The Children Nobody Knows:

CALIFORNIA'S FOSTER CARE-DEPENDENCY SYSTEM

By ALAN WATAHARA and TERRI LOBDELL

CALIFORNIA TOMORROW YOUTH AT RISK PROJECT

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California Tomorrow is a non-profit, non-partisan membership organization built on the belief that the state's diverse population offers a rare opportunity to create a fair, working multiracial, multicultural society. California Tomorrow publishes a magazine, organizes local coalitions, runs a fellowship program, and conducts policy research and advocacy.

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The Children Nobody Knows

Preface

By JUDGE LEONARD EDWARDS
Juvenile Court, Santa Clara County

A baby is born six weeks premature. Tests reveal that he has cocaine in his system. He is unable to feed, is irritable and his body twitches. He suffers from the effects of the drug. His mother is addicted to cocaine and has already given up one child for adoption. She says she wants to keep this baby after she completes a drug rehabilitation program. The baby will be placed in a special foster home for up to six months. The cost of the necessary special care will be over $5000 a month.

A 14-year-old girl confides to her friend that her stepfather has been touching her in her private places and doing sexual things to her for several years and that she does not know what to do. She is fearful of talking about it because her stepfather tells her it is their secret and she will get in trouble if she tells anyone. When the friend reports the molest to the police, the girl is placed in a shelter facility while both criminal and juvenile dependency actions are commenced. The girl wants to return to her mother, but the mother is not sure what to do. At the first visit the mother tells the daughter to change her story so that the family can be back together again. The girl feels as though she is the one being punished since she is removed from her family. The criminal and juvenile cases will take more than six months to resolve.

The police find three children, ages six, three and two, in a house where a neighbor reported they were left unattended. The six-year old says he was watching his brother and sister until his mother returned. He reports that she has been gone overnight, and that he made dinner and breakfast for the other two. The house is filthy, the children unclean, and drug paraphenalia is in several rooms. Mother returns and says she wants the children returned to her immediately, claiming she had left them with a baby sitter.

These are some of the children and families who appear in our juvenile courts every day. These are the types of problems they bring to the court for resolution. The court may remove the children from their parents and place them in foster or other out-of-home care. Once removed they may become dependent children of the court. Government agencies will attempt to provide for them until they are returned to their parents or until a permanent home is found for them away from their parents. Either resolution may take months or years to complete.

This report describes the system which attempts to respond to the needs of these children. It tells of lofty social goals and overburdened bureaucracies often failing to meet those goals. It attempts to give the reader a sense of the thousands of human tragedies that appear in our juvenile courts each year and how our social/legal system is responding to them.

Our legislators at both the federal and state levels have embarked upon a remarkable legal and social experiment. Starting with the federal law (P.L. 96-272) and following with the California versions of that law, S.B. 14 and S.B. 243, our legal system has established a scheme designed at once to protect children and preserve families.

The scheme is complex, involving large public agencies, community based organizations, and volunteers, operating under supervision of the Juvenile Court. The tasks contemplated by the law—keeping families together and finding safe permanent homes for children—are enormous.

Why should we care about the foster care-dependency system? Are not these children going to survive just as generations have survived difficult childhood experiences? This report makes clear that we ignore these children at our own risk.

First, there is a substantial human cost reflected in the foster care system. These

children are suffering. They have been abused or neglected. At the same time they often miss their parents and long to be reunited with them irrespective of trauma they have suffered.

Second, there is an extraordinary social cost associated with the foster care system. Caring for children is expensive and caring for children with special needs is very expensive.

Third, there is much to be gained or lost in our efforts to meet the goals of the law. If we are able to provide for these children, they may become productive citizens and live to their potential. Our failures will surely return to haunt us with cycles of abuse, crime and family dysfunction.

This is an important report, one which should be read by a wide audience. In a sense the report is a call to action. It tells us facts too important to ignore, too vital to be read only by those who participate in the foster care system. All citizens must understand what is happening to these children and what must be done on their behalf.

Acknowledgments

THE material for this report was initially gathered by Alan Watahara, an attorney with a doctorate in public health. He currently practices law in the dependency field and is director of the Children and Youth Policy Project at the University of California at Berkeley. In late 1985, as one of California Tomorrow's first Fellows, he began the ambitious task of studying the foster care-dependency system *as a whole* to determine what in fact happens to the children at each stage of the process and how their situations might be improved. The research took over two years, and would not have been initiated or completed without the support and counsel of numerous individuals.

Former California Tomorrow Fellow and attorney Terri Lobdell joined the project in 1987. She updated and supplemented some of the research, and wrote the report. In 1988, former California Tomorrow Fellow Carol Dowell joined her in shaping and editing the final document.

The initial inspiration for this endeavor was provided by Professor-Emeritus William Griffiths, University of California at Berkeley, and the Honorable Harry Low, Presiding Justice, California Court of Appeals. The volunteers of the Children's Research Institute of California also were instrumental in encouraging this work.

The Institute for the Study of Social Change, University of California at Berkeley, provided a preliminary base and support from which this project was initiated; its staff also provided invaluable assistance in the final phase of the research.

Jane Anderson, M.D., Medical Director, Pediatrics Clinic, Mt. Zion Hospital, assisted in the design of the health care sections of this research. Professor Meredith Minkler was a principal advisor during the research stage; also contributing invaluable advice were Professors Troy Duster, Lawrence Wallack, Carol D'Onofrio and Joel Garcia, all from the University of California at Berkeley.

Lisa Marie Olsen provided technical assistance as well as unflagging commitment and dedication.

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The staff and Fellows at California Tomorrow played important roles in bringing this report to fruition. Lew Butler provided vision, leadership and support to all those working on it. Linda Wong, Bruce Kelley, Rosalind Gold, Rhonda Trotter and Sid Gardner provided invaluable advice as well as assistance in the editing process. Vinh Hoang provided much-appreciated technical expertise.

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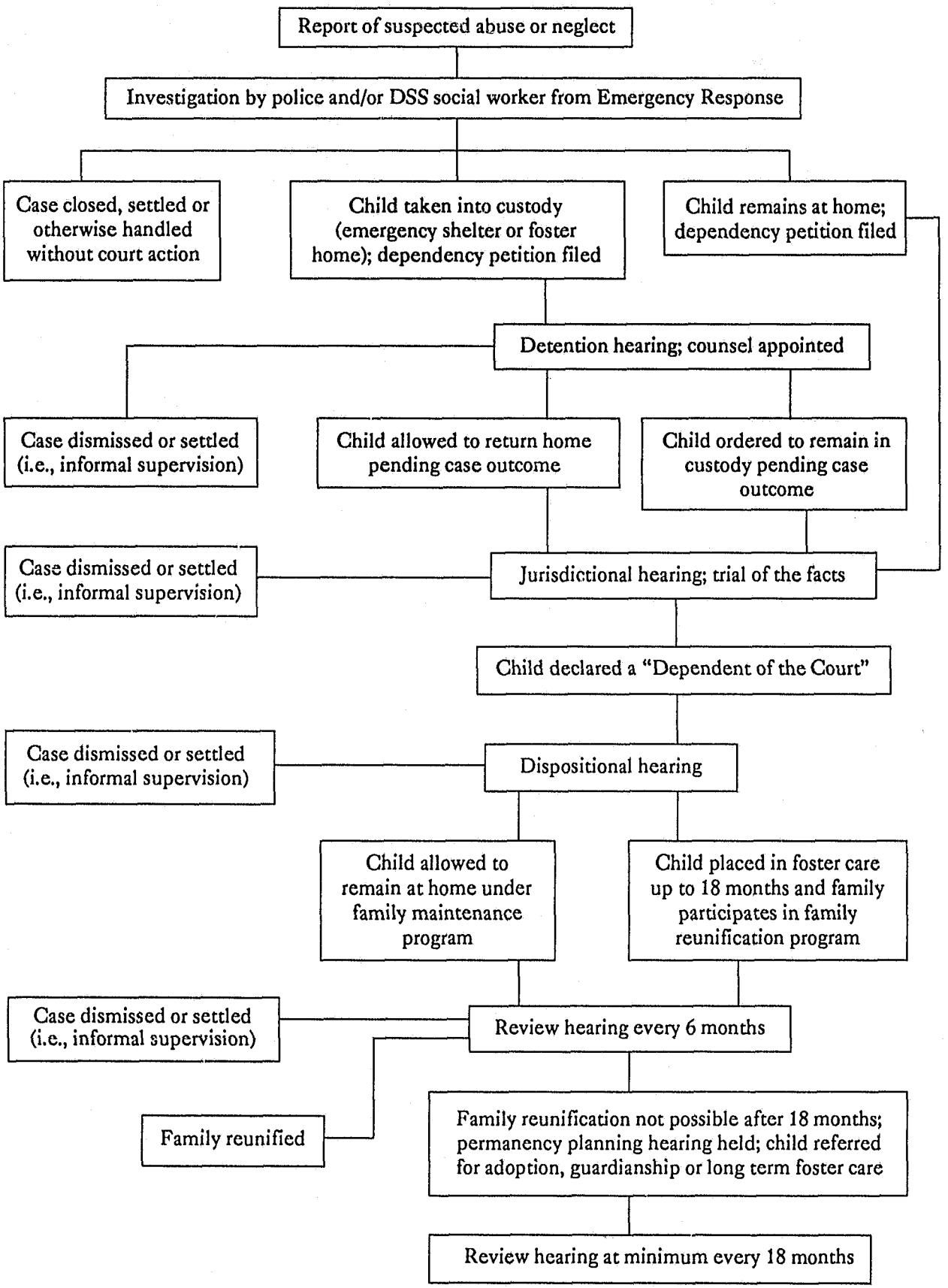
Appreciation is also extended to all those foster care-dependency system professionals (over 150) throughout California who aided in the research for this report by participating in the formal study interviews, answering numerous questions, and providing needed information and materials. Their experiences and opinions form the substance of this report.

Finally, thanks to the foster children who participated in the research for this report and whose candid comments give this report a soul. These children, and the thousands of others like them, provided the real inspiration and purpose for this report.

MAJOR EVENTS IN DEPENDENCY CASES



Introduction

THIS year, nearly 64,000 children are living in foster care and have been declared "dependents" of the state of California. Most are ethnic minorities: 36% Black, 22% Hispanic, and 3% Asian/Other. Most come from poor families. All allegedly have been abused, abandoned or—most frequently—neglected by their parents or other family members, to the point that the children have been separated from their families while local authorities investigate the charges of maltreatment.

While waiting for their cases to proceed through bureaucracies of police, social service agencies and the courts, the children live in emergency shelters, foster homes (sometimes with relatives) and group homes with other children experiencing similar trauma. If after a period it is determined they should be permanently separated from their families, some are adopted while most others continue to live in various foster care settings as "dependents of the court" until they reach 18 years of age. Then they are on their own.

It is a profound assignment for a government bureaucracy to be asked, first, to decide whether families can safely live together; second, to serve as healer of those families in crisis; and, third, to act as substitute parent to the children. Some would say it is an impossible task. But we have no choice; we cannot turn our backs on children who are beaten, sexually abused or abandoned.

This is the task at hand, one that sadly involves the most vulnerable and needy children in our communities. It is for them that we must make every effort to see that the foster care system is monitored, evaluated, reshaped and supported with sufficient personnel and other resources to fulfill its mission.

Many professionals interviewed for this study had no idea what happened to individual children who had passed beyond their personal circle of responsibility, or what other personnel within the system did or felt. Foster children interviewed also experienced this uncertainty about whether anyone knew where they were, or if anyone cared.

This is the goal of this report. It started in 1985 when a California Tomorrow Fellow, Alan Watahara, launched a study of the massive bureaucracy that makes up California's foster care-dependency system. The questions the study attempted to answer were many, but a few themes prevailed: What happens to the *children* once they are separated from their parents and placed in the care of the system? What opportunity do professionals in the system have to serve the best interests of these dependent children and their families, given the enormity and emotional nature of the task? Can the individuals and agencies responsible for the care of these children meet the demands of the dependency laws given the reality of limited resources? Is the system which is dedicated to relieving traumatized families in fact doing so?

In conducting the research, it became evident that a holistic description of the system with recommendations for improvements in each area would be useful for those who work in it day-to-day, as well as for those who seek to reform it. Many professionals interviewed for this study had no idea what happened to individual children who had passed beyond their personal circle of responsibility, or what other personnel within the system did or felt. Foster children interviewed also experienced this uncertainty about

whether anyone in fact knew where they were, or if anyone cared.

In response, this report attempts to examine all aspects of the system—from initial reports, to the investigative stage, to legal proceedings, to health care, to the placement process. This examination is presented from multiple perspectives—from the viewpoint of the social worker, the judge, the foster parent, the foster child. The first two chapters give an overview of the system: its demographics, legislative history, funding and overall design. Chapters 3 - 11 present, in approximate chronological order, the phases of the process as a child might go through it.

The research for this report focused on eight counties responsible for about 55% of the state's foster children and included several components: formal interviews with more than 120 social workers, health care workers, foster parents, police, lawyers, judges and administrators; visits to various foster care placement settings; analysis of statistical data; court observations; document investigation; and interviews with older foster children in Los Angeles County. The study counties were Butte, Contra Costa, Los Angeles, Marin, Orange, San Francisco, San Joaquin, and Santa Clara. They were selected to represent the diversity of California: north and south, urban and rural, Black and white and Hispanic and Asian, poor and booming. (See Appendix A for details about the research methodology.)

> It is a profound assignment for a government bureaucracy to be asked, first, to decide whether families can safely live together; second, to serve as healer of those families in crisis; and, third, to act as a substitute parent to the children.

The purpose of the interviews with the children—something few other studies in this field have done—was to gain the perspective of the very clients for whose protection the system was designed. The trauma experienced by children who have been abused and/or neglected and then separated from their parents is wracking. The question was whether the system only adds to that trauma. The answer was too often yes.

Among the points these children made: No one tells them in a comprehensible way what is happening to them or their families; few doctors will treat them because they are on Medi-Cal, even though their physical and mental problems are often acute; teachers, foster parents, lawyers, social workers, and judges come and go—and are often too busy to provide them with needed individual attention. The children's comments were telling, most often indicating they have a sore need to be kept better apprised of what is happening to them and why, as well as a desire to be able to voice their opinions and concerns as they try to cope with their ordeal. A common theme was they wanted to be treated like "a normal person"; apparently they seldom are. The professionals interviewed confirmed that more attention needs to be paid to how the process affects children.

This report raises and discusses these and many other concerns about the foster care-dependency system. Recommendations appear at the end of each chapter. Clearly, this report's findings and recommendations indicate great room for change and improvement. But the primary changes needed are systemic, not personal. Throughout the system dedicated individuals work hard to do their utmost to help the children and families involved. This report is intended to assist, support and hopefully inspire them; in many ways, it is written for them.

EXECUTIVE SUMMARY

Findings and Recommendations

SUMMARY OF REPORT'S FINDINGS:

Chapter 1: Legislative History, Funding, and Design of Foster Care-Dependency System. The 1980's brought a new philosophy to public policies and laws governing child welfare—what Judge Edwards calls in his preface "a remarkable legal and social experiment." Instead of focusing solely on the need to rescue a child from abusive or neglectful parents, the new philosophy possesses a grander scheme and purpose: keeping troubled families together, trying to heal those families, and at the same time, providing protection for the children.

When family preservation fails, the new philosophy focuses on finding the child a permanent home away from his or her parents, through adoption, guardianship or long-term foster care.

The new philosophy is ambitious. It is no small task to try to heal families in crisis; and it is no small challenge to protect children living with parents who have histories of alleged abuse or neglect. Yet the assumption is that children should live with their parents, whenever possible, even if the parents manifest significant inadequacies. Moreover, the new philosophy evidences a strong faith that many troubled families *can* be healed, at least to the point where children can safely live at home.

This philosophy presents difficult challenges particularly in light of increasing fiscal austerity. The professionals interviewed for this report were nearly unanimous in their opinion that the foster care-dependency system is suffering greatly from a lack of resources. Overloaded case workers and the need for more services for families and foster parents were primary concerns raised by those interviewed for this report.

The professionals interviewed for this report were nearly unanimous in their opinion that the foster care-dependency system is suffering greatly from a lack of resources.

A look at the system's funding shows that annually in California almost $800 million is spent on abused and neglected children; most of the money comes from state coffers. Federal funds have dwindled in recent years, as have county contributions, leaving the financial responsibility increasingly on the state.

Unfortunately state funding mechanisms often do not operate to promote the policies of the new philosophy. One important example: According to professionals interviewed for this report, funds available for "family preservation" are capped—and clearly inadequate to do the job at hand—while foster care funds are open-ended. This leaves county workers without the resources necessary to try to heal families and keep children safe at home, and at the same time, creates fiscal incentives to place children in costly foster care. As one county administrator said: "The money dries up when the kid goes home." This is why many experts believe that the new philosophy (and the taxpayers) would be better served by more resources up-front for family preservation programs. Indeed, recent legislation (A.B. 558, 1987) recognizes this problem and advances to three counties 10% of their projected foster care funds to be used exclusively for pilot family preservation programs.

Chapter 2: Demographics of the Dependent-Foster Care Population. The foster care-dependency population is growing at an alarming rate—from 35,091 in 1985 to 46,758 in 1987 to 63,900 in 1989, an increase of 82% in four years. Blacks are significantly

overrepresented among dependent-foster children; every other racial and ethnic group is underrepresented. Children from poor families of every ethnicity are overrepresented.

These hard facts raise complex questions regarding the impact of poverty on human lives and the way parents care for their children, as well as the possibility of racial or social discrimination within the system.

Contrary to popular perception, abuse is not the leading cause of children being removed from their homes. Instead, 67% of all removals are due to neglect, abandonment and caretaker incapacity. Victims of physical abuse account for 17% of all foster children; and victims of sexual abuse represent 11%.

Parental drug or alcohol abuse increasingly is a primary factor in cases requiring removal of children from their homes.

Parental drug or alcohol abuse increasingly is a primary factor in cases requiring removal of children from their homes. The numbers of drug-addicted babies have multiplied exponentially in recent years, a grave concern to those working in the system.

