Welfare Act of 1980, p. 511). Agencies were also required to show the court that "reasonable efforts" had been made to maintain the child in his or her own home (Harrison & Johnson, 1994). This law established the desirability of permanence for children and prioritized child welfare service outcomes as follows: 1) family preservation, 2) family reunification, 3) adoption, and 4) foster care. Additionally, the legislation mandated states to implement a statewide information system and inventory of children in care.

This Act was initially effective in reducing the number of children in institutions and increasing the number of children reunified or adopted and decreasing time in foster care. By 1982, the numbers of children in care were reduced significantly; however, disproportionately large numbers continued to be African American. For example, in 1982, of the 262,000 children in foster care, 52% were Anglo, 34% were African American, and 6.7% were Hispanic. In 1983, Mech analyzed the U.S. Office of Civil Rights 1980 Youth Referral Survey of 301,943 and found that prevalence rates for out-of-home placement per 1,000 were highest for African American children (9.5), followed by Native Americans (8.8), Caucasians (3.1), Latinos (3), and Asian Americans (2). Similarly, an analysis of the impact of P. L. 96-272 on states' child welfare services between 1985-1988 revealed that prevention efforts were lower in states that had higher proportions of children living below the poverty level (Altstein & McRoy, 2000; Newlin, 1997).

The effects of the law were short lived, as it was never fully funded as proposed (Harrison & Johnson, 1994; Pelton, 1991). In a short period of time, the number of children in care began rising again and many of these were recycled through the system due to failed reunification efforts or disruptions (Harrison & Johnson; Pelton).

Another attempt at addressing the issue occurred in 1993, with the passage of the Family Preservation and Support Services Program (FPSSP). This legislation required states to establish an integrated continuum of services for families at risk or in crisis, including reunification or permanency planning, pre-placement/preventive services, follow-up services, respite care, and parent skills training (Newlin, 1997).

However, the numbers of children in care as well as the overrepresentation of African American children have continued to rise. According to statistics provided by the American Public Welfare Association, in 1992, approximately 429,000 children were in foster care (McKenzie 1993), a 63% increase from 1982. By 1993, 38% of the children in out-of-home care were Anglo, 46% were African American, 14% were Hispanic, and 2% other (Native American, Asian, and Asian Pacific; Williams, 1997). Only about 15% to 20% of these children had adoption plans (McKenzie, 1993).

By 1994, there were an estimated 462,000 children living outside of their homes (MacDonald, 1994) and in 1995, the number had risen to an estimated 486,000 (See Table 1; CWLA, 1998). Between 1990 and 1996, although the child population grew only 7.6%, the population of children referred for abuse and neglect investigation rose by 16.7% from 2.5 million to over 3 million children (Petit et al., 1999, p. 7). Protective services staff conducted about 1.6 million investigations of these reports and substantiated reports were made on over 970,000 children (U.S. Department of Health and Human Services [DHHS], 1999). In 1996, 16% of children who were identified as being victims of child abuse and neglect were removed from their homes and placed into foster care.

In 1997, the federal government again became involved in addressing the problem of children in foster care through passage of the Adoption and Safe Families Act of 1997 (P.L. 105-89). This law called for the Department of Health and Human Services to set annual adoption targets for each state. States would receive per-child bonuses for placements made beyond their annual targets. In addition, the legislation required states to set up a permanency placement plan for a child after 12 months instead of 18 months under prior policies. The law reauthorized and provided more funding for the family support and family preservation programs, and changed the name of this program to “Promoting Safe and Stable Families.” Concurrent planning was mandated to “identify, recruit, process, and approve a qualified family for an adoption” while filing a termination of parental rights petition, in order for workers to simultaneously plan for more than one outcome (Altstein & McRoy, 2000).

