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*"Downsizing Foster Care Through Prevention:
Good Practice or Mission Drift?"*

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Thank you for that very nice introduction, and welcome to all of you. I hope you all can be comfortable in what I hope will be an informal conversation here.

Amy gave you a little bit of a sense of me, and thank you. It suggests that I've done a lot. I've been in child welfare agencies for a number of years, doing a number of evaluations and studies in that context— and had the rich opportunity to talk with managers and child welfare workers, and foster parents, and kinship caregivers, and birth parents, and children touched by the system. And I have been in opportunities such as the Blue Ribbon Commission, and prior to that the California Redesign Commission. And prior to that, California Strategic Planning.

And in all of these efforts that are designed to redesign and reinvent child welfare what we find is that all of us around the table agree on so much; we agree that there is trouble in child welfare, and we agree that the list of problems and challenges in child welfare is really pretty lengthy. Most of us would agree that we have high rates compared to Europe of numbers of children entering care. We have high rates of recidivism—of reentry coming into care. We have high rates of placement instability when children are in care. We have very variable quality of the care giving environments children experience, whether they're with kin or with non-kin, or in group care. We know that the system is under-resourced; that there are problems coordinating services, there are problems getting services. So we pretty much agree on the problems besetting child welfare.

But what is really interesting is that when it comes to the solutions that we might decide to embark upon to solve this problem—this conundrum of child welfare—that that's where opinions begin to diverge. And first of all, I think it's important to suggest that all of the opinions that we have about how to change the child welfare system are all incredibly important and incredibly valuable, and there isn't a right answer probably. And all of our own perspectives on how we need this system to change are driven by our personal experience, our

professional experience, our own history, and our own understanding of this. So all of these perspectives are valuable.

But let me just suggest that the principal opinion that I hear coming from most actors in child welfare—whether it's professionals or advocates—the principal; the loudest voice I hear is that the way that we can solve the child welfare crisis, the child welfare conundrum, is through greater activity and greater investment in prevention; the large rubric I'll just say prevention. And that theme around prevention sounds something like this. The first theme sounds something like, *"If we can just stem the tide of the number of children coming into care then we will have solved most of the problems of care."* That's theme one. Theme number two I hear is, *"Foster care is detrimental; it should be abandoned altogether. Foster care hurts kids."* I hear it all the time. Theme number three I hear is, *"The number of children in foster care—in particular the number of African American children—is simply too large."* Therefore, one influential national organization seeks to "safely reduce" the number of children in foster care nationwide by 50 percent. So what I would like to suggest is these themes are a little bit troubling to me, and these themes suggest a direction that I think that we might want to reconsider.

First, I share the theme that I would like it if we had families who could safely care for their children. And second, I want to underscore the point that I think children always—always—should be raised with their parents whenever their parents have the capacity to safely do so. But I want to make two points today, if time allows. And that is point number one is that I suggest that our enthusiasm for prevention has led the field to embrace a mission that has the potential to make maltreated children more vulnerable rather than more safe.

And the second point I want to suggest today is that our enthusiasm for family has the potential to reduce our vigilance and our responsibility for safeguarding endangered children.

So let me address, hopefully, both issues. But I'll at least start with the first one and then we'll see if we can get to the second time, given time. Okay. So a few words first about prevention. When I was part of the California Redesign there was an analogy that was used to sort of guide our process. And many of you have seen this analogy, heard this analogy; it's used in lots of different contexts. The analogy is the river analogy. The river analogy is a beautiful analogy, right? So I'll just sort of bring us all to the same place so we make sure we all know what we're talking about. In the river analogy the world is this beautiful grassy

valley, and there is a river flowing through it. And it's a beautiful river. And in the river are children, living in boats—and boats are our families. And children and families float down the beautiful river to their eventual good outcomes downriver. But in child welfare sometimes downriver the waters get turbulent and sometimes children fall out of the boat. And in falling out of the boat—meaning they have been harmed by their caregivers—then child welfare workers rush into the river; child welfare workers otherwise known as ambulance drivers. Rush into the river, scoop children out of the water and take them for intensive care into the hospital—the hospital meaning our foster care system. And the notion is if we could simply intervene upriver and build sturdier boats that didn't leak, then families would be better able to navigate the river when times got turbulent. And children would be less likely to fall into the river. We wouldn't need ambulance drivers. We wouldn't need hospitals. Because we had built these really sturdy boats upstream to protect our children. I love that analogy. I want to live in that valley very, very badly—because it is quite a beautiful, visually appealing, emotionally appealing scenario. And I think that all of you would agree that it is lovely.