The population of foster children is getting younger each year, and they suffer increasingly from serious behavioral/emotional problems.

An increasing number of foster children are being placed with relatives (as opposed to living in non-relative foster homes, group homes or other facilities), according to a comparison of 1985 and 1987 statewide data. These same data show that a greater number of children are being reunited with their families within a year of having been placed in the foster care system.

Chapter 3: Investigation and Disposition of Child Maltreatment Reports. The system is being flooded with ever-increasing numbers of reports of alleged child abuse and neglect, due in large part to increasing media attention to the problems of abuse and neglect. The vast majority of these reports, once investigated, do not lead to further action. Thus, substantial resources are spent responding to reports and investigating allegations which for a variety of reasons do not bear out and, in many instances, may intrude unnecessarily upon innocent families.

At the same time, many interviewed for this report believe there is widespread failure among professionals to report suspected child maltreatment. This problem exists in spite of legal mandates, primarily because of a lack of faith in the system's ability to help the families and children involved.

On the whole, respondents described emergency response workers as doing their jobs well, especially in light of limited resources and the rising tide of reports. However, significant problems were identified, as follows: Due to huge caseloads, investigations are sometimes delayed. Investigators are often inadequately trained, particularly in how to deal with pre-verbal children. Staff turnover is great, due to burnout. Translation services typically are not available to help serve increasing immigrant populations.

Abused children are often subjected to multiple traumatic interviews—over 20 in a typical sexual abuse case.

Once a case is investigated, the great majority (over 75% statewide) are closed. No data exist to document the nature of these cases or reason for closure, or whether the children involved re-enter the system at a later time. The remaining open cases either proceed to court or are settled informally. Again no data are maintained on the incidence or nature of these cases, or why one route is chosen over another. Given the lack of data, it is impossible to evaluate whether the right decisions are being made at these critical points, or how the decision-making processes could be improved.

Chapter 4: Providing "Reasonable Efforts" to Prevent Removal of Children from Their Homes. One of the most important and difficult decisions is whether to remove

an allegedly abused or neglected child from the home. Experts agree that separation from parents often causes great trauma to a child, and to the family as a whole, and should be avoided if at all possible.

Unfortunately circumstances often conspire to make removal a first rather than last resort. Fear for the child and a shortage of staff and support services often lead workers to decide to place the child in foster care whenever there is any doubt.

In response, momentum is growing for increased support for programs designed to keep crisis families together. Numerous pilot projects have been launched in recent years in communities throughout California, some funded by the state, others by private foundations. Modelled after the successful Homebuilder's program in Washington state, these programs feature staffs with very small caseloads working with families in crisis on a 24-hour-a-day, seven-day-a-week basis. They provide counseling, parenting education and respite care, among other services. In most cases, these intensive, in-home services have been successful in removing the danger, instead of the child, from the home.

Chapter 5: Detaining a Child, Emergency Shelter Care and the Need for a Special Friend. In cases where a child must be removed from the home, the difficult question of where to place that child arises. Often there is neither time nor resources to locate nearby relatives who might take the child; and at the same time, foster families are in very short supply. There may be no choice but to place the child in an emergency shelter facility, which because of its institutional nature can be more traumatic for the child. It is also more expensive for the taxpayers. Too often the child is left there for months. In addition, shelter facilities increasingly are becoming "dumping grounds" for older youths who have failed other placements.

While living in emergency foster care pending the outcome of various court hearings, children are often left without full information about their families and their future. The uncertainty is agonizing for these children. And there may be no consistent adult in their lives to whom they can turn for help.

Shelter facilities increasingly are becoming "dumping grounds" for older youths who have failed other placements.

Chapter 6: Judicial Proceedings in Dependency Cases. Dependency court proceedings can be at best confusing and at worst devastating to the children and their families whose lives hang in the balance. First, there is the intimidating physical structure of many courtrooms and the lack of comforts and privacy in the waiting areas. Court personnel are overworked, hurried and often untrained in juvenile law matters or child development. They often speak in "legalese," leaving parents and children confused about what is at issue or what the court ordered. Individual cases rarely receive more than a few minutes of the court's time. Many judges and attorneys do not view juvenile court as a choice assignment and look forward to moving on after a year or two; nor do these judges view themselves as leaders at the helm of the foster care-dependency system, but rather as interpreters of the law who routinely defer to social workers and others for judgements about what to do with the individual families and their children. In most juvenile courtrooms, meaningful inquiry about the facts and the fate of the children and their families is absent.

Chapter 7: Family Maintenance and Reunification Programs. Family maintenance and reunification programs, which by law are required to provide various support services to families whose children are either at risk of maltreatment or have already been removed

from home, received very poor ratings from those professionals interviewed for this report. These poor ratings stemmed primarily from what was described as a near unconscionable lack of resources resulting in severe shortages of services in every county.

> All the study counties reported a near absence of support services in foreign languages, thus effectively denying growing numbers of immigrants access to any services at all.

The most troubling example is the shortage of spaces in substance abuse programs. For those who want help, the wait is often months-long. Similar shortages exist when it comes to counseling, parenting and homemaking education, transportation and day care services.

Moreover, all the study counties reported a near total absence of support services in foreign languages, thus effectively denying growing numbers of immigrants access to any services at all.

In addition, social workers face overwhelming caseloads so they are typically unable to spend the time necessary to assess the family's problems properly and to help work at solutions.

The dearth of data makes systematic evaluation of these programs problematic. No data are maintained regarding the availability, utilization or quality of support services provided to families pursuant to these programs. No one tracks the individual families before or after they are reunified.

Problems with visitation also plague reunification programs. Parents often face insurmountable scheduling and transportation hurdles in trying to meet court-imposed requirements for visiting their child(ren). Even when accomplished, visitation is permitted all too infrequently in many cases. Without regular meaningful contact, the relationship between parent and child suffers, along with chances for successful reunification.

Finally, in deciding whether to reunify a family, the court too often is forced to focus only on whether the parents have followed court orders. Both the nature of the adversarial environment and the statutory framework cause inadequate attention to the best interests of the child. Thus, it is claimed, some children returned to their families should not be, and vice versa. Some professionals interviewed reported feeling "pressures" to reunify a family contrary to their judgement.

Chapter 8: Longer-Term Foster Care. The shortage of foster families is the number one problem facing those who must find placements for children declared "dependents of the court." Particularly acute is the shortage of foster families from diverse ethnic, social and cultural backgrounds.

The foster parents interviewed for this report described the difficulties of their job, as follows: increasing numbers of children with serious emotional problems; no respite from their jobs; lack of information about the background of the children in their care; inadequate training and compensation; a poor public image; and lack of respect and support from others working in the system.

Many foster children experience multiple placements, often four or more in as many years. Each change in placement represents an upsetting disruption of caretakers, schools, friends, doctors, and daily routines—and often produces a sense of yet another "failure." Some of these placement problems could be avoided with more careful assessment conducted in advance, and with a larger pool of foster families.

But, in fact, most placement decisions are made by overburdened social workers who are not well acquainted with the dependent child, and who have very limited placement options.

Chapter 9: Delivery of Health Care to Dependent-Foster Children. Dependent children have greater health needs than the general pediatric population. Many have experienced serious assaults upon their physical well-being. Many have been neglected medically. Most suffer emotional problems.

Despite these clear needs, health care represents one of the most deficient areas within the foster care-dependency system. In particular, insufficient attention is given to the critical need of most foster children for mental health services.

Other specific deficiencies include: poor or absent medical and mental health assessments; lack of specially-trained medical personnel; lack of available mental health services; absent or inadequate medical histories; delays in delivery of care due to Medi-Cal red-tape; inadequate Medi-Cal coverage for dental and mental health care; and a severe shortage of providers willing to accept Medi-Cal patients.

In response to these problems, excellent model programs for delivering quality medical and mental health care to victims of abuse and neglect have been developed in recent years in several communities in California. Some of these programs are described in the report; these and others offer great hope for meeting the future health needs of all dependent-foster children.

Chapter 10: Educational Issues Affecting Dependent -Foster Children. Dependent children on the whole do not do well in school. Many are emotionally disturbed, developmentally disabled or performing below grade level. Because they do not get the help they need, school becomes yet another place where they feel anxious and inadequate. In addition, the logistics of the system—lost records, absences because of court hearings, placement changes—contribute to poor academic outcomes.

Insufficient attention is given to the critical need of most foster children for mental health services.

Chapter 11: Emancipation. Many dependent-foster children upon reaching the age of 18 are thrust into the adult world with minimal job or lifeskills preparation and an inadequate support network. Independent living programs which try to prepare these children for "emancipation" show promise, but are in scarce supply.

SUMMARY OF REPORT'S RECOMMENDATIONS:

The system needs changing—that much is clear to all who study it. It is also clear that more dollars are needed, for example to provide quality health care, and that those resources must be spent more efficiently with clear child-centered policies in mind. Below is a summary of specific strategies recommended in this report for improving the system of care for these vulnerable children.

Increase efforts to keep families together whenever it is safe to do so. Workers required by law to make "reasonable efforts" to keep families together must be provided with reasonable resources to perform this difficult task. More money is needed on the front end of the system to support these family preservation efforts and avoid, whenever possible, costly foster care placements. Pilot projects, modelled after Washington state's successful Homebuilder's program, should continue to be supported, evaluated and replicated in every county in California.

Expand drug and alcohol treatment programs. Drugs and alcohol are fast becoming the number one concern of those involved in the foster care-dependency system. While

there is no easy solution to this complex problem, first steps require that drug and alcohol treatment programs be available for all who want to enroll. Society needs to provide a chance at recovery for all those who seek it.

In addition: more intensive family counseling and other support services need to be provided to families suffering from drug/alcohol addictions, since substance abuse is usually only one glaring symptom of more complex family and social problems; more study and support need to be given to programs which try to keep families with substance abuse problems safely together, including consideration of housing young children *with* their mothers in residential treatment programs; more funding must be provided to recruit, train and adequately compensate foster families willing to care for drug-addicted infants; and more data needs to be collected on the incidence, nature and outcomes of intervention in families with drug or alcohol problems.

Foster children need better health care, particularly mental health care. When children are separated from their families, they need immediate medical and mental health assessments to ensure proper health care and placement. The complete spectrum of mental health services—everything from counseling and therapy to hospitalization—must be available to every child who is in need of such care. Upon entry into the system, "medical passports" are needed with the child's medical history, so providers are not ignorant of pre-existing conditions and treatments. Adequate access to health care professionals must be assured; no foster child should be made to feel that "no doctor will see him" because he is on Medi-Cal. Centers dedicated to providing specialized treatment to victims of physical and sexual abuse must be supported and expanded.

Investigative processes must be sensitive to the needs of children and their families. Emergency response workers need better training and above all, manageable caseloads. Translation services and interpreters must be available. The process for interviewing child victims needs to be sensitized and streamlined, utilizing child interview centers, specialists, and multi-disciplinary teams whenever possible.

The courtroom should be a place where meaningful, informed decisions about a family's life are made. Dependency court proceedings should not make children and their families feel like criminals. The families must be kept apprised of what is happening during the proceedings in terms they can understand. Court personnel should be specially trained and personally interested in juvenile law and child development. More time must be allotted to each individual case. Judges must assume their proper role at the head of the system, providing leadership, support and inspiration to all other participants.

Mediation, settlement conferences and other non-adversarial procedures should be utilized more often. The entrenchment of the court process in dependency matters has contributed to the paralysis of the system. Because dependency falls under the jurisdiction of the Superior Courts and adversarial legal rules and procedures, it is not surprising that nearly all participants (parents, social workers, attorneys) devote inordinate time preparing for trials or formal hearings that litigate or verify whether events occurred or whether parents have been cooperative. Relatively little time is devoted to the health or welfare of the child.

In some counties, settlement conferences have supplied meaningful new avenues to discuss resolutions; in others, settlement conferences act as a vehicle to bring all parties in a case together for the first time.

Foster parents need more respect and support. Aggressive efforts must be made to recruit new

foster parents, particularly from diverse racial and ethnic backgrounds. Equally aggressive efforts must be made to ensure job satisfaction. This includes: regular, state-funded respite care; more professional treatment from judges and social workers, including consultation about decisions affecting the children; and more community support for the valuable work they do.

Regular visitation between parents and children who have been separated must be viewed as an urgent priority and facilitated accordingly. Visitation should not be denied because of logistics—lack of transportation, lack of child care for other children, limited times for visits, etc. Adequate resources must be available to provide appropriate services to facilitate visitation. Courts and social service agencies must be flexible in their approaches to visitation. The attitude should be: "when there's a will, there's a way." The need for supervision during visitation should be scrutinized carefully and used only as a last resort: it is expensive, necessarily limits the available times for visitation and conveys a bad message to the parent (we don't trust you). Instead, more informal settings and creative arrangements must be explored. Whenever possible, visitation should be viewed as a therapeutic opportunity, for both child and parents—as well as a very powerful and economical force towards eventual successful reunification.

Foster children need extra help with school. School officials should work with social service agencies to assess the educational needs of each foster child and work cooperatively to meet those needs. Special educational programs must be provided when needed.

Expand and support court-appointed special advocates (CASAs): Volunteer child advocates perform invaluable services in helping the families, children, social workers and courts work through a family's problems and assist them in various forms of fact-finding and decision-making. They often are the only consistent person in a child's life once the dependency process begins—perhaps that child's only friend. They can concentrate on one or two cases at a time, a luxury most overwhelmed social workers do not have. In addition, these programs provide an excellent means to involve the community in helping local families and children in crisis.

Foster children need more help in making the transition from dependency to independent living at age 18. Independent living programs, some financial assistance and community "mentor" programs for those older foster children are necessary if they are to make it on their own as adults.

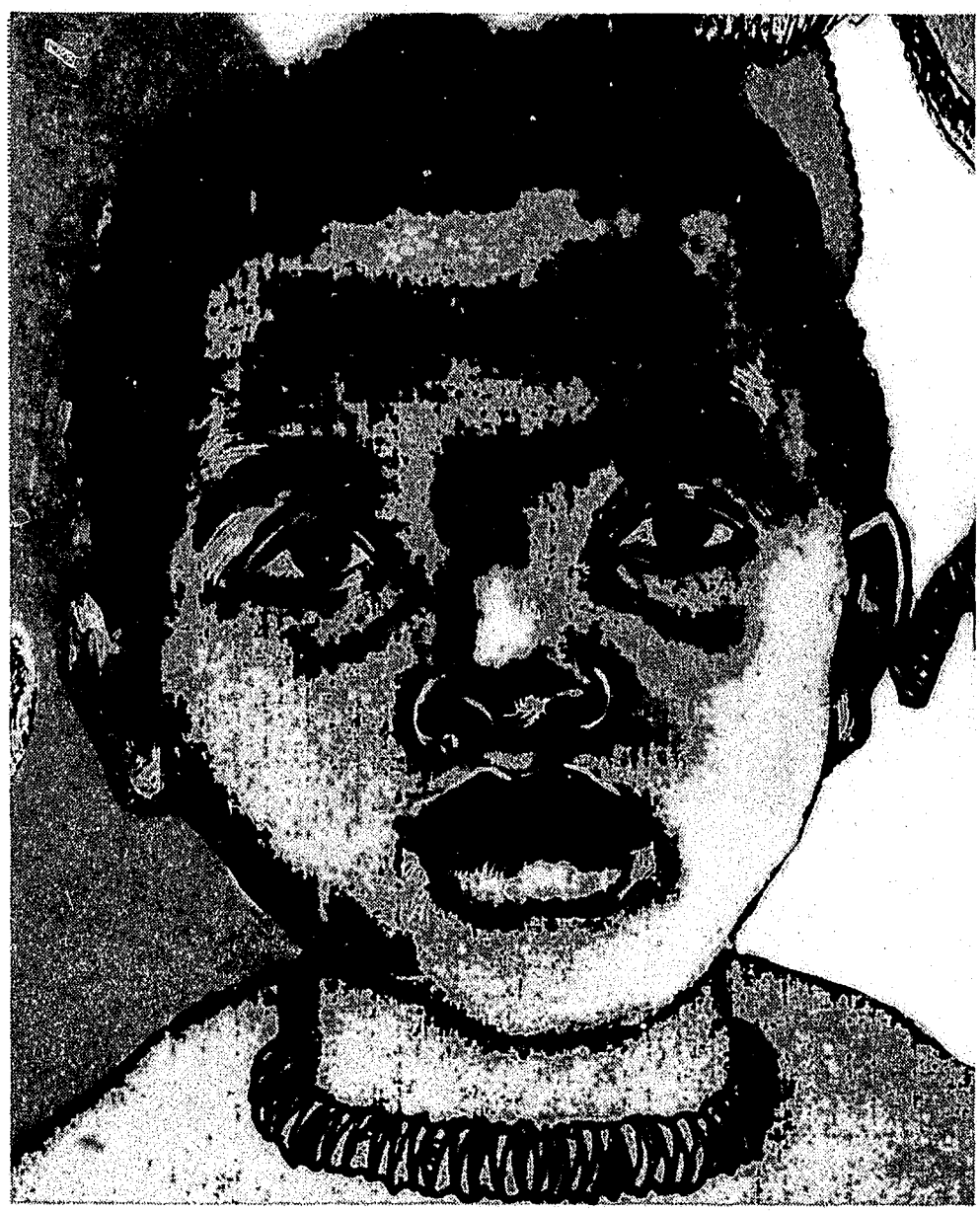
More data must be collected, monitored and analyzed with respect to the foster care-dependency system. This report identifies numerous important areas in which the data maintained are deficient or missing altogether. Examples include: the nature and incidence of unsubstantiated or unfounded cases; information on why cases are closed after investigation; the nature and incidence of cases taken to court as compared to those settled informally; the demographics of families whose children are placed in foster care; the length of stay for children in emergency shelter facilities; the availability, ultilization and quality of support services provided to families in crisis; and longitudinal information about individual cases and their outcomes. Without this type of data, study and improvement of the system are seriously hampered.

Equally important is a much-needed centralized, ongoing analysis of that data. In conducting the research for this report, it became clear that no comprehensive evaluation of data is occurring. The foster care-dependency system is intensely fragmented; one department often has little idea about what the other departments are doing, and no one

seems to assess the system as a whole. An overall, ongoing information clearinghouse is desperately needed, and as are annual reports on how the system is doing as a whole.