By 1998, approximately 520,000 children were in foster care (Administration for Children and Families [ACF], 1998). In New York, California, Michigan, and Illinois, African American children are more likely to stay in care longer than other groups (CWLA, 2001). According to the October 2000 AFCARS data, in September, 1999, 567,000 children were in foster care. Some reductions occurred in the foster care population at the beginning of 2000 and by Sept. 2001, 542,000 children were in care. The average age of the children in care is 10.1 years. About 60% of the children are of minority background. In some urban areas like New York and Detroit, about 80%–90% of the children in care are African American (McRoy, 1994). In North Carolina, although Blacks make up approximately 27% of the population 19 and under across the state, almost 50% of the 11,000 children in out-of-home care are African American (Children’s Services Practice Notes, 2001). About 77 % of the children in the District of Columbia are African American, yet 97% of the children in out-of-home foster care are African American. Goerge, Wulczyn, and Harden (1994) analyzed prevalence rates in California, Illinois, Michigan, New York, and Texas, and reported that the proportion of African American children in out-of-home care ranged from 3 times as high to over 10 times as high as the proportion of Anglo children (See Courtney et al., 1996). Of the 126,000 of these 542,000 children in care who have a goal of adoption, 34% are White, 45% are Black, 12% are Hispanic, 2% are American Indian, 0% are Asian/Pacific Islander, 4% are unknown/unable to determine, and 2% are two or more races (ACF). Thus, the majority of children in care are children of color, and the largest percentage are African American.

Table 1: Number of children in foster care

Year	Number of children in foster care
1982	262,000
1986	280,000
1990	400,000
1994	468,000
1995	494,000
1996	500,000
1999	567,000
2000	552,000
2001	542,000

Source: Adapted from Congressional Research Service Report for Congress, Jan. 15, 1997, National Adoption Information Clearinghouse, 1998 and Administration for Children and Families, 2003.

Another factor often not discussed related to the growth in the number of children in care is related to the funding mechanism for foster care. Reimbursements to states for foster care payments and adoption assistance programs are open ended and depend on the number of children placed in out-of-home care and the cost of their care. Since funding for these programs is dependent on the number of children in care, there is a fiscal incentive for placements in out-of-home care. Preventive services, like family preservation, typically have fixed funding streams. Between 1981 and 1985, federal funding for foster care maintenance and administration increased from 309 million to over three billion (Courtney, 1999). Funding for these programs continues to increase; yet funding for family support and investigations has not risen at the same rate (Courtney, 1998).

Impact of Poverty on Increase in Number of Children in Care

Although poverty does not cause maltreatment, “the effects of poverty appear to interact with other risk factors such as unrealistic expectations, depression, isolation, substance abuse and domestic violence to increase the likelihood of maltreatment” (English, 1998, p. 47). According to Garbarino, Kostelny, and Dubrow (1991), child abuse in the poorest neighborhoods is four times the rate in more affluent areas. As a result of these allegations, many of these children are placed in out-of-home care. Lindsey (1991) noted that for all age groups, parental income level is the best predictor of children being removed from their biological families and placed in foster care. It is no surprise, then, that the majority of children in foster care come from single-parent, low-income households (Lindsey; Pelton, 1989).

Sedlak and Broadhurst (1996) reported that “the incidence of abuse and neglect is approximately 22 times higher among families with incomes less than \$15,000 per year than among families with incomes of more than \$30,000 per year” (Courtney, 1998, p. 95). It is also important to note that physicians and other service providers may be more likely to attribute an injury to abuse in cases of children in lower income homes and attribute the same injury to an accident in families of higher income (Newberger, Reed, Daniel, Hyde, & Kotelchuck, 1977; O’Toole, Turbett, & Nalpeka, 1983). These differential attributions and labeling biases against low-income families may account for some of the relationships which have been found between poverty and abuse.

Neglect is often a product of poverty, and as minority populations are disproportionately poor, minority children are disproportionately placed in out-of-home care for reasons of neglect. According to Pelton (1989), there is a strong relationship between child abuse and neglect and poverty. Although some suggest that because poor people are more susceptible to public scrutiny—as many are receiving assistance—and are more likely to be reported, this may be one factor. However, Wolock and Horowitz (1979) found in their study that many families involved in child abuse and neglect were living in crowded, dilapidated households and often had no food. Many such families live in neighborhoods with high crime rates, insecure apartments with many health and safety hazards such as lack of heating and poor wiring. In addition, child care is not readily available and in order to provide for their families, some parents may end up taking chances with neighbors watching their children or leaving them unattended while they shop or look for a job. As families adapt to the isolation, impoverished conditions, stressful environment, children are sometimes left unattended or victimized by strangers and non-relatives. Once reported, these children are often removed from the home and placed in care for reasons of abuse and neglect (Pelton). However, according to Pelton, in reality,