But I think there might be a few flaws in the analogy. The first one I want to suggest is this analogy isn't our own; we sort of borrowed it from public health. And in the field of public health, again, we try to vaccinate people and help people to not smoke and not eat too much, and exercise. And that does in fact have these really tremendous benefits; people are more likely to live longer and be healthier if they do those things. But in public health people wouldn't generally suggest that we should tear down hospitals, even if we have made people healthier. People wouldn't in public health generally say that we don't need ambulance drivers, because they would say that if there is a crisis ambulance drivers need to exist. And no one in public health would be satisfied with hospitals that provided minimally adequate care. In fact, if any of us had to go to the hospital tomorrow for treatment for some crisis we wouldn't be very satisfied if we walked into a building where they told us, "You know, the care here is really minimally adequate and about 25 to 30 percent of the caregivers don't know what they're doing," we would find that deeply disturbing as a system.

Also turning to the river analogy—again, as much as I like it—I want to suggest that the disjuncture between the vision for its beauty and the reality is sort of large. My reading of the research literature that talks about what we know about

current strategies to prevent maltreatment and current strategies to prevent out-of-home placement suggests that we don't yet know how to do either of those things.

Now, the good news is that we have a really large body of research evidence. I am very excited about how much research is going on in the area of prevention. We have a lot of really rigorous, well-designed studies that are looking at a range of programs and what they can do for families. And those programs—there are a lot of them; there are home visiting programs, there are infant-parent dyad programs, there are parent-training programs, there are intensive enriched childcare programs. There are a lot of programs out there that are being rigorously studied. Those program—not all of them work, not all of them do good things. We do know already something about the program components that seem to make for better outcomes for families. So those kinds of programs that are longer in duration have better effects. Those programs that are more saturated and are more intensive in services for families have better effects. Those programs that use really well trained professionals have better effects than programs that use paraprofessionals. And those programs that are timed so that they are introduced to families during important transition points in the family life cycle—such as the birth of a child or entry into preschool or entry into kindergarten; those timed events seem to be critical in creating opportunities for parents and families to be receptive to services, to engage in services, and to experience effects. Okay. So that's all really, really good news.

It is also incredibly good news that these program work. They do. What do I mean by work? They do really important things. If you look at the literature on prevention programs, what do they do for families? They do a lot. We know that programs, if you have these kinds of effects, actually improve parent-child relationships. They reduce harsh parenting practices among parents. They help parents develop better, more effective disciplinary styles with children. They provide health effects for children. They improve children's cognition—their cognitive capacities. These programs can have important effects on parents and their lifestyle in terms of reducing the number of subsequent births, in terms of increasing the length of time between the first birth and the second birth. Increasing the likelihood that mom is going to go and get greater education achievement. Increasing the likelihood that mom is going to have a job and be less likely to use public assistance. Increasing the likelihood that mom is going to reduce smoking and drug use, and alcohol use. Increase the likelihood that mom

is going to be less engaged in the criminal justice system. Oh, my gosh! That's phenomenal. Prevention programs do amazing things for children and families. And if you saw my op-ed in the *San Francisco Chronicle* last Friday, I was again saying we can do amazing things for families. And if we had an infrastructure in the United States that provided these kinds of services more widely available to more families what a better place we would live in; what an amazing place we would live in, where families would be better supported to raise their children well.

But you will notice that the long list of benefits for families that I just mentioned, in terms of research-based effects of prevention programs on families I didn't mention maltreatment or out-of-home care. In other words, as wonderful as these programs are and as wonderful as they are in terms of giving us good outcomes for children and families—the research so far doesn't suggest that they prevent maltreatment. And the research so far doesn't suggest that they prevent children from needing to walk in the door of foster care because they have been significantly harmed.

So why, why, why? If they are doing all of these good things why aren't they doing the thing that we want so much? I think it's largely because of a selection effect. And I think it is largely because the families who are most likely to be able to take away the benefits of these programs may be challenged, may be vulnerable, maybe have one or more difficulties in life in a couple of domains. But the families who are likely to maltreat their children—from other research—suggests that these are families who are different. These are families who have multiple risks, not one or two vulnerabilities. These are families who have accumulated risk, not just one or two challenges. These are families who are the poorest. Not poor. The poorest. Who may also simultaneously be substance involved, and/or also simultaneously be criminal justice involved. Might also have housing instability. Might also be involved in a domestic violence relationship. Might also have mental health challenges. This is a very unique population. But because of their uniqueness, we haven't yet figured it out. That doesn't mean that I don't think we can figure it out, but it means that today I don't think we have the technology yet developed to know how to prevent maltreatment for that very small proportion of American families who are so troubled that they are going to maltreat their kids.