One example where this information and analysis would be useful concerns family preservation programs. These pilot projects are underway in many communities in California, funded by a variety of legislation and philanthropic organizations. No government office keeps information on all these programs, nor is there centralized information on their progress. No central long-term policy plan exists for developing, evaluating, promoting and coordinating these family preservation programs in California; in fact, the various pieces of legislation addressing this problem arose and proceeded through the legislature independently of each other.

This report represents one of many efforts to examine the foster care-dependency system in California, and to offer suggestions for improvements to better the lives of children. The system can no longer be reduced to its fragmented parts; it must be viewed as a whole and all policy reform should approach it in that manner.



CHAPTER 1

Legislative History, Funding and Design of California's Dependency System

LEGISLATIVE HISTORY

The current statutory framework governing California's dependency system had its beginnings in the child welfare reform movements of the late 1960's and early 1970's. The reformers had the following criticisms of the dependency system as it stood at that time:

- ☐ The standard used for determining whether children should be removed from their homes ("the best interests of the child") was too broad, subjective and unevenly administered.
- ☐ Welfare agencies made minimal efforts, if any, to keep the family intact.
- ☐ Once a child was placed in foster care, minimal efforts, if any, were made to reunify the family.
- ☐ Many children "drifted" from one foster care placement to another, with no long-term plan for their future.
- ☐ There was minimal consideration of adoption for foster children.

The reformers believed that: (a) children should not be removed from their homes unless necessary to ensure their safety; (b) many troubled families could be maintained intact through the provision of support services (e.g., counseling, parenting classes, day care); and (c) many families once separated, could be rehabilitated to the point where safe reunification was possible.

> The reformers believed that children should not be removed from their homes unless necessary to ensure their safety.

Many of the ideas contemplated by the reformers were based on the notion that the best place for children is with their families. This belief held true irrespective of the family's "inadequacy," as long as the child's safety was assured. It was recognized that separation from parents and family is usually devastating to any child, and consequently should be avoided whenever possible.

Finally, in situations where a child could not be reunified with the family, the reformers believed it was important to find a relatively permanent and secure alternative home for that child, preferably through adoption.[1]

The reform movement led to enactment in 1980 of federal legislation called the Adoption Assistance and Child Welfare Act. This legislation was sponsored by Congressman George Miller of California and modelled after state legislation which had established a pilot program in San Mateo County.

The new federal law was a complicated package which attempted to provide new fiscal incentives to remedy the above concerns. The most significant provisions of the new law required states receiving funding to:

- ☐ Demonstrate in each case that "reasonable efforts" were made to prevent the removal of a child from his or her home. In addition, after removing a child from the home, show that reasonable efforts were made to reunify the child with the family.
- ☐ Create programs of preventive and reunification services for families in crisis.
- ☐ Prepare a "case plan" for each dependent child, including provision of services to parents and and children to facilitate maintenance or reunification of the families.
- ☐ Review each foster care case at least every six months to determine whether the case plan is being properly implemented.

California's response to this Child Welfare Act was enactment in 1982 of state S.B. 14, which incorporated the requirements of the federal law, as follows:

- Stricter legal standards governing removal of children from their homes, with new emphasis on whether the child is in danger rather than on whether his or her best interests are being met by the family. The burden of proof of this danger shifted to the social service agencies to justify removal of the child from the home.
- Families must be maintained intact whenever feasible through the provision of support services, including counseling, respite care, parenting classes, in-home caretakers and transportation services.
- Support services designed to reunify separated families must be provided for a period of up to 18 months.
- Courts must adopt a "permanent placement plan" for any child remaining in foster care longer than 18 months, with first priority given to adoption, followed by guardianship and finally long-term foster care.
- Written case plans must be drawn up for all dependent children.
- Hearings must be held in juvenile court every six months to review the status of each case.

"It is difficult to know how successful S.B.14 has been, since there were little systematic data identifying the impact of the system on children prior to S.B.14 and there are little data available now.'

To implement these requirements, S.B. 14 reorganized the social service agencies responsible for delivering child welfare services into four separate divisions:

(1) *Emergency Response.* This unit responds to reports of child maltreatment 24-hours-per-day, 7-days-a-week; provides emergency services and shelter; investigates allegations of child maltreatment; and decides whether to proceed with court intervention, resolve it informally, or close the case.

(2) *Family Maintenance.* This unit helps maintain families intact through the provision of support services.

(3) *Family Reunification.* This unit works with families in cases where the child has been removed from the home, yet the goal is the safe reunification of parents and child.

(4) *Permanent Placement.* This unit is responsible for ensuring that foster children who cannot be returned home are placed in the most stable, family-like setting possible.

The impact of this legislative overhaul is hard to measure and evaluate. As a 1986 report of the California State Senate Select Committee on Children and Youth states:

"It is difficult to know how successful S.B. 14 has been, since there were little systematic data identifying the impact of the system on children prior to S.B. 14 and there are little data available now. There does seem to be a change in attitude and orientation. Social workers and judges seem to be more concerned with keeping families together, providing reunification and moving towards permanent plans when children cannot be placed with parents. Most people involved in child protection seem to agree, in general, with the basic philosophical approach....

"However, there have been a number of problems in implementing the new system. To some degree, the problems stem from a lack of adequate resources. S.B. 14 assumes that many services will be provided to parents and children, in order to prevent removal or to facilitate reunification. In many counties, there are few resources or long waiting periods before there are openings in good programs. As a result, there are probably more initial removals, and fewer reunifications, than were hoped for....

"There are also staff shortages in social services agencies and in the courts. S.B. 14 requires workers to do more report writing, appear in court more often, and to have more contact with parents and children. Few agencies have been able to add enough new staff

to handle these tasks. Because of limited judicial personnel, there are frequent delays in hearing cases and, perhaps, inadequate attention paid to many cases.

"All of these problems have been exacerbated by several events which occurred after the passage of S.B. 14, but which profoundly affect the system's ability to implement the legislative scheme. Most importantly, there has been an enormous increase in the number of abuse and neglect reports being received by agencies. Some counties have experienced a doubling in reports of abuse and neglect in one year period; current state...figures show a 70% increase in child abuse and neglect referrals over the 1981-82 level."

In 1987, in response to growing concerns about these and other continuing problems with the dependency system, the state legislature passed a complex package of bills to try to improve upon S.B. 14. A comprehensive analysis of the history, intent and provisions of these bills is presented in a report of the California State Senate Select Committee on Children and Youth, called "Child Abuse Reporting Laws, Juvenile Court Dependency Statutes, and Child Welfare Services" (January 1988). A few highlights are discussed below.

One of the most important aspects of the 1987 legislative activities was contained in S.B. 243, which changed the basic standard under which a court may declare a child a "dependent." The argument that was presented was that the standards set forth in S.B. 14 were too vague, even though they were much stricter than previous statutes.

For example, the 1982 statute authorized court jurisdiction if a child was "in need of proper and effective parental care," "not provided with the necessities of life" or a "suitable place of abode," or whose "home is...unfit...by reason of neglect...or physical abuse." No definitions were provided for "abuse," "neglect," "suitable," "proper."

The Senate report states that vague standards are undesirable because they "lead to highly variable practices in different counties and even within counties," and permit too much latitude for value judgements to determine the outcome of individual cases.

The 1987 amendments attempt instead to define very specific harms which must be shown before a child may be declared a dependent. (See Welfare and Institutions Code section 300, as amended.) The Senate report describes the legislative intent of the new law as follows:

"Underlying S.B. 243 is the judgement that court intervention is not appropriate unless there is good reason to believe that the parent's conduct towards the minor constitutes a significant threat to the minor's physical or emotional well being. The harm must be reasonably 'serious.' Although the legislation defines the harms more specifically than current law, it is not possible to give a highly specific definition of the phrase "serious" without being too restrictive. The legislation is intended to convey the judgment that court intervention is not appropriate just because a social worker, teacher or child welfare professional thinks that a parent's behavior is somewhat undesirable or may pose some detriment to the child."

The new legislation also initiates a training program for child protection professionals.

Finally, other legislation (specifically S.B. 1219) overhauled the reporting laws which mandate various categories of professionals to report suspected cases of child maltreatment. It clarifies definitions of reportable child abuse, the duties of mandated reporters, and the responsibilities and authority of local law enforcement and county welfare and probation departments.

S.B. 1219 also authorizes county welfare departments to determine if an immediate, in-person response to a report of child abuse or neglect is necessary, or whether a telephone call will suffice as the initial contact. Previously an in-person response was mandated. It is unclear at this time to what extent this attempt to provide flexibility in

responding to reports will reduce the drain on resources produced by the explosion in number of reports (as intended) or will instead result in reduced levels of protection offered for children (as feared by some opponents of the bill).

Funding The Foster Care Dependency System

In fiscal year 1989-90, California spent well over one billion dollars on programs/services directly designed for abused and neglected children, according to the Legislative Analyst's Office. Some of these funds derive from federal and local coffers, but the bulk comes from the state.

The highest line item is for foster care, administered by the DSS under the Aid for Families with Dependent Children program: over $694 million in 1989-90. The next biggest recipient is child welfare services, also within the DSS: almost $462 million.

State funding for child welfare services more than doubled between 1982 and 1986, and is expected to double again between 1986-87 and 1990-91. The amount spent on foster care alone is expected to rise from $391 million in 1986-87 to $846 million for 1990-91.[2]

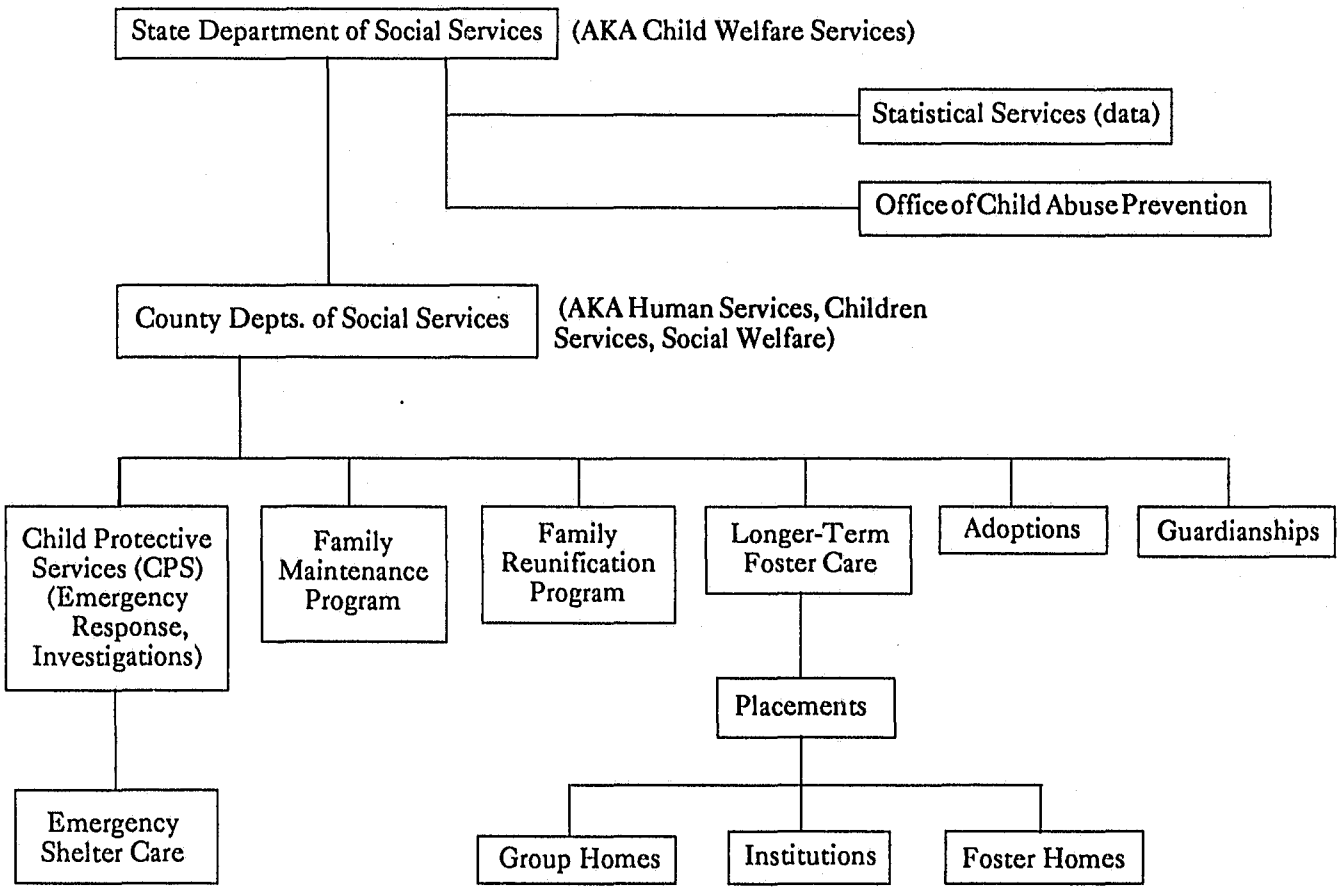
At the same time the 1980's brought great reductions in the amount of local funding available (due to Proposition 13 constraints), as well as decreases in federal funds as a result of recent reductions in domestic spending. These factors combined with tremendous increases in the number of reports of abuse and neglect have caused concern that in spite of the increases in state funding, it will not be sufficient to adequately meet the need.[3] Certainly the professionals interviewed for this study—including judges, social workers, doctors, lawyers—were nearly unanimous in their opinion that the dependency system is suffering greatly from a lack of resources. The need, they said, was for more personnel to handle the large volume of cases, and the need for more support services to help families in crisis.

Perhaps more importantly, the complex mechanisms involved in funding the foster care system often create inefficiencies in the way the system works. As one child advocate stated: "The funding streams do not follow the policies." A prime example of this is the fact that dollars available for preservation and reunification of families are very scarce—to the point where the programs are virtually nonexistent in some jurisdictions—while dollars to fund children in out-of-home foster care are open-ended. This does not make economic sense because for every child kept in the home through the provision of support services, money is saved. Moreover, the entire legislative scheme, based on promotion of the family unit, is turned on its head by this sort of funding mechanism.

Another example: A complex set of laws may unwittingly be creating financial disincentives for some relatives to care for foster children, despite the law's clear intent that children be placed with responsible relatives whenever possible. The way it works is this, according to DSS officials: Federal funds are available to help cover the cost of foster care *only* when the foster child's natural family has been receiving or is deemed eligible for federal welfare payments (about 60% of the time); and this applies whether the foster care is provided by relatives or non-relatives. But if the natural family is not "federally eligible," then the state picks up the tab, *except* when the foster care is provided by relatives. In that case, the relatives must apply directly to the federal government to receive funds under the AFDC "non-needy relative" program, which provides aid to help support foster children living with relatives. Unfortunately, however, this aid (a flat rate per child) is usually considerably less than other standard foster care payments, particularly in the case of older children (standard foster care payments are made on a sliding scale with higher payments for older children).

While this report does not attempt to provide a comprehensive analysis of the funding of the foster care-dependency system, clearly there are areas for improvement and a

ORGANIZATION OF SOCIAL SERVICE AGENCIES ADMINISTERING
FOSTER CARE-DEPENDENCY PROGRAMS



need for further study to ensure that funding streams promote, rather than work against, important public policies.

DESIGN OF THE SYSTEM

Structure of the social service agencies. The diagram (above) shows the organization of California's social service agencies administering the foster care-dependency system. (While most county child welfare services operate under their local department of social or human services as shown in this diagram, it should be noted that Los Angeles County has a unique arrangement, since 1984, with its Department of Children's Services (DCS) separate from its Department of Social Services.)

Anatomy of a child maltreatment case. The flow chart (see page preceding the Introduction) shows the process established by the dependency laws for handling a child abuse or neglect case. Detailed descriptions of each step of the process are a primary focus of Chapters 3-11.

The players. The many and diverse professionals encountered by children and families in the dependency system are matched in sheer numbers by perhaps only the steps required to process a case. Below is a brief description, intended to orient the reader, of

these professionals. Detailed accounts of these players' roles appear in Chapters 3 -11.

(a) *Social Workers.* Social workers might be called the heart of the system, the experts upon whom most other professionals rely in making decisions about a child maltreatment case. Most social workers are employed by their county's department of social services. They typically are assigned to a specific division—emergency response, family maintenance, family reunification, or permanent placement. As a case proceeds through these different phases, a new social worker often is assigned to supervise the case.

For example, when a case of suspected abuse or neglect is reported, one social worker is responsible for investigating the facts, assessing the risk to the child, and deciding what further action the social services agency should take. Other social workers will supervise the case as it proceeds through court. In the event a permanent placement away from the family is ultimately needed for a child, another social worker may be in

charge of locating and later monitoring that placement.

Social workers meet with the child and other family members, and are required to make regular contact during the course of a case. Social workers also make reports to the court, and at times must testify at various hearings.

(b) *Judicial Personnel.* The courts are run by judges, or judicial officers called commissioners or referees. They preside over the multiple hearings where key decisions about each dependency case are made.

Representing the interests of the various parties are publicly-employed attorneys (e.g., public defenders) or private attorneys appointed by the court for low-income parents, and occasionally private attorneys for those few parents with resources to hire them. The social services departments are typically represented by the County Counsel or the District Attorney's office.

(c) *Health Care Professionals.* Many children enter the system as a result of physical or sexual abuse, and need the immediate and/or ongoing care of physicians and/or mental health professionals. Dependent children as a population suffer disproportionately from chronic health problems, emotional disturbances, and physical disabilities. Thus, health care professionals often are, or at least should be, a major part of a dependent child's life.

(d) *Foster Parents.* The majority of dependent children placed outside their homes live with foster families. This includes both relatives (36%) and non-relatives (50%). Some foster families accept children on an emergency, short-term basis. Others agree to care for a child for a longer period of time, perhaps several months, while a parent is trying to overcome a drug addiction, or perhaps for several years while a more permanent placement (such as adoption) is being sought.