The reason for placement is that the family, frequently due to poverty does not have the resources to offset the impact of situational or personal problems which themselves are often caused by poverty, and the agencies have failed to provide the needed supports, such as baby sitting, homemaking, day care, financial assistance, and housing assistance. (pp. 52–53)

As more and more children live in single-parent families (triple the rate in 1960), the number of poor families has increased (Pelton, 1989). Lindsey (1991) noted that most of the children in foster care come from single-parent households. As the poverty rate for children is 46.1% in female-headed families compared to 9.7% in all other family types (Children’s Defense Fund, 2000), it is no surprise that these families would be more vulnerable. Single mothers rarely get child support and low wages make it very difficult to get good childcare.

According to a recent Better Homes Fund and University of Massachusetts Medical Center study, 9 out of 10 low-income single mothers had experienced family violence either as children or as adults (Children’s Defense Fund, 2000, p. 7). Lindsey (1991) found that adequacy of income (more than reason for referral) is the crucial determinant in deciding on child removal and placement in foster care. Once a child is removed, parents receiving assistance often have the financial assistance and other services reduced by the amount attributable to the child. Thus, lowering the income of a parent whose low income may have led to the decision to remove, actually results in a greater likelihood of the child remaining in care and reduces the chance of family reunification (Lindsey).

Let’s look at poverty and its impact on children in the system a bit more closely. According to the Annie E. Casey Foundation, a child in poverty is 26 times more likely to drop out of school, 160 times more likely to give birth as a teen, 18 times more likely to be killed by gunfire, 60 times more likely to suffer reportable abuse or neglect, and 46 times more likely to be placed in foster care.

For a moment, let's take a look at Michigan statistics. According to the Child Welfare League of America (CWLA), in 2000, there were 64,794 children reported as abused or neglected which represents a 44% decrease in the number of child abuse reports from 1990. Of this number, there were 26,680 substantiations. Of every 1000 Michigan children, 7.1 were neglected and 2.3 were physically abused and .6 were sexually abused. About 20,000 were living apart from their families and 29.6% of these were placed with relatives while in care (CWLA, 2003).

It is likely that poverty in Michigan has been a factor in the child abuse and neglect rates. The Federal poverty line for a family of three was \$14,128 in 2001. In Michigan, 33% of Michigan's Black population are poor compared to 9% of the White population and 28% of the Hispanic population. Median family income for African Americans in Michigan in 1999 was about \$35,536 a year compared to \$56,320 for whites (Kids Count Census Data On Line, 2003).

A closer look at Michigan's poverty rates from the 2000 Census reveals that although 13.9% of all Michigan children are poor, 33.9% of Michigan's African American children are poor compared to 8.7% of Michigan's white children. In fact, compared to whites and other minority populations, African American children are substantially more likely to be poor (Kids Count 2003 Data Book Online).

Moreover, in Michigan, there has been a 8.5% decline in the number of individual TANF recipients from December 2001 (210,282) to June 2002 (192,354). These figures are particularly significant given the increasing cost of housing. In 2002, the fair market value for a two-bedroom apartment in Michigan was \$674 a month which is 81.8% of the average monthly income for a worker earning the federal minimum wage (CWLA, 2003).

Now let's take a brief look at other factors which impact the challenges facing the child welfare system today including parental substance abuse, and domestic violence, and criminal justice issues. Often in the research and practice literature these factors are examined independently with only vague references to their interdependence. In practice, child welfare workers may be trained to identify child abuse, but often are not trained to detect substance abuse; just as often those involved in batterers' programs may not be trained to look for child abuse and the interaction effect of substance abuse. The outcomes for many families and children are linked to the criminal justice system's handling of these substance abuse and domestic violence cases.

In 1995, about 1 million children were found to be substantiated victims of child abuse and neglect and at least 50% had chemically involved caregivers (CWLA, 1997). In that same year, over 80% of states reported that substance abuse is one of the top two conditions reported by maltreating families. Parental alcohol and drug abuse are factors in the placement of growing numbers of children who are entering care.