So what are the implications? If I am correct in the way I read this literature what are the implications for our child welfare system? Well, it doesn't mean that we withdraw support for prevention. I don't think that's what we should do. It doesn't mean that we give up. I don't think that's what we do, either. But it does mean that if we're going to use prevention dollars we have to be very strategic about how we use every single one of those dollars. Because doing a lot of nice things because it feels good is really not being as thoughtful as we can about these incredibly precious resources called prevention dollars.

So if our goal is to keep children out of foster care and if our hope is that prevention services will get us there—and again, in all of these commissions that's what we talk about; our goal is to keep kids from walking in the door and we're going to use prevention as our strategy to get there—then I feel like we've boxed ourselves into a corner. Right? We've really boxed ourselves into a corner because prevention services don't keep kids from being maltreated and they don't keep kids from walking in the front door of the foster care system. And then what message then are we left with? That's what we're left with—telling the public prevention doesn't work. And that's a really uncomfortable place to sit. And I don't want to say that. I don't want to say prevention doesn't work. What I want to say is I want to rephrase that, and I want to instead say although prevention services may not help these ultimate bad things from happening that we care about in child welfare, prevention services do incredibly positive things for families. They do good things. So instead, I think we need to get out of, first of all, the language of talking about child maltreatment prevention. We have to stop using that language. Because that's not what we're doing right now. And instead, we have to use a different language of family support. We would like to see more family support services offered to help families raise their children well. We shouldn't be offering child abuse prevention services.

If we offer more family support services I think what that means—again, going back to our river analogy—it is going to stop some of the leaks in the leaky boats and it's going to make those somewhat unsturdy boats a little bit more sound. And it is going to maybe give kids a smoother ride. And it's going to give them a ride where they have a nice view and a ride where they can concentrate on their studies, and they can be healthy. It's going to be a really better ride for children and families. That's what family support will do in our river analogy. But for the children who are going to get dumped into the river? They're going to fall in the

river. Those are the kids who are going to fall. There are children who are going to fall in the river.

So if we don't yet have an evidence base yet to design those services that are going to prevent children from walking in the door of foster care, well then what does that mean for child welfare? What I suggest it means for child welfare is that I would like to feel more confident that if a child does have to walk in the door of out-of-home care, and if a child has to be separated from his or her parent—I would really feel much more comfortable if we had a system, a child welfare system, that provided effective reunification services. And I won't talk about that today, but in the book I argue that we have no idea how to do that yet. And I would like to see a system where we provide a quality out-of-home care experience for children once they get here.

So I suggest our enthusiasm again for prevention has taken us down the wrong road. It distracts us. Our enthusiasm for prevention distracts us. Because first, it's not giving us the outcome we want. Second, it holds our attention fixed on the children who we are never ultimately going to serve downriver anyway. And three, what it does is it relegates to the children who do fall out of the boat—who we need to serve, who we are federally obligated to serve, whose protection is vital—sort of a second-class place in our system. When that's who should be in first place, who we know we have to attend to.

So I want to argue that we need to reprioritize things. That there needs to be a shift. And that we should be centrally—centrally, primarily—concerned about the welfare and the well being of the children and the families who are separated from one another. And then secondarily concerned about the children who may or may not ever need our protective care.

Turning then, again, to our original theme guiding our conversation today, I suggested that there was a theme going on in the field that says foster care is detrimental and it should be abandoned altogether. That's not what I think. That's not what I read in the literature. When I look at the literature—and remember, foster care in the United States is not a great deal; we don't have a lot of high quality foster care. We have some exceptional foster care, but we have a kind of bimodal distribution between extraordinary, exceptional care and not very good care. So even in this system where we provide this kind of not the greatest thing, my reading of the literature suggests that actually kids do accrue benefits from foster care. My reading of the literature suggests that when we

compare children who are in foster care compared to children who go home to their parents, children in foster care have better outcomes. My reading of the literature suggests that when we look at kids who leave our foster care system at age 18 and we compare them to a matched sample of kids who had similar conditions in terms of their family and their community they lived in—they have similar outcomes.