Some foster families care for only one child at a time. Others care for several at once. All foster families receive reimbursements of about $300 to $500 per month per child for expenses incurred. (Some higher rates are available for those foster families caring for children requiring very specialized services.)

> **Social workers might be called the heart of the system, the experts upon whom most other professionals rely in making decisions about a child maltreatment case.**

(e) *Teachers.* Because of their day-to-day contact with children, teachers are very often the first to report a suspected case of child abuse or neglect. They also are involved, or should be, in assessing dependent children's special educational needs, which are greater than the average school-age child.

(f) *Volunter Child Advocates.* Judicial officers are authorized by statute to assign a special volunteer to advocate for the interests of a dependent child as that child travels through the dependency system. Often this "court appointed special advocate" or "CASA" will be the only person consistently and intimately involved in the child's case from beginning to end.

1. For more information on the history of the child welfare movement and underlying child development theories, see B. McGowan and B. Meezan, *Child Welfare, Current Dilemmas, Future Directions* (1983).
2. See Commission on California State Government Organization and Economy, *The Children's Services Delivery System in California*, 1987 (hereafter "Little Hoover Commission Report"), for various details about past funding for the dependency system, including a breakdown of all expenditures and descriptions of various component programs (pp. 8, 86, 137-194).
3. *Ibid.*, (p. 86).

CHAPTER 2

Demographics of California's Dependent-Foster Care Population

THE media image of the maltreated child tends to be of a sexually abused or physically beaten child, whose parents are just as likely to be Black or white, rich or poor. In fact, the predominant reason for the government removing dependent children from their homes is *neglect or abandonment*, not abuse; and the parents involved are disproportionately Black and poor.

The statistics presented in this section describe key characteristics of the tens of thousands of children in California who have been declared "dependents of the court" (because of parental abuse or neglect) and are living in foster care outside the home. The data presented is based on statistics maintained by the State Department of Social Services (DSS) for calendar year 1987, unless otherwise stated.

Growth in Foster Care Population. In November 1989, California had 63,900 dependent children in foster care, up from 54,726 in January 1989, 46,758 in 1987 and 35,091 in 1985. This alarming growth represents an 82% increase in four years. Los Angeles County alone accounted for about 36% of this foster care population, up from 12,181 to 19,681 between December 1985 and January 1989—a 62% increase in three years. Santa Clara County increased from 1,591 to 2,611 foster children those same years—a 64% increase. (See Table 2a.)

NUMBER OF DEPENDENT FOSTER CHILDREN IN CALIFORNIA, AND BY COUNTY 1985, 1987, AND 1989

	1985	1987	JAN. 1989	Nov. 1989
Statewide	35,091	46,758	54,726	63,900
Butte	260	433	—	—
Contra Costa	969	1,402	—	—
Los Angeles	12,181	16,704	19,681	—
Marin	142	117	—	—
Orange	1,977	2,072	—	—
San Francisco	1,366	2,032	2,585	—
San Joaquin	408	964	—	—
Santa Clara	1,591	2,550	2,611	—

Source: State Department of Social Services.

Table 2a

Race, Ethnicity and Conditions of Poverty. In January 1989, Blacks comprised 36% of the statewide foster care population (up from 30% in 1985); yet they represented only about 9% of the general population under age 18. In San Francisco County, in January 1989, Blacks made up a shocking 71% of the foster care population (compared with about 18% of San Francisco's general population under 18, according to the 1980 U.S. Census); in Los Angeles in 1989, almost half (49%) of the county's foster care population was Black (compared with about 20% of Los Angeles' general population under 18, again according to the U.S. Census). (See Table 2b.)

All other racial and ethnic groups are underrepresented statewide. Taken together, however, racial and ethnic minorities make up over 60% of the foster care population.

Race and ethnicity are not the only striking demographic factors characterizing this population. The vast majority of these foster children also come from poor families. According to DSS officials, in January 1989, at minimum 59% of dependent foster children come from families eligible to receive federally-funded welfare payments (AFDC).[1] (See Table 2c.) In addition, a wide variety of literature on the subject, as well

RACE/ETHNICITY OF DEPENDENT FOSTER CHILDREN
STATEWIDE 1985, 1987 AND 1989

	WHITE	BLACK	HISPANIC	ASIAN/OTHER
1985	44%	30%	22%	4%
1987	42%	33%	22%	3%
Jan. 1989	39%	36%	22%	3%

SELECTED COUNTIES

	WHITE			BLACK			HISPANIC			ASIAN/OTHER		
	1985	1987	1989	1985	1987	1989	1985	1987	1989	1985	1987	1989
Los Angeles	26%	26%	25%	46%	48%	49%	26%	24%	24%	2%	2%	2%
San Francisco	23%	16%	14%	53%	66%	71%	13%	12%	10%	11%	6%	5%
Santa Clara	45%	35%	32%	12%	15%	15%	29%	43%	46%	14%	7%	7%

Source: State Department of Social Services.

Table 2b

as the common experience reflected in interviews conducted for this report, strongly indicate that foster children typically come from families facing severe economic problems.[2]

This overrepresentation of Black and poor children in the foster care population raises serious, and at this time unanswerable, questions. Are we as a society more likely to suspect and act upon child abuse and neglect when it happens in a poor or Black family? Is child abuse and neglect ignored more frequently if it occurs in white, middle-class families? Are Blacks or the poor more likely to mistreat their children, and if so, why?

And, finally, is poverty—not race—the real issue? Would a multi-variable analysis of families with children declared dependents in foster care cause race to drop out as a factor, leaving conditions of poverty—low income, less education, young parents, poor nutrition and health, job insecurity, unemployment, housing problems, exposure to violence—as the prime determinants? Are Blacks overrepresented in the system only because they are poorer than most?

DSS statistics for January 1989 show that at least 69% of Black dependent foster children come from families eligible for federal welfare payments, as compared to 54% of white foster children. (See Table 2c.)

Many professionals interviewed for this study expressed a belief that significant racial and class discrimination does occur in the reporting of child neglect and abuse. This bias may be due in part to the fact that poor families (disproportionately Black) have more

Dependent Foster Children From Families Eligible for Federal Welfare Payments* January 1989— By Ethnicity

Statewide	Federal Welfare		Total Population
White	11,539	(54%)	21,561
Hispanic	6,599	(55%)	11,954
Black	13,470	(69%)	19,651
Asian/Other	773	(50%)	1,560
Total	32,381	(59%)	54,726

Los Angeles	Federal Welfare		Total Population
White	2,639	(53%)	4,957
Hispanic	2,618	(55%)	4,780
Black	6,929	(72%)	9,648
Asian/Other	143	(48%)	296
Total	12,329	(63%)	19,681

San Francisco	Federal Welfare		Total Population
White	157	(43%)	365
Hispanic	138	(56%)	246
Black	1,237	(67%)	1,839
Asian/Other	61	(45%)	135
Total	1,593	(62%)	2,585

* This refers to families who were receiving or can be documented to have been eligible for federal welfare assistance (AFDC) at the time the dependent child was removed from the home and placed in foster care. This is a minimum figure only, since documentation is not available in some cases and since some foster children lose eligibility as a result of type of placement.

Source: State Department of Social Services.

Table 2c

Table 2e

REASON FOR REMOVAL FROM HOME FOR DEPENDENT FOSTER CHILDREN STATEWIDE 1985 AND 1987

REMOVAL REASON	[N=35,091] 1985	[N=46,758] 1987
Severe/General neglect	39.9%	41.5%
Caretaker absent/Incapacitated	22.3%	25.4%
Physical abuse	18.8%	16.7%
Sexual abuse	11.8%	10.9%
Other*	7.2%	5.5%

* Includes child disabled, emotional abuse, exploitation, relinquishment.

Source: State Department of Social Services.

frequent contact with public agencies (AFDC, county hospitals, etc.), which in turn are believed to be more likely than other parties to report suspected child maltreatment.

In addition, many respondents felt the decision-making process is more likely to result in separation of a poor Black child from his or her parents. For example, it was suggested that a physician is more likely to suspect a single Black mother, than a white, married middle-class mother, of giving birth to a drug-addicted newborn; and the county social service agency more likely to take the child from the Black mother, while the white mother is more likely to be enrolled in a drug rehabilitation program.

Others have pointed out that discrimination is not simply a matter of individual decision-making, but more a matter of system bias. For middle-class families, availability of resources and support networks may result in resolution of family problems without necessity of government intervention. For poor families, however, the options are more limited, in large part because they do not have the resources—and the resources are not provided—to help them through a crisis.

For example, many poor families are in desperate need of child care, housing, education and/or counseling—all of which could be purchased if they had the money. Instead, these families struggle under severe handicaps and may abuse or neglect their children as a result of what may become unbearable stresses. These families are above all vulnerable, with conditions of poverty over time undermining individual resiliency.

Others argue that racial and class discrimination occur in some instances but overall are insignificant factors, and that when a child is neglected or abused, county officials act to protect that child no matter what his or her race or economic status.

Reason for Removal from Home. California law provides several grounds for declaring a child a dependent of the court and placing him or her in foster care, including: sexual and physical abuse, severe and general neglect, exploitation, caretaker abandonment or incapacity, and emotional abuse. (Definitions of these terms as used by the DSS for reporting purposes appear at the end of this chapter.)

Neglect (severe and general) is the most prevalent causative factor, accounting for over 40% of all removals. Defined more broadly (to include caretaker absence or incapacity), neglect accounts for two out of three removals. An additional 28% are victims of physical abuse (17%) or sexual abuse (11%). Over the past two years, the percentage of children neglected has risen (from 63% in 1985), and the percentage of children abused has declined by a similar margin. (See Table 2e.)

Although the DSS does not maintain data on allegations of substance abuse in cases requiring removal of a child from the home, there is considerable evidence that substance abuse is increasingly a factor in cases where removal is deemed necessary. This includes drug-addicted or drug-exposed infants, drug ingestion by young children, as well as debilitating substance abuse by a child's parents.

A recent analysis of Los Angeles County's foster care population reports on the "alarming increase in allegations of substance abuse," citing an analysis of dependency petition requests which shows that in 1981, substance abuse related reports represented only 4% of the total 9,133 petitions filed, while in 1987, substance abuse related reports accounted for 18% of the total 16,773 petitions.[3]

Data for recent years in San Francisco County also shows dramatic increases in the percentage of dependency cases involving substance abuse allegations, as follows:

3rd Quarter 1985	27.5%	3rd Quarter 1987	65.5%
3rd Quarter 1986	40.7%	2nd Quarter 1988	69.5%

Of the 119 dependency filings involving infants (under one year) in the second quarter of 1988 in San Francisco County, 98 (or 82%) alleged substance abuse as the primary reason for seeking dependency status.[4]

Reason for Removal by Ethnicity. In the neglect category, whites (and Asians to a lesser degree) are underrepresented and Blacks overrepresented. (See Table 2f.) This is

Table 2f

REASON FOR REMOVAL FROM HOME
FOR DEPENDENT FOSTER CHILDREN BY ETHNICITY
STATEWIDE 1985 AND 1987

	White		Black		Hispanic		Asian/Other	
	1985	1987	1985	1987	1985	1987	1985	1987
Severe/General neglect	41%	35%	34%	41%	22%	22%	3%	2%
Caretake absent/ Incapacitated	45%	45%	28%	30%	20%	21%	7%	4%
Physical abuse	41%	40%	32%	33%	24%	23%	3%	4%
Sexual abuse	53%	53%	20%	19%	23%	24%	4%	4%
Child disabled/ Handicapped	67%	64%	19%	21%	12%	12%	3%	3%
Total	44%	42%	30%	33%	22%	22%	3%	3%

Source: State Department of Social Services.

probably due to the fact that neglect is more strongly correlated with poverty than other types of maltreatment.

Whites account for 42% of the foster care population, yet 53% of the cases involving sexual abuse. Asians are also overrepresented in the sexual abuse category. By contrast, Blacks are substantially underrepresented in the sexual abuse category: with over 33% of the foster population, they represent only 19% of the sexual abuse cases.

Of the children removed from their homes because of a disability or handicap, whites are substantially overrepresented while all other groups are substantially underrepresented.

Sex and Age. Females accounted for approximately 52% of the foster care population; males, 48%. Females are more likely to be victims of sexual abuse.

Professionals interviewed for this study observed from their experience that the children coming into the foster care system are younger and younger. The data support this. A greater percentage of all foster care children are between the ages of two and 10. Between 1985 and 1987, the population aged 15-18 dropped from 21.5% to 18%. (See Table 2g.)

The age at which a foster child is taken from his or her family and placed outside the home is important in any analysis of the foster care system. A younger child can be extremely vulnerable, with fewer inner resources to fall back upon in times of crisis; for these children, deficient system policies can have particularly corrosive and harmful effects.

AGE OF DEPENDENT FOSTER CHILDREN
STATEWIDE 1985 AND 1987

AGE GROUP	1985	1987
0-1	8.7%	8.5%
2-3	11.6%	13.8%
4-5	11.0%	12.2%
6-10	25.7%	27.4%
11-14	21.1%	19.4%
15-18	21.5%	18.0%

Source: State Department of Social Services.

Table 2g

For example, in the case of a young child who is just learning about relationships (e.g.,bonding, attachments, trust), multiple out-of-home placements in institutions and/or foster families, coupled with a lack of any consistent adult in that child's life, can be devastating to his or her ability to develop emotionally.

Type of Placement. Half of the children in foster care in 1987 resided in non-relative foster family homes, down considerably from 1985 (59%).

At the same time, placement with relatives is on the rise. In 1987, 36% of foster children resided with relatives; in 1985, only 24% resided with relatives.

Group homes (licensed by the state and housing multiple foster children) were utilized in 1987 for about 11% of all placements. This compares to a 1985 figure of 13%. (See Table 2h.)

These trends are encouraging insofar as they reflect California's legal and philosophical bias toward placement of foster children in home-like settings, with a responsible relative, if at all possible. During interviews conducted for this report, many professionals raised concerns that not enough effort is made to locate and work with relatives as potential placements, and that resort to non-relative homes or group homes is made too often due to pressures to place the child as soon as possible. In addition, as described in Chapter 1, funding mechanisms unwittingly create fiscal incentives that work against placement with relatives in many cases. Thus, progress in this area is welcome and will hopefully continue.

Type of Placement by Ethnicity. Whites and Asians are overrepresented in non-relative foster homes and group homes; Blacks and Hispanics are more likely to be placed with relatives. (See Table 2i.)

Table 2h

Foster Care Placement Type for Dependent Children Statewide 1985 and 1987

	1985	1987
Foster home (Non-relative, Non-guardian)	59%	50%
Foster home (Relative*)	24%	36%
Group homes	13%	11%
Other**	4%	3%

* Includes relatives who are non-guardians and relatives who are guardians.
** Includes county shelter, medical facility.

Source: State Department of Social Services.

Foster Care Placement Type For Dependent Children by Ethnicity Statewide 1987

	White	Hispanic	Black	Asian/ Other	Total
Foster home (Non-relative, Non-guardian)	53%	48%	47%	59%	50%
Foster home (Relative*)	29%	41%	42%	25%	36%
Group homes	15%	7%	8%	12%	11%
Other**	3%	4%	3%	4%	3%

* Includes both guardian and non-guardian relatives.
** Includes county shelter, medical facility.

Source: State Department of Social Services.

Table 2i

LENGTH OF STAY IN FOSTER CARE
FOR DEPENDENT CHILDREN
STATEWIDE 1985 AND 1987

LENGTH OF STAY	1985	1987
Less than 1 year	34.4%	41.2%
1-2 years	24.4%	25.9%
2-3 years	14.2%	13.4%
More than 3 years	26.7%	19.4%

Source: State Department of Social Services.

Table 2j

Out-of-County Placements. Twelve percent of all dependent foster children are placed outside their county of residence. Of these children placed out of county, 27% are placed in group homes (2.5 times more often than with the foster care population as a whole). Thirty-three percent of all out-of-county placements are to non-relative foster homes; and another 36% are placed with relatives. Data for 1985 indicate a disproportionate number of these out-of-county children have diagnosed disabilities (20.8%, compared to 11% overall in 1985), which may be a factor in their placement.

Over half (59.1%) of the children placed out-of-county in 1987 were young children (11 years of age or less). This is contrary to a long-held assumption, voiced in interviews conducted for this report, that the majority of out-of-county placements involve older teenagers.

Length of Stay in Foster Care. Over 40% of the dependent children removed from their homes remain in foster care less than one year. About 26% will stay one to two years; 13% for two to three years; and 19% for more than three years. (See Table 2j.)

When compared to 1985 data, it appears that dependent children are remaining less time in foster care, and that a significantly higher proportion are remaining less than one year.

Blacks on average are less likely to be returned within a year to their families, and more likely to remain in foster care for longer than three years. Whites and Hispanics are less likely to remain in foster care longer than three years. (See Table 2k.)

LENGTH OF STAY IN FOSTER CARE
FOR DEPENDENT CHILDREN BY ETHNICITY
STATEWIDE 1987

LENGTH OF STAY	WHITE	HISPANIC	BLACK	ASIAN	TOTAL
Less than 1 year	43%	40%	39%	42%	41%
1-2 years	25%	27%	26%	25%	26%
2-3 years	14%	14%	13%	12%	13%
More than 3 years	18%	19%	22%	21%	19%

Source: State Department of Social Services.

Table 2k

Number of Placements. In 1987, the average number of children in foster care in any given month was 50,801[5] and the average number of placements for those children was 2.0, with an average length of stay 20 months. Statewide, the number of children in their first placement was 25,018, or 50%; second placement: 13,453, or 26%; third placement, 6,126, or 12%; fourth placement, 2,964, or 6%; and fifth or more placements, 3,198, or 6%. (See Table 2l.) This indicates that almost one-quarter of the dependent children in foster care at any given time have experienced three or more placements.