There are approximately 1.3 million parents today with problem levels of illicit drug use and even more alcoholic parents who are raising children under the age of 18. Recent studies have shown a strong relationship between child maltreatment and parental substance abuse cases (DHHS, 1999). The 1993 *Study of Child Maltreatment* reported that parental substance abuse was one of the presenting problems for 42% of the children who were victims of abuse and neglect. In 77% of these cases, alcohol was the problem substance, and cocaine was the problem substance for 23% of the victims. Typically, these cases involved younger children and 46% involved physical neglect. The authors found that alcohol- and drug-related cases were more likely to result in foster care placements than other cases (DHHS, 1999).

Imprisonment of parents is another factor that is leading more children into the child welfare system. In the United States, it is estimated that 1.74 million children have at least one parent in prison. There are more than 540,000 men and women in state and federal prisons and another 487,000 in city and county jails. According to the Family Resource Coalition of America (1999), about 56% of the male prisoners and 70% of the female inmates are parents. Although recent reports from the U.S. Justice Department reveals a modest drop in the number of inmates in state prisons recently, there are disproportionately high numbers of African Americans in prison. Of the 1.3 million people in state and federal prisons, there were 428,999 African American men 20 through 29 years old or 9.7% of the total African American male population in that age group. Only 2.9% of Hispanic men, and 1.1% of non-Hispanic White men between the ages of 20 and 29 are in prison (Butterfield, 2001).

Drug and alcohol abuse and addiction are implicated in the incarceration of 80%—1.4 million—of the 1.7 million men and women in prison today. Among the 1.4 million substance-involved inmates are parents of 2.4 million children, many of them minors. This has far-reaching implications for economic frailty of families and their children. For example, in Title 1, Section 115 of the Personal Responsibility Act, eligibility for temporary state assistance is denied to individuals who are convicted of a federal or state felony for possession, use, or distribution of a controlled or illicit substance. Worse yet, the individual's family is penalized because the amount of assistance a fami-

ly might receive is reduced by the amount that would have been otherwise available to the family member who is convicted of the felony. Since African Americans are more likely to be convicted of drug-related crimes, fewer will be eligible for benefits (Schiele, 1998). Penalizing the whole family for the criminal activities of one member is not only unfair but guarantees that many more African Americans will experience economic insecurity. Moreover, since parental alcohol and drug use are factors in the placement of the majority of families involved in the system, it is likely that more children will enter the child welfare system.

Length of parents' sentences also differentially impacts the outcomes for African American children in the child welfare system. Genty noted that:

although 60% of women sentenced to state prison in 1991 received maximum sentences of five years, women actually served an average of 15 months in state prisons (range—less than one year to 7 years depending on the offense and race of the offender). Men served an average of 21 to 23 months (ranging from less than one year to 9 years depending on the offense and race of the offender). (1998, p. 547)

Differential conviction and sentencing rates also impact African American children and families in the child welfare system. Although 2/3 of cocaine users are Whites and Hispanics, persons most likely to be convicted of possession are African American (84.5% African Americans, 10.3% Whites, and 5.2% Hispanics). Also, African American men and women typically serve more time than Whites for the same offense (U.S. Department of Justice, 1995). For example, African Americans are more likely to use crack cocaine than powder cocaine, and there are harsher penalties for crack cocaine use.² Several bills have been introduced in the 107th Congress to reduce these sentencing disparities but to date have not been passed.

Thus, for a variety of reasons, African American children are likely to be separated longer than White children from their parents due to the longer incarceration of their parents. Some may be placed in foster care and others may be in the care of relatives while the parent is imprisoned. According to the Adoption and Safe Families Act of 1997, discussed earlier, termination proceedings must begin whenever a child has been in care for 15 of the past 22 months. This will have a disproportionately negative impact on Black children and parents, since it is unlikely that their parents will be able to resume parental responsibilities for at least 15 months if incarcerated. However, exceptions to the rule can occur if the child is being cared for by a relative or a compelling reason can be given for not terminating the parental rights. In addition, the state will have to prove that the parent is "unfit."

Another factor, which can impact outcomes for children concerns whether the child and incarcerated parent can keep in touch and maintain a parent-child attachment. Unfortunately, visitation between children and parents is problematic as prisons are often located in rural areas and often are not accessible by public transportation (Genty, 1998). One survey reported that fewer than 20% of incarcerated parents saw their children as often as once a month, and half never saw their children while incarcerated (Snell, 1994).