When we look at the evidence the most recent study compared Casey family kids—Casey, who wants to get rid of foster care or eliminate it by 50 percent—when we look at Casey kids and we compare Casey kids who get really exceptional foster care services to regular kids who just get regular services—Casey foster kids do really well. They have better adult mental health outcomes. They have better health outcomes even than kids who get regular quality foster care. So good quality matters. And the studies that look at good quality foster care show that children accrue enormous benefits from that good quality care. Now, that is not to suggest that we should want foster care over children to be living in their birth homes. That's not at all where you take that argument; that is never where you take that argument. But it is simply to suggest that we shouldn't be abandoning foster care.

It suggests instead that we have a tremendous challenge. We must make investments to develop and maintain good quality out-of-home experiences for children, because currently the experience they get when they walk in the door—because they are relegated to the second tier, because we don't pay attention to them, because we are so preoccupied with our interest in the front door—the quality they get is highly variable in the United States. Highly variable.

So that is the gist of my first point for today, which I am going to remind you is that our enthusiasm for prevention has led the field to embrace a mission that has the potential to make children who have been maltreated more vulnerable, because once they come to our attention we are not attending to them. We are not attending to them as we should be. So that's my first point.

My second point—and I think the idea is about 15 more minutes, and then we all have a conversation, which I am very much looking forward to engaging in. So the second point is if you recall, I said that our enthusiasm for family has the potential to reduce our vigilance and our responsibility for safeguarding children from harm. Now we get a little history, because you hear that and you think, "Jill? What, now she doesn't like families?" [Laughter] My goodness. So again, to

give you a sense of who I am and no, I am not carrying a spear or anything and I'm not a mean person—but that much of my research in the field of child welfare was birthed in my interest and my enthusiasm for kinship care. Working principally with my extraordinary colleagues Rick Barth and Barbara Nadel I have been doing studies of kinship care for now 20 years. And so I am a tremendous advocate for kin. I also think that the introduction of using kin as part of our ... as one of our tools in our toolbox of child welfare has been probably the most important single beneficial change of this child welfare system in the last 20 years. Because it really has pushed our agenda to try to find a whole range of strategies that will make our system more family focused and family inclusive. And I absolutely think that is the right way to go.

Saying that, however, I have also suggested that there are hazards—there are simply hazards associated with kin care if we are not thoughtful about how kin are included in our system. So let me talk about two new movements in the field of child welfare that I see where we are using kin more inclusively but in which we want to think about our use of family with a more tempered, cautious approach. Let's put it that way.

So first is we have kinship guardianship now. And—hurray, hurray—the federal government just last week made enormous inroads in allowing kinship guardianship to now become a national phenomenon instead of just a phenomenon in a few states like California. California of course was at the forefront, along with a handful of other states to develop our kin guardianship program, which we call "Kin-GAP," right? And it is an interesting program. Because we had some options when we developed our Kin-GAP program in California; we could have developed our Kin-GAP program to look more like a guardianship for non-kin. And we chose not to do that.

In our guardianship program for non-kin, when a non-kin caregiver takes guardianship we have the option of keeping the case open. And in doing so, the social worker checks in every six months. Now, I would like those to be unannounced visits. They're announced visits. I think we can improve in that regard, but still—every six months we just check in. Is the child okay? Is the child safe? Are there any needs this family has? What can we continue to do to continue to provide support and supervision, and importantly—monitoring and accountability? That's our non-kin model of guardianship.

In Kin-GAP we decided not to follow that model. We decided to follow a model that is a no-strings attached model. And the model is if you are a kin caregiver and you have been providing care for twelve months or longer, and the child is in a safe circumstance you may take kinship guardianship. We will give you a foster care subsidy now with a specialized care increment, and you can just go ahead and have that child; you can have that arrangement until the age of 18. And we really don't do anything else. We sort of send them a letter once a year, but that serves no monitoring function. That serves no supportive function. Neither. So that kinship guardian path that we have gone down, which is to include kin but to do so in a non-system, that is publicly funded with no support and no accountability or monitoring.

The other place where I see the field moving—and California has been a little bit slower to do this than many of our other states, but many states are now using kin very aggressively as a diversion from the child welfare system. With the introduction of kin decision-making—which I think is marvelous—and with the introduction of family finding—which I also think is marvelous—we are now identifying relatives who could be available to take care of children. And in California we are beginning to walk down a path that is very familiar territory to many other states, which is once we identify kin we have them take the child who needs protective care. They go off and take the child in an informal, voluntary arrangement. Again, without any oversight, without any supervision, without any standards imposed on the nature of care, the quality of care. And without any support in case that family needs additional services or assistance. Okay.