Table 21

NUMBER OF PLACEMENTS FOR FOSTER CHILDREN 1987*
STATEWIDE AND SELECTED COUNTIES

STATEWIDE			
Average number of children:	50,801		
Average length of stay:	20 months		
Average number of placements:	2.0		
Number of children in	1st placement:	25,018	(50%)
	2nd placement:	13,453	(26%)
	3rd placement:	6,126	(12%)
	4th placement:	2,964	(6%)
	5th or more placement:	3,198	(6%)
LOS ANGELES			
Average number of children:	18,075		
Average length of stay:	21 months		
Average number of placements:	1.76		
Number of children in	1st placement:	10,622	(59%)
	2nd placement:	4,136	(23%)
	3rd placement:	1,783	(10%)
	4th placement:	816	(4%)
	5th or more placement:	709	(4%)
SAN FRANCISCO			
Average number of children:	2,031		
Average length of stay:	20 months		
Average number of placements:	1.89		
Number of children in	1st placement:	1,010	(50%)
	2nd placement:	651	(32%)
	3rd placement:	198	(10%)
	4th placement:	81	(4%)
	5th or more placement:	88	(4%)
SANTA CLARA			
Average number of children:	2,565		
Average length of stay:	26 months		
Average number of placements:	2.0		
Number of children in	1st placement:	1,254	(49%)
	2nd placement:	658	(26%)
	3rd placement:	310	(12%)
	4th placement:	161	(6%)
	5th or more placement:	180	(7%)

* Includes dependents AND children in foster care under the jurisdiction of the Probation Department (runaways, status offenders, etc.)
Source: State Department of Social Services.

Table 2m

Case Plan Goals For Dependent Foster Children Statewide 1985 and 1987

	1985	1987
Reunification with parents	57.5%	54.8%
Adoption	9.3%	10.9%
Guardianship	6.0%	6.6%
Independent living	1.9%	1.1%
Long-term foster care with non-relative	16.2%	15.7%
Long-term foster care with relative	6.6%	8.3%

Source: State Department of Social Services.

Reason for Termination of Foster Care For Dependent Children Statewide 1985 and 1987

	1985	[N=10,475] 1987
Reunification with parents	62.9%	64.5%
Placement with relative	10.3%	4.7%
Adoption	8.4%	7.4%
Age of Majority	7.8%	8.0%
Child ran away	4.9%	5.3%
Guardianship	.5%	2.8%
Other*	5.2%	7.3%

* Includes death of child, child abducted, child refused services, child incarcerated.

Source: State Department of Social Services.

Table 2n

DEFINITIONS OF VARIOUS FORMS OF CHILD ABUSE AND NEGLECT

Sexual Abuse. Means the victimization of a child by sexual activities including, but not limited to, those activities defined in Penal Code Section 11165(b) as "sexual assault".

Physical Abuse. Means nonaccidental bodily injury that has been or is being inflicted on a child. It includes, but is not limited to, those forms of abuse defined by Penal Code Sections 11165(d) and (e) as "willful cruelty or unjustifiable punishment of a child" and "corporal punishment or injury."

Severe Neglect. The negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. "Severe neglect" also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered, as prescribed by Penal Code Section 11165 (d), including the intentional failure to provide adequate food, clothing, or shelter.

General Neglect. Means the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, or supervision where no physical injury to the child has occurred.

Emotional Abuse. Means nonphysical mistreatment, the results of which may be characterized by disturbed behavior on the part of the child such as severe withdrawal, regression, bizarre behavior, hyperactivity, or dangerous acting-out behavior. Such disturbed behavior is not deemed, in and of itself, to be evidence of emotional abuse. Emotional abuse includes willfully causing or permitting any child to suffer, or inflicting thereon mental suffering, or endangering a child's emotional well-being as described in Penal Code Section 11165(d).

Exploitation. The act of forcing or coercing a child into performing activities for the benefit of the caretaker which are beyond the child's capabilities or capacities or which are illegal or degrading. Exploitation includes forcing workloads on a child in or outside the home so as to interfere with the health, education and well-being of the child.

Caretaker Absence or Incapacity. Means absence of caretaker (defined as parent/guardian) due to hospitalization, incarceration or death, incapacity of caretaker (defined as parent/guardian) to provide adequate care for the child due to physical or emotional illness, or disabling condition.

Source: State Department of Social Services

A comparison of individual counties reveals similar statistics. For example, Los Angeles County had an average of 1.76 placements; San Francisco, 1.89; and Santa Clara, 2.0.

Case Plan Goals. Social workers are required by law to develop a case plan for every child in foster care. In 1987, "reunification with parents" was the case plan goal in 55% of the cases, down from 57.5% in 1985. Long-term foster care with a non-relative was the case plan goal for 16% of the children; adoption, 11%; long-term foster care with a relative, 8.3%. (See Table 2m.)

Reasons for Termination of Foster Care Status. In 1987, approximately 65% of all dependent children whose foster care status was terminated (a total of 10,475) were reunited with their families (up from 63% in 1985). About 5% were placed with a relative (down from 10% in 1985). The remainder proceeded to adoption (about 7%) or guardianship (2.8%); or exited the system when they turned 18 years of age (8%), ran away (5%) or exited for some other miscellaneous reason (7.3%). (See Table 2n.)

1. This estimate is reportedly low, because sometimes the information necessary to determine a family's eligibility is not available. On the other hand, the state has a strong financial incentive to locate such eligibility information because if a family is deemed eligible, the state can apply to receive substantial federal contributions for the cost of that child's foster care.
2. See, e.g., U.S. Department of Health and Human Services, *Study Findings—Study of National Incidence and Prevalence of Child Abuse and Neglect: 1988*; American Humane Association, *Trends in Child Abuse and Neglect: A National Perspective*, Denver 1984; Children's Defense Fund, *A Children's Defense Budget: An Analysis of the Fiscal Year 1987 Federal Budget and Children*, Washington, D.C., 1986; Pelton, Leroy, "Child Abuse and Neglect: The Myth of Classlessness," *The Social Context of Child Abuse and Neglect* (1981).
3. See report of the Inter-Agency Council on Child Abuse and Neglect analysing "ICAN" data for Los Angeles County, Nov. 9, 1988 (p. 11-24).
4. Data are maintained by the San Francisco County Department of Social Services.
5. This figure includes dependents *and* children under the jurisdiction of the Probation Department (runaways, status offenders, etc.).

CHAPTER 3

Investigation and Disposition of Child Maltreatment Reports

Increase in Number of Reports. Broad categories of professionals, under threat of criminal and civil penalties, must report to government agencies known and suspected child maltreatment, including physical, sexual and emotional abuse, exploitation and severe neglect.[1] These mandatory reporting laws, in conjunction with increased media attention to the problems of abuse and neglect, have increased dramatically the number of reports. Increasing parental use of drugs and alcohol has also contributed to the increase in cases reported.

As a result, reports requiring a response from child protective agencies in California grew from 73,473 in 1982, to 370,633 in 1987 (an increase of over 400%), according to data from the State Department of Social Services (DSS).[2] Between 1986 and 1987 alone, reports increased from 341,756 to 370,633, an increase of 8%.

Though no data is kept on what proportion of these reports are filed by specific categories of professionals, experts interviewed for this study indicated that teachers, police, and health care professionals are the major so-called "mandated reporters." Other reports are made by neighbors, friends, and relatives. And some parents voluntarily seek the help of child protective services.

> Reports requiring a response from child protective agencies in California grew from 73,473 in 1982 to 370,633 in 1987, an increase of over 400%.

The DSS maintains data on the alleged reason for reports of child maltreatment. In 1987, of the 370,633 children referred for emergency response services, 17% were alleged victims of sexual abuse, 29% physical abuse, 40% neglect, 10% caretaker absence/incapacity, and 4% other.

"Insufficient," "Unfounded" and "Unsubstantiated" Report Categories. A substantial percentage of reports received (about 34% statewide) lack sufficient information to attempt a face-to-face contact. For example, a caller might complain of a woman he saw in the grocery store parking lot beating her child, but may have inadequate information to identify the woman. Counties vary greatly with their incidence of these "insufficient" reports according to DSS data: almost half (49%) of reports received by Los Angeles and Contra Costa counties are deemed insufficient. In contrast, Butte County has only 11% of its reports deemed insufficient; Orange County, 25%.

The "sufficient" reports that remain are referred for emergency response services, which begin with a face-to-face visit, or a telephone inquiry now allowed in less serious cases by 1987 state legislation. As the cases proceed through this investigative stage, some are labelled "unfounded," indicating that *no* evidence of child abuse or neglect was found. Others are called "unsubstantiated," meaning some, but not enough, evidence of maltreatment was found.

No precise definition, calculation or analysis of these "unfounded" and "unsubstantiated" reports is possible given current data reporting and collection methods.

According to the DSS, 76% of the cases are closed after investigation. Many of these cases involve significant family problems that were able to be resolved through informal, voluntary means, and cannot accurately be called either "unfounded" or "unsubstantiated."

The Little Hoover Commission report (1987) cites an official from the State Department of Social Services as testifying that as many as 60% of reports are "unsubstantiated." A state Assembly Human Services Committee analysis agrees:

"It is estimated that 60% of all of the cases that are reported to child protective services

are closed immediately after the initial investigation by social workers. There is no way to determine whether these reports are unfounded or unsubstantiated, or whether they are abuse cases which fall through the cracks due to a lack of resources." (See Assembly bill analysis of S.B. 243, 9/11/87.)

Are We Casting Too Wide a Net? While increased reporting undoubtedly means added protection for some children, it also has had the effect of overwhelming the system.[3] The substantial number of unfounded or unsubstantiated reports also indicates that the lives of many innocent families are being disrupted, invaded, even traumatized.[4] Moreover, resources used investigating these reports might be better spent on serving children in greater need.

The trade-off is a delicate one: do we cast a narrow net, leaving some children unprotected, or do we cast the net widely and in the process perhaps hurt innocent families, and divert resources which might be used elsewhere?

While increased reporting undoubtedly means added protection for some children, it also has had the effect of overwhelming the system.

Ideally we would find a middle ground: a reporting scheme that minimizes the total number of reports and at the same time protects as many endangered children as possible. One way to try to attain this ideal would be to gather more data about the characteristics of unfounded and unsubstantiated reports. With a greater pool of information, reporting practices and laws could be tailored more precisely to the population in need.

Intentional Failure to Report. While there is wide agreement that the system is inundated with reports, many professionals interviewed for this study also believe that a substantial number of cases are intentionally *not* reported.[5]

Of 56 professional respondents specifically asked, 36% estimated, based on their experience and observations, that over half of all abuse and neglect cases *known* to professionals are *not* reported to the authorities. The majority of respondents (52%) estimated that at least 30% of all identified cases are not reported.

The primary reasons professionals fail to make a report, respondents said, were: (1) lack of faith in the system's ability to respond properly; (2) dislike of court proceedings and related paperwork; (3) need to protect the family; (4) professional-patient/client privilege; (5) pressure from a supervisor not to report; (6) fear of losing business; (7) concern about lawsuits or reprisals from clients; (8) lack of understanding of reporting law requirements; (9) feeling that "past maltreatment" of the child poses no current danger; and (10) confidence in their own informal approaches to resolve the matter.

Of the 50-plus respondents asked, the vast majority indicated that these failures to report were not isolated incidences, and that medical providers were the most prevalent non-reporters, followed by school employees and mental health providers. Law enforcement personnel were rated as the least likely to be non-reporters. Overall, non-reporters were believed more likely to be private or self-employed practitioners rather than public employees.

Investigating the Child Maltreatment Report. Abuse and neglect cases are usually first investigated by social workers from the emergency response divisions of local social service agencies. These investigations are often conducted in tandem with police officers, particularly in sexual and physical abuse cases.

Investigations consist of interviews, as appropriate, with the child, parents, other family members, and "collateral contacts" (neighbors, relatives, health providers, teachers, etc.), as appropriate. In sexual or physical abuse cases, a physical examination is often conducted. In some counties, the child is transported to a local pediatrician or clinic with special expertise in such examinations. In other jurisdictions, the child is taken to an emergency room at the nearest hospital. (For more details on delivery of health care to abused children, see Chapter 9.)

Depending on the nature of the report, the law requires that investigations occur in one of three time-frames: (1) immediately (if the child is judged to be in imminent danger); (2) within three days (in non-emergency abuse situations, e.g., past but not ongoing sex abuse); or (3) within 10 days (in cases involving allegations of general neglect). DSS statistics show that in 1987, 31% of investigations were initiated immediately; 37% within three days; and 32% within 10 days.

The purpose of the investigation is to gather facts to either verify or disprove the reporter's allegations of abuse or neglect. At the same time, the social worker must assess the level of risk to the child or children, and, when appropriate, begin to engage the family in problem-solving activities.

It is a sensitive task. Parents are understandably threatened by inquiries from strangers about how they treat or care for their children. Often the social worker meets resistance, from mild to dangerous, in gathering and assessing facts. To assist their workers, some counties publish guidelines about the investigative process. Los Angeles County, for example, maintains a detailed handbook to guide its emergency response effort.

Professionals interviewed for this study gave the strong sense that workers in emergency response divisions were doing the best they could with limited resources and an ever-rising number of reports to investigate. Of 87 respondents specifically asked, 60% rated the quality of their county's investigations as "good" or "very good." An additional 11% rated them "adequate"; and 17% rated them "poor" or "very poor." Of 67 respondents specifically asked, 76% felt that reasonably accurate assessments were being made by investigators of the situation prompting the report either "most" or "all" of the time.

The increasing number of reports, said respondents, had necessitated a system of prioritizing investigations and responses, usually based on the alleged severity of the injury and the alleged victim's age. The majority of respondents specifically asked felt their county's prioritization policies were adequate, and that investigations were generally timely.

Professionals interviewed for this study gave the strong sense that workers in emergency response divisions were doing the best they could with limited resources and an ever-rising number of reports to investigate.

At the same time, more than 60% reported situations when investiations were not conducted in a timely fashion.

Despite overall favorable ratings, many professionals interviewed identified significant problems with their county's emergency response program, stemming primarily from lack of resources, inadequate training for investigators, and staff turnover. Caseloads are generally too large, they said, although there may be extreme variability day to day. Translation services are often not available to overcome increasingly-common language barriers. The newest workers are sometimes assigned to emergency response—one of the most difficult and stressful jobs in the entire system—with little or no training. Investigators (as with most professionals who work in this field) are often inadequately trained to work on the increasing number of cases involving pre-verbal children. Time pressures often prevent investigators from developing a rapport with the child. Unrealistic statutory deadlines sometimes force overburdened staff to close cases early to avoid violating the law.

These problems create significant emotional pressures on the staff. Consequently, high worker turnover in emergency response is common, resulting in a cycle of inexperienced investigators dealing with families at a critical point in their lives.

The social workers interviewed for this study recommended that manageable emergency response caseloads would average between 10-15 cases at any one time, and should never exceed 20 cases.

The Problem of Multiple Interviews. One of the most serious concerns identified by

professionals interviewed for this study was that abused children are often subjected to multiple traumatic interviews as part of the investigatory process. The Little Hoover Commission report describes the possible involvement of as many as 22 child welfare professionals in a child abuse case, all of whom may interview the child separately.

Even more traumatic than the number of *interviews* is the number of different *interviewers* a child must face, according to the California Child Victim Witness Judicial Advisory Committee's report published by the Attorney General's office (1988), which identifies and addresses this problem at length.

One case study found a high school girl molested by her father interviewed 14 times before she got to court. Among the different interviewers: the principal, school counselor, two police officers, two physicians, two social workers, a probation officer, an assistant district attorney, a public defender, a pyschologist and two other counselors. Said one judge:

"But even with 14 interviews she got off easy. Victims of child abuse are routinely interviewed 25, even 35 times....The system re-abuses children. Kids have to repeat their story so many times, they think no one believes them. Some of them recant. They think, 'Why should I keep telling this if all that happens is I have to tell it again?' Who can blame them?"[6]

A multi-disciplinary approach to interviewing children was the most recurrent suggestion made during this study's interviews. This would reduce the number of interviews, and allow a more educated, coordinated analysis of the family situation.

Some states have passed laws directing law enforcement, social service agencies and prosecutors to conduct joint investigations in child sexual abuse cases using a single trained interviewer (for example the state of Washington). Although these arrangements appear attractive at first blush, concerns have been expressed about the following issues:

(a) Police officers and social service workers have different missions in an interview. Social service workers seek to determine whether the child was in fact abused, and whether the child is still at risk. Police officers, on the other hand, must try to establish the elements of a crime and the identity of the perpetrator. It can be difficult to accomplish both missions simultaneously.

A multi-disciplinary approach to interviewing children was the most recurrent suggestion made during this study's interviews.

(b) The sheer volume of cases means police officers sometimes prefer not to receive referrals until the social service agency has substantiated reports, especially in neglect and less serious physical abuse cases.

(c) Law enforcement and social services personnel sometimes distrust each other.

(d) It may be difficult to schedule a time convenient to the several people involved. And in trying to accomplish multiple purposes, an interview may become protracted, straining the child's attention span.

An example of a program which seems to be working to reduce the number of interviews a child must endure is cited by the 1987 Little Hoover Commission report. San Francisco General Hospital utilizes a trained multi-disciplinary staff to implement a 24-hour crisis intervention program for sexually abused children. Another comprehensive approach exists at San Diego Children's Hospital's Center for Child Protection. (See Chapter 9 for more details on the San Diego program.)

The recent Attorney General's report recommends sensitizing and streamlining the interview process for children, by:

- Interviewing children in a child-oriented setting, preferably a special center designed for that purpose.
- Using a specially-trained "Child Interview Specialist" to conduct comprehensive interviews with the children.
- Developing interdisciplinary child interview protocols to minimize the number of

interviews and interviewers.

- Documenting the comprehensive interview to minimize the need for subsequent interviews, perhaps using audio or video taping.

Respondents in this study similarly called for standardization of investigations, including development of a "check-list" of information to be collected and individuals to be contacted. Respondents also echoed the need to conduct initial interviews with families in a neutral location. Both the home and school—the two most common sites now utilized—were cited as compromising environments because of the possible presence of the alleged perpetrator in the home, or of adult strangers such as principals or teachers supervising a child's interview in the schools.

Most cases—76% statewide, according to DSS data for 1987—are closed after the initial investigation.

Post-Investigation Decisions. What to do with a case after initial investigation is usually left to the discretion of the social worker, his or her supervisor, and in some cases the attorneys of the various parties after negotiations. This is a critical stage. The decision is whether to close the case, set up "informal supervision" where the child stays at home, or file a petition for the child to become a "dependent of the court."