Oftentimes child welfare workers are not trained to identify substance abuse problems and ill prepared to intervene in this problem (Curtis & McCullough, 1993; Gregoire, 1994; Morrison Dore, Doris, & Wright, 1994; Pape, 1993) as well as other community gatekeepers such as law enforcement officials and health care providers (Pape). However, caseworkers may be the only constant and stable resource in the lives of substance abusing and maltreating parents, and may be in the unique position to help parents move towards treatment due to the legal sanctions adhering to child protective investigations (Morrison Dore et al., 1994). Even though child welfare workers do not generally treat clients' substance abuse issues directly, the well being of children is inevitably interwoven with the well being of their parents (Sun, 2000). More training is needed for child welfare staff to improve knowledge and skills in addressing issues related to substance abuse (Curtis & McCullough, 1993, Gregoire, 1994; Haack, 1997; Sun; Tracy & Farkas, 1994). Also, more efforts are needed towards the recruitment, training, and support of foster care parents, kinship caregivers, and adoptive parents who care for children affected by problems related to substance use and abuse (Kelley, 1992).

² Currently under Federal law, trafficking in 5 grams of crack cocaine or 500 grams of powder cocaine incurs a mandatory minimum sentence of 5 years imprisonment (up to 40 years). Trafficking in 50 grams of crack cocaine or 5000 grams of powder cocaine incurs a mandatory minimum sentence of 10 years imprisonment (up to life imprisonment). Persons convicted of aiding and abetting trafficking or being participants in conspiracies to traffic are also subject to these penalties.

Similarly, jail staff, oftentimes working with women in jail due to substance abuse issues, may not receive any training to address the family-related issues that face women in jail (Covington Katz, 1998). Moreover, rarely do staff members at substance abuse programs have any training in parenting skills, addressing child maltreatment issues, or child welfare (Tracy & Farkas, 1994). Clinicians, practitioners, foster parents, and other stakeholders have to become generalists, rather than specialists, if they want to be more successful with their clients. The sheer number of serious issues facing families in the child welfare and criminal justice systems demands a level of training and knowledge about several issues, including substance abuse, and the other agencies and systems which interact with these same clients. Substance abuse programs and child welfare services have ignored their overlapping populations and remained very separate from one another (Tracy & Farkas).

Families are often dealing with multiple issues and agencies including the child welfare system, unemployment, juvenile justice, and substance abuse treatment and agencies are often interacting with the same families (Azzi-Lessing & Olsen, 1996). However, there is a separation or disconnect in the governance of these agencies and programs who are striving toward different goals and work within different timelines resulting in a categorical, rather than a holistic, approach (Azzi-Lessing & Olsen, 1996; Covington Katz, 1998; Haack, 1997; Spectrum: the Journal of State Government, 1999). When chemical dependency is also a part of the picture, time mandates become even more difficult to balance because the cycle of recovery, which is painstakingly slow and erratic, does not easily mesh with the child's needs or the timelines for child welfare decision making (Azzi-Lessing & Olsen; Haack). Court mandates and case plans require evidence of abstinence of drug use within a certain amount of time, perhaps unfairly holding women dealing with issues of poverty to an unattainable standard (Azzi-Lessing & Olsen). Low income substance abusing parents involved in the child welfare system must successfully combat the daily crises of living with inadequate transportation, housing, and other basic needs while attempting to keep treatment appointments and maintain abstinence at the risk of losing her children (Azzi-Lessing & Olsen). However, the needs of the child must be balanced with that of the parent and family unit. As the substance abusing parent is working towards a recovery, which may or may not be successful, the child is in the care of the child welfare system and growing older and less likely to be adopted. Many of these children end up living with grandparents due to their parent's inability to care for them.

Although not only due to reasons of parental substance abuse, there are many children being parented by grandparents in Michigan. Recent data from the CWLA indicated that in 2001, more than 68,000 Michigan grandparents were raising their grandchildren (CWLA, 2003).

Juvenile Justice, Mental Health, and Child Welfare Systems

Some children placed in out-of-home care are placed not just due to abuse and neglect. According to Johnson-Reid and Barth (2003), often children may leave the child welfare foster care system, but return under the jurisdiction of either juvenile justice or mental health agencies.

Moreover, the General Accounting Office noted that in 2001, parents placed over 12,700 children into child welfare or juvenile justice systems to get mental health services. Reasons including difficulties in meeting eligibility requirements limited help from mental health agencies and schools, limited health insurance coverages, shortages of mental health services.