So this new voluntary—or what we call it in California, relative care, that's voluntary—it uses kin as a private source of services while using public funds to pay for it. We require little of kin in terms of standards of care. And we reduce public responsibility for children's protection as a result. So this greater use of kin, as I see; greater inclusion of family in our system principally through now kin guardianship and through utilization of kin as our diversion from foster care—from regular foster care—I think does three things; it relieves public agencies of their responsibility for children's protection, it alleviates public agencies of their obligation to support parents, and it relieves public agencies of their obligations to work to reunify children, and in that diversion, Where are parental rights in all of that? And it absolves public agencies from their accountability for children's outcomes. So it is convenient. It sure reduces our

caseload. It sure does that thing that I talked about it in the beginning—we want to reduce our numbers; that’s a way to reduce numbers. But I think it does so by making children potentially more vulnerable if we haven’t thought about standards and accountability, and outcome.

I think these developments create a kind of an uncomfortable conversation between child welfare advocates because we all have an abiding interest in children and families. We really do. But the conversation has drifted into what I would describe as two camps; two fields, two discourses. One discourse would be characterized as those who have a view, which I take the language from a colleague of mine, Bruce Fuller, who calls one group “institutionalized liberals.” Institutionalized liberals see the benefits of government supported and monitored protective care for children. Support with monitoring and accountability. And the other group I would call “decentralized progressives,” and decentralized progressives I would say are characterized by those who want to devolve responsibility away from government to the community, to the family ultimately—so that the government doesn’t have to play a role.

Both institutionalized liberals and decentralized progressives will tell you that they both claim that they sit on left of center. We all share this really big territory that is left of center. But a more careful examination of the philosophy undergirding the decentralized progressive approach really aligns in traditional terms with the conservative right—which is to devolve authority and responsibility to the community and the family, move the government out of it, emphasize blood relationships of family, and let family take care on their own. Which is an interesting sort of development in our field.

So what do I suggest we should do to resolve this dilemma? I think what we should do is better identify—and that could be a whole other book; we have a great deal of work in our field that we need to do to really all agree on when is protective care necessary. And to ensure that we have standards that we all agree on that don’t vary by jurisdiction, that don’t vary by neighborhood, that don’t vary by county, that don’t vary by state. But we have standards that we all agree upon of what is the threshold that we all agree, that when you hit this threshold you need protective care. So that children and families experience greater equity in this thing called child welfare. If we got there, then I would say when children need protective care then I would argue kin should always be solicited as our allies in supporting children and families. But kin should do so in an

institutionalized liberal framework, which is under the auspices of the government where kin meet certain criteria for their own standards of care and where we can monitor and enforce accountability for care, and where we can provide the services and supports that they very likely need—given that all of the evidence suggests that this is an exceedingly vulnerable group of individuals in the United States.

If protective care isn't necessary but it's a family experiencing the turbulent water of a rocky boat, well then family should always also be used. Absolutely. Families should also be a first priority as a community to turn to. But that could be in a decentralized progressive environment outside of government, outside of our support, outside of our need for standards, outside of our need for accountability. Because those are not our kids. Those are not our responsibility. And a family wants to care for those kids; they have done so for centuries. They can continue to do so. And that seems to be a very fair and appropriate response.

So in closing I want to suggest that I am very optimistic, in spite of the fact that we have these lively discourses and these different discourses. I am very optimistic about where the field can go. I think that some of the changes afoot in child welfare right now are really gratifying and really exciting. We all know that there is now a much higher premium placed on evidence, and evidence-informed practice. And whatever that means, I think it's the right direction to go. I think it will be better for our field in the long run if in general child welfare workers practiced from an evidence-informed basis than from their best guess and/or from their own personal values. That direction is a good direction.

I think our direction toward the greater inclusion of family in our service delivery system is enormously optimistic. TDM is the right direction. Family Finding is the right direction. Utilization of kin is the right direction. Peer support, in terms of "parent partners" is the right direction. These movements in child welfare are really exciting. It's exciting to see the federal government stepping up to the plate and suggesting that foster care isn't always bad. My gosh, we're going to extend it to age 21; must be something good about it, right? But I do think that we have a ways to go as a community, to figure out how we clarify what our mission is and focus our mission so that we can better serve children and families with a unified voice rather than a divided voice into the future.