The Los Angeles County handbook for social workers contains guidelines for making such decisions. The handbook advises that the answer to the question "what happened?" is less important than the answer to the question "why did it happen?". It also urges use of the county "Assessment Guide" to assist in calculating the level of risk to a child.

Factors pointing to keeping a case open, according to the handbook, include: isolated family; drug/alcohol problem; preschool children involved; family denies problem; no community/relative monitoring system available; agency involvement will help reduce risk; serious family problems identified as contributing to abuse/neglect, such as death in family, recent divorce, serious illness/disability of parent or child, severe marital strife, financial crisis.

In fact, most cases—76% statewide, according to DSS data for 1987—are closed after the initial investigation. The remainder either proceed to court—by filing a petition to have the child declared a "dependent"—or are settled informally without court involvement through voluntary agreements between the family and the county's department of social services.

Voluntary agreements typically allow the child to remain at home under county supervision. This is called "informal supervision" and is authorized by statute in certain cases where there is a "potential danger of abuse, neglect or exploitation."[7]

Concerns with the Use of Informal Supervision. Two significant concerns about informal supervision were identified in this study's interviews. The first was the lack or inadequacy of actual support services available to families ordered to seek such services. (See Chapters 6 for more information about support services and funding problems.) "Informal supervision" thus may mean, in actuality, little or no "supervision" with barely-minimal services provided to the family. Consequently, the children may continue to be at serious risk for harm.

Concern was also expressed about the subjective nature of the decision-making process in referring cases for "informal supervision." It was feared by some that it may be used in cases of minor assaults or marginally inadequate child care, where in fact government intervention may be entirely unwarranted. It was further suggested that the inherent unequal bargaining power of the parents faced with a large bureaucracy threatening to take their child away may permit abuses of power.

At the same time, many respondents interviewed felt "informal supervision" played a valuable role in avoiding the adverse and stressful nature of court proceedings for a family.

Cooperation by the parents was cited by this study's respondents as the most influential

Table 3a

EMERGENCY RESPONSE CASELOAD MOVEMENT FOR FAMILIES—1987

	ER DISPOSITIONS*	CASES CLOSED	TRANSFERRED TO FM**	TRANSFERRED TO FR***
TOTAL	185,601	76%	12%	6%
Butte	2,084	79%	11%	8%
Contra Costa	4,451	83%	9%	8%
Los Angeles	49,811	64%	21%	7%
Marin	618	69%	20%	6%
Orange	8,599	75%	14%	6%
San Francisco	2,713	62%	16%	13%
San Joaquin	3,083	82%	7%	5%
Santa Clara	9,576	75%	6%	4%

* Total number of cases either closed or sent elsewhere by Emergency Response divisions.

** These are cases transferred to Family Maintenance programs from Emergency Response.

*** These are cases transferred to Family Reunification programs from Emergency Response.

Note: Other possible dispositions: transferred directly to permanent placement from emergency response; transferred to other counties; "open service" cases (cases already receiving services when report was made).

Source: State Department of Social Services.

factor in determining whether informal supervision would be utilized.

The End Result: Statistical Data on Case Dispositions. No statewide data are maintained to show what percentage of reports ultimately are taken to court, how often "informal supervision" is used, or for what types of cases "informal supervision" is utilized. However, some existing data can be drawn together to help illustrate case disposition patterns. The bottom line: out of every 100 cases investigated, roughly 10 involve court action.

DSS data show that of the 185,601 emergency response dispositions in 1987 (for families), 76% of the cases were closed; 12% transferred to family maintenance programs; and 6% transferred to family reunification programs. About 75% of the cases transferred to family maintenance were labelled "voluntary"; thus, roughly 8% of all the emergency response dispositions involved voluntary agreements. The remainder of the family maintenance cases, along with the family reunification cases, presumably involved court action. It can therefore be derived from this that roughly 10% of the state's emergency response dispositions involve court action. (See Table 3a.)

Other sources of information provide similar pictures. For example, Santa Clara

SANTA CLARA COUNTY CHILD MALTREATMENT REPORT DISPOSITIONS
FY 1987-88

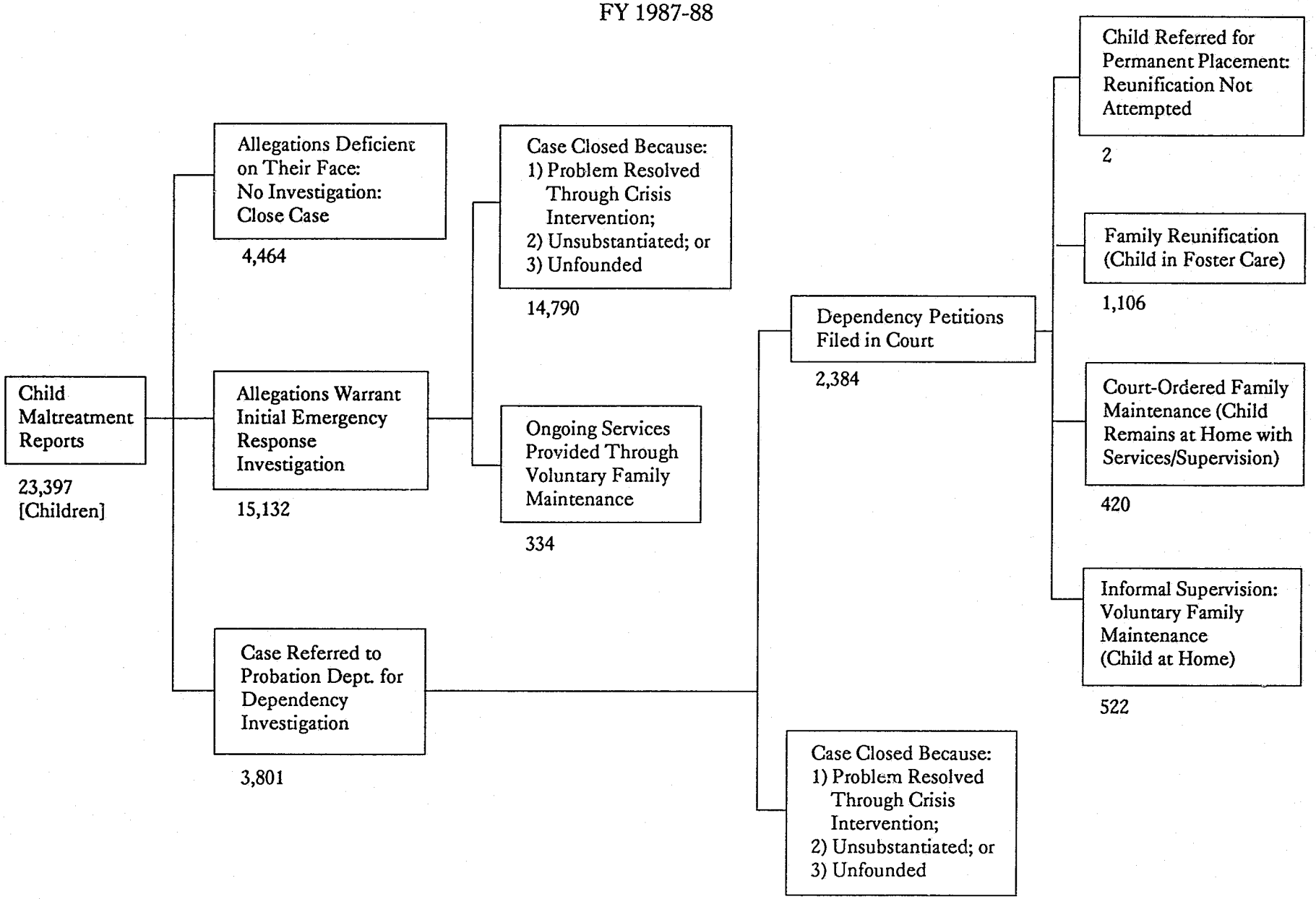


Chart 3b *Source:* Santa Clara County Department of Social Services.

County maintains detailed data on the disposition of reports (according to the number of *children*, not families) on an annual basis for use in the community. Figures for fiscal year 1987-88 show the following (see Chart 3b): the emergency response division of the local social services agency received reports involving over 23,390 children. Of those reports, about 4,460 (19%) were deficient on their face, thus requiring no investigation. The great majority of the remaining reports (78%) were closed after an initial investigation; either the problem was able to be resolved quickly and informally (through referral to local agencies providing counseling, for example), or the allegations were unfounded or unsubstantiated.

About 2% of the remaining reports were referred on a voluntary basis (without court involvement) to the county's family maintenance program. The remainder (20%) were referred to the county's probation department for a more formal investigation (Santa Clara is the only county in California which still has probation officers conducting dependency investigations). Of these cases, 1426 (38%) were settled or dropped, with no ongoing supervision or services. The other 2,384 cases (62%) proceeded to court, where about one-quarter were referred for informal supervision; about 18% were referred to family maintenance under court order; about half were placed in foster care and referred to family reunification; and finally, two cases were referred for permanent placement because circumstances indicated that family reunification was not feasible, as defined by statute.

In sum, only about 10% of the total number of children referred for emergency response services in Santa Clara County were found in need of ongoing government services. About 14% of these children were handled informally through a "voluntary family maintenance program"; the rest were processed through the court system, with approximately half being placed in foster care and the others allowed to remain at home under county supervision.

Finally, according to figures compiled for Los Angeles County by the Interagency Council on Child Abuse and Neglect, there were 16,773 dependency petitions filed in Los Angeles courts during 1987. Of a total of 104,886 cases requiring emergency response services, this would indicate that approximately 13% of the initial reports ultimately required court intervention.

RECOMMENDATIONS:

❑ Maintain comprehensive data on the number of maltreatment reports and the reasons why they were deemed unfounded or unsubstantiated. Associated with this should be the appointment of a task force to analyze the data and make suggestions for ways to better tailor reporting and reporting response requirements to the population in need. One goal would be to reduce the number of unfounded or unsubstantiated reports to minimize: (1) government intrusion in the lives of innocent families, and (2) inefficient use of precious resources.

❑ To improve the quality of investigations:

— Provide better training to all emergency response workers, particularly in learning how to deal with pre-verbal and very young children. (S.B. 834, passed in 1987, initiates a training program for child protection professionals, with highest priority for immediate training given to emergency response workers. This new law should help meet this goal.)

— Maintain reasonable caseloads for all emergency response workers.

— Implement the recommendations in the Attorney General's report on interviewing child victims, including those recommendations advocating the utilization of child interview centers, child interview specialists, and multi-disciplinary approaches to child interviewing.

— To meet the needs of increasing immigrant and minority populations, provide more translation services. In addition, programs should be developed and implemented to recruit minority workers and special training programs designed to educate professionals with respect to the special needs of minority communities.

❑ To improve the quality of the decision-making process on disposition of cases:

— Guidelines should be developed in every county to assist caseworkers in determining when a case should be dismissed, taken to court or referred for "informal supervision." Special training in how to make these decisions should be provided. (Counties which currently do this may be used as models.)

— Collect and analyze comprehensive data on the number and nature of cases dismissed, referred for "informal supervision" or pursued through the courts. Also monitor closed cases to find out what percentage re-enter the system at a later time to evaluate, among other things, whether the decision to close the case was correct.

1. See California Penal Code sections 11165 et. seq.
2. These numbers refer to the number of *children* reportedly abused or neglected. Each report may involve allegations about more than one child.
3. See the Little Hoover Commission Report which states: "Increased reports of abuse and neglect, combined with inadequate funding, have contributed to unmanageable workloads throughout the state." (p. 88.)
   See also "Report of the Interdepartmental Task Force for Dependency Court Improvements," Los Angeles County, 1986, which discusses problems resulting from the tremendous growth in court caseloads in Los Angeles (from 3,052 in 1974-75 to 17,000 in 1985-86).
4. See Little Hoover Commission report (pp. 89-90) for examples of heartbreaking testimony from families who were victims of unfounded or unsubstantiated reports.
5. This situation is not unique to California. One study estimates that more than half the maltreatment cases identified by professional required to make reports are, in fact, not reported. Basharov, D., "Right Versus Rights," *Public Welfare* 1985.
6. *San Jose Mercury News*, *West* Sunday magazine, May 1, 1988, (pp. 10, 32).
7. See California Welfare and Institutions Code section 330. This option is not only available prior to the filing of a petition, but may be offered to the family throughout the duration of dependency proceedings, whenever appropriate.

The Children Nobody Knows

CHAPTER 4

Providing "Reasonable Efforts" to Prevent Removal of Children from Their Homes

WHEN a report of alleged maltreatment of a child is made, one of the first questions the investigator must answer is whether the child should be removed from the home and placed in protective custody. It is an important decision; one that experts agree has far-reaching consequences for the child and his or her family.[1]

Most professionals involved in the system recognize that separation from parents (even abusive parents) can be traumatic and even devastating for a child. Even worse, children often blame themselves for their family's problems and perceive out-of-home placement as "punishment" for something they have done wrong. The child's removal is often equally difficult for the parents, and may only exacerbate parental stresses and feelings of inadequacy.[2] In some cases, removal of a child disqualifies the family from receiving welfare payments, thus resulting in additional financial pressures as well.

Children often blame themselves for their family's problems and perceive out-of-home placement as "punishment" for something they have done wrong.

This is why the prevailing law and philosophy favor removal only as a last resort. The federal Adoption Assistance and Child Welfare Act of 1980 requires judges to determine whether "reasonable efforts" have been made to enable children to remain safely at home instead of being placed in foster care.[3] California's S.B. 14 echoes this requirement, placing the burden on public agencies to prove that a child cannot be protected by means other than removal. California law also requires the unavoidable danger to be re-verified at each subsequent stage in the dependency process, even *after* a child is placed in foster care. The Los Angeles County handbook for social workers states:

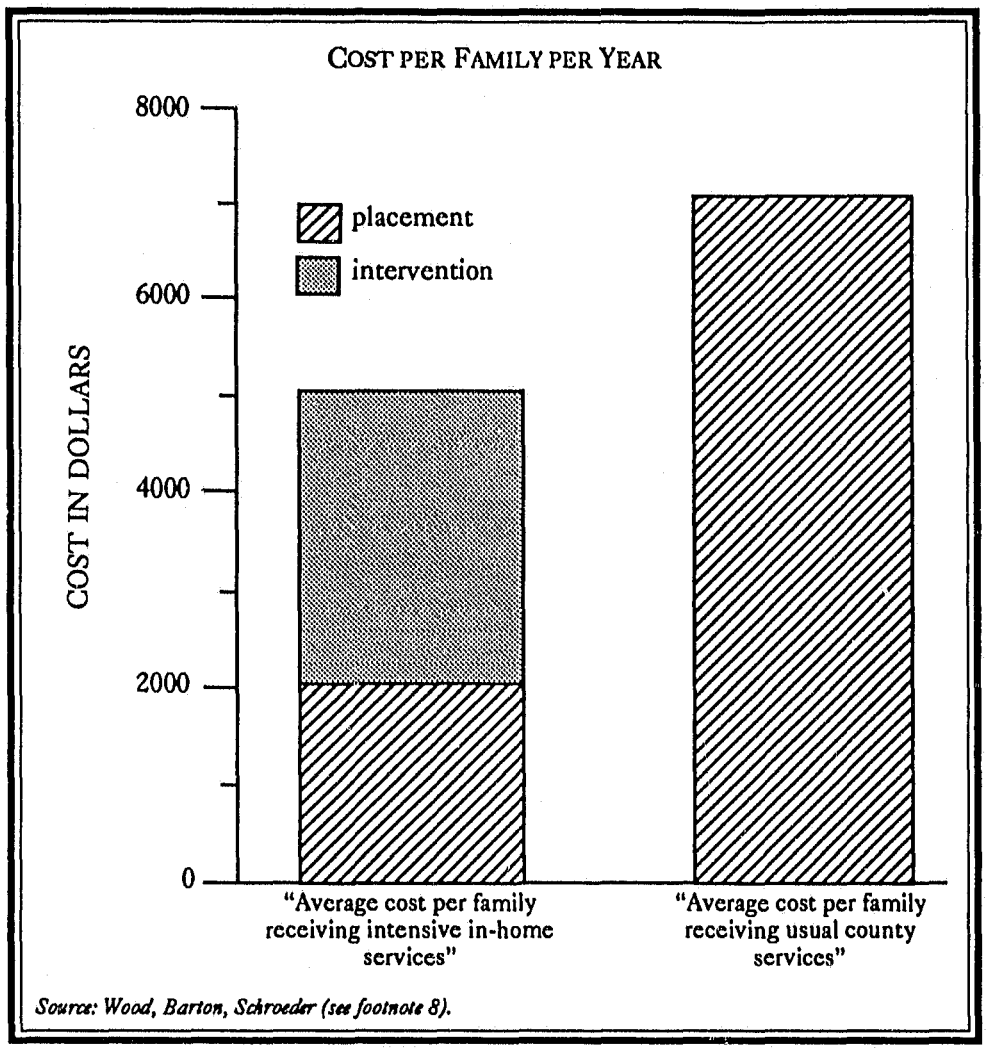
"Separating the child from his/her famly is a highly traumatic event for the child and should never be done routinely. It is DCS policy that only children who are in immediate danger, who are at substantial risk of danger, or whose legal caretaker is absent shall be taken into temporary custody. The decision to place is based on *endangerment*, not on the category of the allegation." (See handbook excerpt at end of chapter, Attachment 4a.)

The practicalities, however, sometimes conspire to make removal a first rather than last resort. A social worker or police officer working on a weekend or night shift—when a large percentage of removals occur and staffing is short—often must make decisions quickly, without sufficient time for deliberation or consultation with others. Often these decisions must be based on incomplete information.

In addition, an extreme shortage of services available to assist families in crisis—counseling, substance abuse programs, day care and parenting education—often works against family maintenance. Although mandated by law, in fact these services are often unavailable due to lack of funding. (See Chapter 7 for further discussion.) Without these services, many professionals expressed great reluctance to allow children at risk to remain in the home.