Children in the child welfare service system are three times more likely than children not in care to have emotional, behavioral, and developmental problems including conduct disorders, depression, difficulties in school, and impaired social relationships. Studies of youth who aged out of foster care have revealed "an increased likelihood of early parenting and instability in relationships, higher arrest rates, lower high school graduation rates, and lower school performance, greater likelihood of health and mental health problems, experiencing homelessness, substance abuse and unemployment" (Casey Family Programs, 2001).

Need for Changes in Service Delivery

I have described an overburdened child protection service system in which there is a focus on investigation and foster care rather than prevention and in-home services. There is a lack of availability, coordination, communication, and understanding between child welfare, mental health, educational, and substance abuse service providers which lead to often lengthy and inappropriate placements for children in the system.

In 2001, the U.S. Children's Bureau began assessing each state's performance outcomes in terms of safety of children, achievement of permanency in a timely manner for children in foster care and overall well-being of children in the system. Findings from the recent Child and Family Service Reviews have noted strengths of the state systems as well as concerns about permanency and stability in living situations for children, lack of involvement of parents or

children in case planning efforts, as well as issues in offering adequate services to meet the physical and mental health needs of children in care. Some of these issues may stem from child welfare workforce issues. For example, the U.S. General Accounting Office (2003) has released findings that most states have reported problems in recruiting and retaining child welfare workers due to low salaries, high caseloads, administrative burdens, insufficient training, risk of violence, and limited or inadequate supervision and varied educational background requirements for staff.

From my research on two state child welfare systems, other issues have been identified including problems in documentation, knowledge of resources for families, lack of cultural competency, and lack of worker training in cultural competency, identifying child abuse, and identifying substance abuse. Also, problems were noted in the adequacy of data collection, lack of ability to track children and families from one system to the other—child welfare, juvenile justice, mental health, as well as health care systems, and finally lack of coordination between forecasting and service delivery.

Some state systems have attempted to address some of these bureaucratic and fiscal challenges in the child welfare system, by reorganizing service delivery through purchase of service contracting or privatization (Meezan & McBeath, 2003). However, the authors of a recently completed study of privatization initiatives in six states by Children's Rights, Inc., noted that often cost savings and efficiency are not necessarily achieved through this process (Freundlich & Gerstenzang, 2003). The authors suggest that privatization is no quick fix. Instead, these efforts require strong leadership, adequate and fair funding, accountability and monitoring strategies, and contracts with measurable objectives must be in place.

There are no quick fixes to the problems in the system. We must begin to examine the interconnectedness between the systems as well as the mission of the various systems. If the goal of child welfare is to protect children and ensure their healthy development, adequate funding is needed for both family preservation as well as out-of-home care. This need for funding comes at a time in which states as well as the nation is experiencing critical budget deficits. Unfortunately, not enough attention is placed on these issues until policy makers are forced to as a result of media attention of shocking events as in the New Jersey case I mentioned at the beginning of this lecture. In fact, Congressman Wally Herger (R-CA), Chairman, Subcommittee on Human Resources of the Committee on Ways and Means, today announced that the Subcommittee will hold a hearing on Thursday, November 6th in the Committee hearing room to examine a recent failure to protect child safety.

Referring to the New Jersey couple I mentioned earlier, Chairman Herger stated, "It is hard to imagine how adults could intentionally starve children. It is also hard to accept the grim reality that we as taxpayers subsidized their terrible neglect to the tune of tens of thousands of dollars. This hearing seeks to expose how these children's abuse went unnoticed so that we can work to prevent other children from enduring such horrible abuse." It is unfortunate that it takes this kind of shocking abuse to force an examination of the child welfare system. Since this case and others call attention to the role of social workers, schools of social work must also view this as a wake up call to reexamine how we are educating our students. In our programs, we often look specifically at independent service delivery systems or social problems such as substance abuse, domestic violence, child welfare, yet rarely design curriculum content that is cross-cutting—that addresses the intersystemic nature of issues facing children and families today and the need for intersystemic service delivery. We, just as congressional leaders and state child welfare systems, must begin to acknowledge the need for new programming, organizational structures, and funding strategies to address the growing number of children and families impacted by the child welfare system. We can no longer put this on the back burner—the children are waiting and we must act now!

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