Human fears and concern for the child also play a large part. If the investigator allows the child to remain in the home, *and it is the wrong decision*, the child may be further abused, sexually molested or even killed. This weighs heavily on the minds of most case workers, according to professionals interviewed for this study. The more cautious route

Chart 4b



Source: Wood, Barton, Schroeder (see footnote 8).

is often followed: that is, to remove the child whenever there is any doubt or uncertainty.

This tendency to remove without exhausting other avenues—whether due to habit, fears or lack of resources—has led many child welfare experts to renew efforts to find ways to maintain children in their homes. These efforts are described below.

Fulfilling the "Reasonable Efforts" Requirement. Neither federal nor state law precisely defines what is meant by the "reasonable efforts" required to try to keep families intact. At the very least, it means the provision of basic support services to families with children found at risk of abuse or neglect. California's S.B. 14 mandates the following specific services: temporary in-home caretakers, counseling, parent training, homemaking services and demonstrations, transportation and respite care. (See Chapter 7 for a description of various problems in funding and delivery of these services in California.)

Beyond that, many argue that "reasonable efforts" should also require public agencies to: (1) remove from the home (by order of court if necessary) the person(s) causing the endangerment, instead of the endangered child(ren); and (2) provide, as needed, the following: substance abuse treatment programs, housing and job counseling, non-cash services to meet basic needs (e.g., food, clothing, emergency housing), and cash payments to meet emergency needs, including housing.[4]

In trying to meet the "reasonable efforts" requirement, intensive, short-term, in-home service programs have cropped up around the country during the past decade. Leading examples are Homebuilders in Washington state, FAMILIES in Iowa, and

Intensive Family Services Program in Oregon. Called "family preservation programs," they share common elements:

- They accept only those families on the verge of having a child placed out-of-home.
- The staff respond to families around-the-clock, maintaining flexible hours, seven days a week.
- Each worker carries a small caseload. Sometimes staff members work in teams of two to a family, providing each other with support.
- The length of involvement with each family is limited to a short period, typically between two and five months.
- Each family is viewed as a unit, rather than focusing on parents or children as problematic individuals.
- Workers see families in their own homes, making frequent visits convenient to each family's schedule.
- The approach combines teaching family members skills, helping the family obtain necessary resources and services, including counseling.[5]

During Homebuilder's first year of operation, only 5% of the children involved with the program needed to be removed from the home and placed in foster care while the social worker was still working with the family. In 1983, 98% of the children involved with Homebuilders were still with their families three months after exposure to the program. One year later, the rate was still 90%.[6]

In addition to keeping more families together, family preservation programs also offer hope as a less expensive alternative to costly out-of-home foster care.

In addition to keeping more families together, family preservation programs also offer hope as a less expensive alternative to costly out-of-home foster care. A 1983 study of Oregon's Intensive Family Services Program found that during a three-month period, the program spent a total of $945 *per family*. For three months of foster care, the total cost was $3,618 *per child*, and many families have more than one child in foster care.[7]

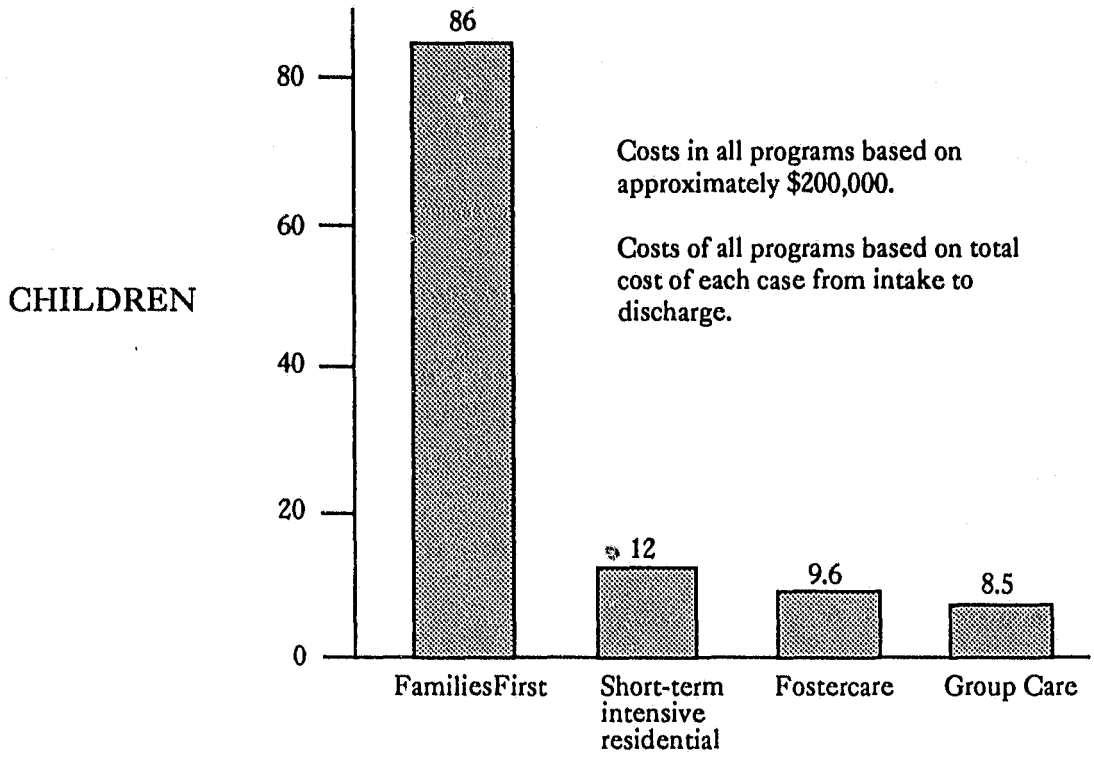
Evaluations of other family preservation programs have found similar savings. Under a grant from the federal Department of Health and Human Services, for example, a study was conducted in Davis, California with two groups of families and children: one receiving intensive, in-home services, and the other receiving conventional county services. The result: at the end of the year 74% of the children in the first group were able to stay at home, compared with 45% of the second group. The cost per family of in-home versus conventional services can be seen in Chart 4b. On the average, the combined in-home intervention and placement costs for the experimental group were $1,404 less per child and $2,343 less per family than the placement costs for the comparison group children.[8]

Family Preservation Programs in California. These social and economic considerations have spurred legislators to action in California. In 1986, pursuant to A.B. 1562, eight demonstration projects offering intensive home services—modelled on the Washington Homebuilders program described above—were awarded three year grants to operate in cities throughout California, including Campbell, Davis, Pasadena, San Diego, Sacramento, Belmont, Visalia and Victorville.

An interim evaluation of the demonstration projects concluded that the programs do keep families together. Of the 200-plus families served from July 1986 through December 1987—59% single parent, 62% on public assistance, 10% drug/alcohol dependent—over 80% of the children lived safely with their families for at least six months after receiving the intensive services.

The average total number of hours provided per family by the therapists employed

FAMILIESFIRST:
COMPARATIVE NUMBER OF CHILDREN SERVED FOR SAME COST



FAMILIESFIRST
HOME BASED, FAMILY CENTERED SERVICES

Abused and neglected children come from troubled families. Traditionally, children have been removed from such families and placed in foster homes, group homes and institutions in the hope that the wounds of the children and their families might separately heal. But while the child may be taken out of his family, the family is never taken out of the child; healing together is more effective than healing separately. Professionals have come to recognize that there are advantages to keeping children in their families: change is brought about more quickly and more effectively.

FamiliesFirst keeps families safely together and stops abuse. Recognizing that child abuse or neglect is part of a larger family problem, the FamiliesFirest worker goes into the home at the time of crisis, after all traditional resources have been exhausted, and provides intensive services for a short period of time. The goals of FamiliesFirst services are to assure the safety of the child, stabilize the family, and avoid the need for out-of-home placement. When family structures have broken down, people are extremely receptive to outside support; thus, FamiliesFirst provides families an opportunity to resolve crises and remain intact.

FamiliesFirst workers are available 24 hours a day, for a period of 4-6 weeks per family. The entire family works *at home* with the FamiliesFirst therapist to find solutions to problems and to develop among family members communication skills that will help prevent future crises by addressing problems as they arise.

FamiliesFirst works with Children's Protective Services. All referred children are abused, neglected, or status offenders from families in conflict. All children are referred by the County at the point when out-of-home placement is imminent. FamiliesFirst is an effective alternative to placing children outside the home.

An evaluation is conducted through the University of California, Davis. This study is documenting both the success and cost-effectiveness of the FamiliesFirst program. Today, with limited resources, it is essential that we require accountability of treatment programs funded by the public. FamiliesFirst projects require little if any risk, and provide a template for social services to children and families in the coming decade.

Source: FamiliesFirst (1989).

Chart 4c

was 65. At termination, the therapists considered that they had successfully achieved their goals in 65% of the cases. In 17% of the cases, they felt that the time limit of the program (four to six weeks) was the primary reason they were terminating services, and while there had been some achievement, there was still work to be done.[9]

In 1988, the state legislature took the additional unprecedented step of advancing to three counties (Solano, Napa and Alameda) on a pilot project basis 10% of the previous year's foster care funds to be spent on family preservation efforts. The bill, A.B. 558, explicitly recognizes that "adequate funding for family services which might enable these [abused and neglected] children to remain in their homes is not as readily available as funding for foster care placement." The intent in passing A.B. 558 was to shift dollars from foster care to family preservation efforts in hopes of keeping more families together and at the same time saving money. The bill declares that the pilot programs will be deemed successful if at least 75% of the children participating remain in their homes for six months after termination of services, and if 60% remain in home one year after project services are terminated. Ongoing evaluations will assess the case outcomes as well as the cost effectiveness of these programs.

Solano County, a leader in the family preservation arena, was one of the primary proponents of A.B. 558. Since 1973, Solano has employed what it calls "family care workers" to provide a variety of intensive, in-home services to families in crisis. These family care workers, under the supervision of county social workers, help with housecleaning, provide respite care and transportation, teach parenting skills, provide linkages to community based services, etc. In 1983, through a grant from the state Office of Child Abuse Prevention, these family care workers were joined by two in-home therapists available on a 24-hours-a-day basis through a contract with FamiliesFirst, a nonprofit group modelled after Washington state's Homebuilders (see Chart 4c).

Still, Solano was not able to reach all the families in need and hence the push for more up-front resources through A.B. 558. The new legislation's additional funding has enabled Solano to hire more family care workers and another FamiliesFirst therapist. A.B. 558 funds also are used to contract with mental health service providers and to pay for day care and substance abuse programs. In addition, these funds enable purchases of "hard services" (e.g., essential household equipment, repairs to client vehicles to facilitate travel to work). One Solano County administrator reported that A.B. 558 funds have been used to purchase an infant car seat, a vaporizer for a sick child and emergency housing, all of which helped in allowing children at risk of removal to stay home safely and economically; and all of which would not have been possible without discretionary dollars liberated by A.B. 558.

Alameda County, another recipient of A.B. 558 funds, similarly is no stranger to intensive, in-home services based on the Homebuilders model. Since early 1986, also under a grant from the state Office of Child Abuse Prevention, Alameda has contracted with Children's Home Society (CHS) to provide such services to families at risk of having a child removed. Using what it terms "a concrete, hands-on approach," CHS has demonstrated success in improving the functioning of families: 92% of the children served have been able to remain in their own homes.

A.B. 558 funds will allow Alameda to expand the capacity of CHS to provide in-home services, as well as expand existing county staff and allow the purchase of needed goods and services for these families in crisis.

In addition to government-funded initiatives, a variety of privately-funded family preservation efforts have been launched throughout California. One of the most significant is the Bay Area Reasonable Efforts Project, launched in Fall 1988, and funded by the Edna McConnell Clark Foundation. This project involves the development of demonstration programs in San Francisco, Alameda and Santa Clara counties, as well as

sponsorship of various conferences and training sessions on how to keep families together. The project also focuses on the juvenile court and its responsibility to ensure that "reasonable efforts" have been made in every dependency case. The three presiding juvenile court judges for the three counties involved fully back this effort.

The project's three demonstration programs involve different approaches to family preservation. Alameda County is focusing on drug-exposed infants who, without the program, would be placed out-of-home. Eligibility criteria for the program require that the drug-abusing parent(s) admit to having a problem, indicate a willingness to seek treatment and agree to regular drug testing. The program over the course of the first year will provide services to the families of six to eight infants, based on one full-time equivalent family care worker serving a caseload of three families for five to six months. The services offered will include getting financial assistance in place, securing housing and infant necessities, providing education regarding infant care and linking the parent(s) to drug treatment programs.

Santa Clara County's program targets families with two or more children who have been allegedly abused and/or neglected. The families are referred to a "Reasonable Efforts team" consisting of a clinical consultant, probation officer, family therapist intern and a CASA (Court Appointed Special Advocate) volunteer. Intensive in-home services are offered for three months, with the CASA following the family for a subsequent nine months.

And finally, San Francisco County's Family Mediation Project utilizes volunteer community boards to mediate conflicts around allegations of child maltreatment. The goal of this program is for the County DSS and the parent(s) to reach an agreement—with help from members of the family's own community—that will allow the child to remain in the home. The way it works is this: Referrals are made through the juvenile court only after a dependency petition has been filed; the judge in consultation with the social worker and parent(s) decides whether the case is appropriate for mediation. All mediations are voluntary. For each case, a panel of three or four mediators are convened—drawn from a corps of 30-40 specially-trained volunteers from diverse backgrounds. The panel meets in the family's neighborhood and spends several hours listening to the parents and the DSS (no attorneys are present) and trying to help work out an arrangement agreeable to all concerned. According to the program's head, agreements are reached in a large percentage of the cases. The cases where mediation fails (or where the parents do not show up) are sent directly back to court. Because all these cases involve difficult problems, as evidenced by the fact that a dependency petition had been filed in each one prior to mediation, the record of success so far has been encouraging. In addition, the experience for the parents overall reportedly has been a good one, very empowering.

Another privately-funded family preservation program is underway in Marin County at St. Vincent's School for Boys, a multiservice treatment center for children with emotional and educational problems. With a grant from the San Francisco Foundation, a family therapist provides crisis oriented treatment and support and skill training to help the family prevent a recurrence of the crisis. Practical services such as transportation, assistance with house cleaning and shopping are provided as necessary. The intervention usually lasts four weeks.

While innovative family preservation programs provide diverse, promising examples of meeting the "reasonable efforts" requirement, some experts remain skeptical. Michael Wald, a leading California expert on the foster care system, writes:

"[M]any of these programs aim for a very limited kind of success. Their primary goal—and the primary measure of their success—is the prevention of removal. Moreover, the need for removal seems to be defined in terms of preventing serious harm to the child. If a child can be left at home without being seriously abused or neglected, the intervention

is deemed successful. Most programs make no effort to remedy the basic family interaction problems that place the child at risk of poor school performance, poor peer relations, and problematic emotional development."

Wald goes on to argue that more data is needed before affirmative conclusions can be drawn.[10]

Despite such efforts, many of the professionals interviewed for this study felt the "reasonable efforts" requirement is often not taken as seriously as it should be. They suggested the courts help set the tone for this remission, invariably approving a social worker's recommendation to detain a child without further inquiring as to what "reasonable efforts" were attempted.[11] (Chapter 6 further discusses this point.)

Assessing the Incidence of Unnecessary Removals. In 1987, DSS data show that over 48,000 children were provided with emergency shelter care in California (this figure includes runaways and children who have failed other placements). Therefore, of the 370,633 children referred for emergency response services, less than 13% were actually removed from their homes. The figures for 1986 are similar.

A good deal of faith in the validity of a majority of decisions about whether to remove a child from the home was expressed by the professionals in this study, often in the context of concerns about scarce resources, and the large caseloads of many emergency response workers.

A belief that social class or other cultural factors may affect decisions to detain a child was expressed by many respondents.

At the same time, many respondents felt that unnecessary removals *do* occur and could be avoided with better programs and services. Of 66 respondents specifically asked, more than half (51%) felt that everything that could be reasonably done to prevent the removal of children from their homes is *not* in fact provided. However, the majority of those respondents who were specifically asked reported that they were *not* personally aware of any children who were detained unnecessarily or without sufficient cause. And of those who *were* aware of such unnecessary removals, about half indicated that these were isolated occurrences.

A belief that social class or other cultural factors may affect decisions to detain a child was expressed by many respondents. One attorney observed that most people have their own personal benchmarks used when pressed into a decision, and many of these personal benchmarks relate to class, race, or type of family problem (e.g., drugs, dirty home), or any combination of these factors.

Economic misfortunes, for example, were said to sometimes be misinterpreted as family dysfunction and lead to what many would view as unwarranted government intervention in private family matters. Concern about cases of homeless families facing charges of child neglect has led to legislation stating that "no person may be adjudged a dependent child solely due to the lack of an emergency shelter for the family."[12]

RECOMMENDATIONS:

- Family preservation programs designed to prevent foster placements by providing early, intensive in-home services should be promoted, developed, and evaluated to the extent feasible in all communities in California.
- Provide funding to ensure the availability of support services to assist families in crisis. These support services should at minimum include: day care, parenting classes, mental health services, counseling, substance abuse programs, homemaking services, job and housing counseling—and must be available for non-English speaking families.
- The recommendations in the Clark Foundation's book, *Making Reasonable Efforts:*

Steps for Keeping Families Together,[13] should be studied and implemented in all communities in California to the extent feasible. These recommendations concern ways in which judges, lawyers and administrators can better fulfill the law's "reasonable efforts" requirement.

- ☐ Develop criteria for removing the *perpetrator* from the home, rather than the child, and allowing the child to remain at home with the non-abusing parent.[14]
- ☐ Actively seek the views of the children involved about whether removal is necessary in cases involving older, appropriately mature children.

1. See Wald, "State Intervention on Behalf of 'Neglected' Children: Standards for Removal of Children From Their Homes, Monitoring the Status of Children in Foster Care, and Termination of Parental Rights," 28 *Stanford Law Review* 623, 644 (1976). See also *Making Reasonable Efforts: Steps for Keeping Families Together* (Clark Foundation), which states (p. 48):
   "Perhaps the most well-known articulation of these issues [the importance of attachment and bonding and the effects of separation on young children] is contained in works by Joseph Goldstein, Anna Freud, and Albert J. Solnit, and David Bowlby. Their work forms the theoretical basis for the movement toward permanency in dependency law."
2. *Ibid.*
3. This legislation is discussed in greater detail in Chapter 1.
4. See *Making Reasonable Efforts: Steps for Keeping Families Together* (Clark Foundation); National Council of Juvenile and Family Court Judges, "Deprived Children: A Judicial Response" (pp. 22-28). See also the Los Angeles County handbook for social workers on providing services to prevent placement of endangered children.
5. See *Keeping Families Together: The Case for Family Preservation* (Clark Foundation), pp. 8-9.
6. *Ibid.*
7. *Ibid.*
8. Wood, Barton, Schroeder, "In-Home Treatment of Abusive Families: Cost and Placement at One Year," *Psychotherapy*, Vol. 25, pp. 409-14 (Fall 1988).
9. For more details about the families and children involved, see "Highlights from the Second Year Interim Report Evaluating Intensive In-Home Services Under A.B. 1562 in the State of California," presented by Ying-Ying T. Yuan, Walter R. McDonald & Associates, Inc. which can be obtained from the State Department of Social Services, Family and Children's Services Policy Bureau.
10. Wald, "Family Preservation: Are We Moving Too Fast?", *Public Welfare* (Summer 1988), pp. 33-38.
11. See the "Report of the Interdepartmental Task Force for Dependency Court Improvements" for Los Angeles County (1986), finding on p. 4 (of Module IV: Intake Assessment) that "the 'reasonable efforts' determination...to prevent unnecessary removal of children from their homes is not the result of a meaningful inquiry by the court."
12. See California Welfare and Institutions Code section 300.
13. The book is endorsed by the National Council of Juvenile and Family Court Judges, the Child Welfare League of America, Youth Law Center and the National Center for Youth Law.
14. The Little Hoover Commission report cites another related suggestion (p. 93) by some that "safe houses" should be utilized as an alternative: "This would provide the option of allowing the non-abusing spouse to accompany the child or children to a project location that provides support, therapy, and security for both the child victim and the non-abusing parent. The practice of removing the children from the home often reinforces the guilt young victims feel as they blame themselves for family disruption."

Attachment 4a

Los Angeles County Department of Children's Services Decision-Making Guide: When to Take a Child Into Temporary Custody

Separating a child from his/her family is a highly traumatic event for the child and should never be done routinely. It is DCS policy that only children who are in immediate danger, who are at substantial risk of danger, or whose legal caretaker is absent shall be taken into temporary custody. The decision to place is based on *endangerment*, not on the category of the allegation. Ultimately the decision to place rests with the CSW in consultation with his/her SCSW. The following guidelines offer a context for making that decision.

The risk level to the child is determined through the use of the Assessment Guide. The higher the overall risk to the child, the greater the chances that placement will be necessary.

Note: Each child in the family must be assessed. In many situations, siblings of the child victim may not be endangered even though the risk to the victim is high. *Nonendangered siblings shall not be placed.*

When the risk level is high, the CSW identifies the specific risk factors that make the home unsafe. Are there ways to reduce the risk level by addressing these risk factors? For example:

- ❑ If the risk is the presence of one of the adults in the home, can that person leave with assurances that (s)he will remain out of the home until the matter can be fully investigated?
- ❑ If the risk is due to drug use and/or lack of appropriate supervision, is there a responsible adult (relative, etc.) who can enter the home to supervise/protect the children?

If the answer to these or similar questions is no, temporary placement is probably necessary.

Do the parents have the ability to reduce the endangering factors identified above? For example:

- ❑ Are the parents under the influence of drugs or alcohol to the extent that they are incapacitated?
- ❑ Are the parents mentally retarded or emotionally disturbed to the extent that they are unable to carry out a case plan?

In these and similar situations, temporary placement is probably necessary.

Will the parents cooperate with the CSW in an emergency program to reduce the identified risk factors? For example:

- ❑ Will the parents accept a relative or other responsible parent into the home to care for and monitor the children?
- ❑ Will the parent accept and follow through on an emergency referral to counseling or other crisis community service?
- ❑ Will the parents allow CSW monitoring?

If the answer to these or similar questions is yes, the child(ren) usually should not be placed. Note that the cooperation must be on identified problems *and* lead to a reduction of the endangerment to an acceptable level.

If the answer is no, temporary custody is probably necessary.

Source: Los Angeles County DCS (1988).

CHAPTER 5

Detaining a Child, Emergency Shelter Care and the Need for a Special Friend

The Process of Detention. Once the decision is made to detain a child, the next steps vary among counties. This variability is also influenced by the time of day of the initial investigation and the circumstances of the individual case. When the child is removed in the evening or weekend (about 30% to 50% of the cases on average), there may be few or no social workers available, often leaving the task of removal to a police officer responding to an emergency call.

In some jurisdictions, such children are taken to police stations or hospital emergency rooms to await further processing. The wait may range from less than an hour to several hours.

Half of the eight counties studied[1] have an official "intake facility" for all dependency matters, where trained staff provide immediate services for the child.[2]

If there is no central intake facility, the child will typically sit for a period of time in a government office, awaiting placement in either a temporary foster family home, group home or emergency shelter facility, if the county has one.

Emergency Foster Care. Initial protective placement with a relative, especially a grandparent, could often be the best option for a child removed from his or her parents. However, because of limited time and resources to locate family members, the only available placement is often in an emergency shelter or foster family.

Emergency shelter care facilities are operated by five of the study counties.[3] These range in size and physical structure, from 25 to 250 beds in either single or group rooms, dormitory-style. Many are converted office buildings or classrooms. They are typically sterile-looking, with little decoration—to prevent vandalism and theft. Personal possessions for the children—stuffed animals, family photographs, posters—are rarely allowed.

Staffing ratios at shelter facilities are variable; in any case, it is difficult to provide an ideal level of individualized attention. A stranger entering the facility is often greeted by young children clinging onto his or her arms and legs, anxious for attention.

> Due to the shortage of overall emergency care options, the decision to place a child in a particular location becomes unfortunately simplistic. That is, children are placed wherever there is a vacant bed.

All study counties have emergency group homes (accepting up to six children) and foster families available to care for children on an immediate and short-term basis. These are generally preferred over an emergency shelter facility because they can offer a more home-like setting, and because they are less expensive.[4]

MacLaren Children's Center in Los Angeles—the largest emergency shelter in the state—looks to many like a jail. This is despite praise from many quarters about the quality of care provided at MacLaren. But because of its cold, institutional environment, every effort is made to find alternative placements for Los Angeles children in need of emergency shelter care.

Despite this reluctance to place children in emergency shelter facilities, the severe shortage of foster families often leaves social workers with no choice. In fact, in 1987, all five central shelter facilities in the study counties reported occupancy rates of at least 100%, and sometimes over 100%. (This means bringing in more beds than the stated

optimum capacity for the facility.)

Due to the shortage of overall emergency care options, the decision to place a child in a particular location becomes unfortunately simplistic. That is, children are placed wherever there is a vacant bed. Most respondents interviewed on this subject felt this was a matter of great concern.

Length of Stay in Emergency Shelter Care. Emergency shelter care is designed to be short-term (less than 30 days), pending court action and/or a longer-term disposition. The reality is that emergency shelter stays are too often much more than "temporary." Unfortunately, as with many other foster care statistics, neither the state nor the counties keep standardized, consistent or comprehensive data on length-of-stay in emergency shelter care.

In one of the eight study counties with a central shelter care facility, the data available for 1985-86 (for over 1,200 children) show the following:

% of Pop.	*Length of Stay*
57.3%	one week or less
8.7%	one to two weeks
11.0%	15-30 days
8.0%	32-60 days
9.0%	61-120 days
4.0%	121-180 days
2.0%	more than 180 days

In another county utilizing emergency foster family and group homes only, the length of stay data for a total of 238 children during March 1987 showed the following:

% of Pop.	*Length of Stay*
6.3%	one week or less
5.0%	one to two weeks
13.0%	15-30 days
37.0%	31-90 days
16.0%	91-180 days
23.0%	more than 181 days

Similarly, a 1986 report by the Family and Children's Division in San Francisco entitled "Every Three Hours" found that nearly 25% of all children in emergency shelter care were there two months or longer. Among these children, 20% were sheltered 76 days or longer. The report summarizes the harm children suffer from tenuous shelter placements: "When young, time does not fly. Clearly a growing number of children perceive themselves as growing old in shelters. Indeed they are. The question begs: Is the injustice we pull children from worse than the injustice we place them in?"[5]

The professionals interviewed for this report agreed that lengthy stays in emergency shelter facilities can be very traumatic for children, and should be avoided. In addition to the negative aspects of living in an institutional environment, the children find themselves in a kind of legal-limbo and as a result, often do not receive the support or mental health services they need to cope with their ordeal.

Need for Greater Segregation. Emergency shelters are being increasingly used as a placement of last resort for some of the most troubled children, according to many interviewed in this study. Children and youth who are seriously emotionally disturbed, violent, suicidal, handicapped, drug-addicted, as well as those who have failed their

current out-of-home placement, are found in emergency shelters. These older and often more aggressive youth are sometimes housed with younger children who have just been removed from their homes and are at the peak of their vulnerability and trauma. Many professionals feel these young "newcomers" should be segregated from the more troubled, older foster children.

About one-quarter of the 21 children interviewed for this study said the system needs to segregate children by age and length of dependency. Some reported that the younger children tend to be "pushed around" by the older youths. They were adamant that the following groups should not be housed in the same residential setting: a) young children and teenagers; b) sexually and physically abused children and street wise youths; c) suicidal or emotionally disturbed children and all other children.

Keeping Children Informed. Both the children and the adults interviewed for this study identified the following key complaint of children after being taken from their homes: no one tells them what is going on.

Often, children are not informed about their status, or the status of their family, including siblings. They often do not know where they will be living or for how long. One 15-year-old boy said during an interview: "I don't know where my Grandma and my baby sister are. I want to know how they're doing. I don't know if they know where I am." It is a highly stressful situation; 70% of the 33 adult professionals specifically asked said the children generally do *not* have confidence that they will return to their original family arrangement.

Some of those professionals interviewed indicated that it is often difficult to provide a comprehensible explanation of the situation to a dependent child, especially in cases involving young children.

A Special Friend. A child's constant interaction with strangers once they enter the system was another often-raised concern. There is typically no one adult familiar with a child's case, no one he or she feels can be trusted—no one to talk to, no one who will listen. The continual rotation of people working on their case is often experienced by children as abandonment and rejection.[6] The majority of the 21 children interviewed for this study were unable to identify anyone in the dependency system they had been able to completely trust. Those who could, identifed foster caretakers most commonly, then social workers.

> "When young, time does not fly. Clearly, a growing number of children perceive themselves as growing old in shelters. Indeed they are. The question begs: Is the injustice we pull children from worse than the injustice we place them in?"

Being treated to a birthday dinner by their social worker was the most memorable experience for three different children interviewed. One of these children recalled "It makes you feel like you're important and that somebody cares."

The 1988 Attorney General's report on child victim witnesses confirmed the need for a special friend:

"Children who have been sexually or physically abused or seriously neglected are often victimized again by the confusing and impersonal legal and bureaucratic systems they encounter once a report is made. As discussed earlier, multiple interviews with strangers such as police officers, social workers, doctors and lawyers, and numerous court proceedings in separate buildings with new judges and different attorneys may all contribute to a child's fear and confusion.

"During all of this, the child may be afraid to testify or afraid of an abuser who lives in the home or nearby. The child may be taken to a foster home or shelter care facility as not knowing where to get it.

"The person responsible for the supervision of the child, the parent or child welfare

social worker, may not have the expertise, ability or time to give the help. A child caught up in these systems has a need for a person or persons whom he or she can come to know and trust, to explain the investigation, social service and legal processes, and to provide protection from these processes when necessary. The Committee believes the means to that end is to establish advocacy programs for child victim witnesses." (p. 64)

Indeed, some counties in California assign dependent children a special volunteer, usually called a "child advocate," to help combat this problem. Of the 76 respondents specifically asked, nearly 60% felt these programs were "very beneficial" for children.

These volunteers are provided to the courts through programs entitled "Court Appointed Special Advocate" (or CASA). Eleven such programs exist in California at the time of this writing— in Los Angeles, Alameda, Santa Clara, Marin, Fresno, Tulare, Orange, San Bernardino, San Diego and Ventura counties. About 2,000 volunteers have participated to date in such programs statewide.

Volunteer child advocates typically will receive substantial training before representing the interests of an assigned child. In Santa Clara County, for example, volunteers receive a minimum 22 hours of training. Upon assignment to a case, the volunteer will meet with the child, interview the parents and other parties involved, investigate placement alternatives, and prepare a written report to the court. The volunteer generally will accompany the child to court, and assist in implementation of any plan ordered by the court. Volunteers often are utilized to supervise visitation between the child and parents.

In some counties, particular emphasis is placed on the need for the child advocate to develop a nurturing relationship with the child—to be that child's friend, perhaps becoming his or her only friend. This means taking the child on outings and being there to celebrate a birthday. This is the case in Santa Clara County, where the CASA program is administered by The National Conference of Christians and Jews and funded through a variety of private, corporate and foundation donations.

In other counties, there is greater emphasis on the advocate providing advice and an independent perspective to the court. This is true in Los Angeles, for example, where the CASA program is administered by the Superior Court.

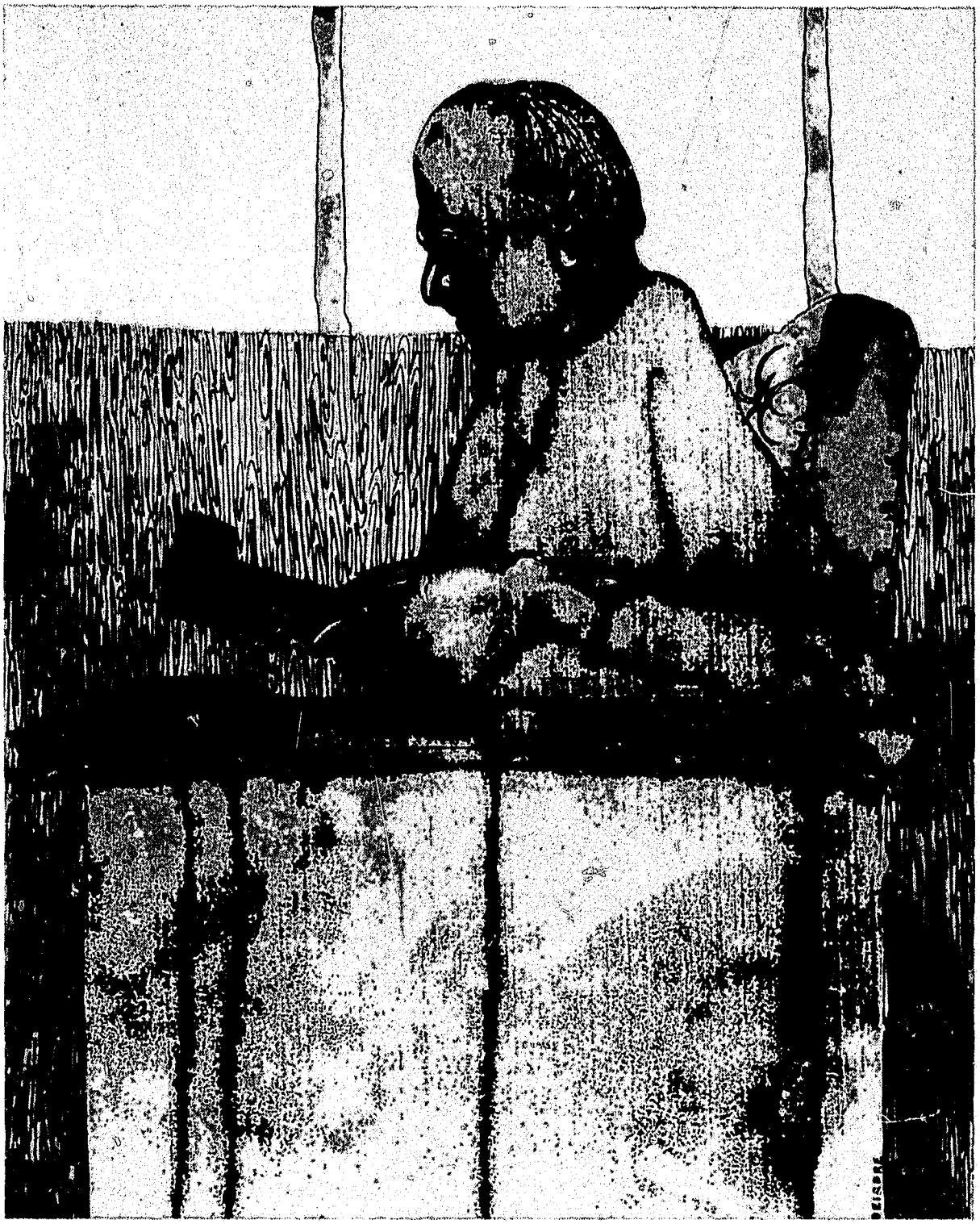
Nora Manchester of the Santa Clara County Child Advocate program says the county's 200-plus advocates are needed in about 10% of the cases. In the great majority of cases, she says, children already have good support from relatives and others; there is no need for "yet another person" intervening in their lives. Still there are not enough advocates to go around.

Most observers view child advocates as a welcome addition to the dependency system, and effective at generating community involvement. Others, however, question their role. "Turf battles" sometimes occur, particularly between the advocate and the social worker assigned to the case. Some professionals interviewed said they have difficulty taking the credentials of some child advocates seriously; others view them as another layer of bureaucracy. On the whole, however, there seems to be a need for the advocate's role. This recognized need coupled with greater understanding and clarification of the child advocate's role will improve the likelihood of success for the programs.

RECOMMENDATIONS:

- Whenever possible, as mandated by law, children in need of emergency shelter care should be placed with a responsible relative. Priority must be given to this objective, and careful study made of why it is often not accomplished. Statistics indicate that overall progress has been made in this direction in recent years (see Chapter 2 for details), but much room for improvement still exists.
- Emergency shelter care facilties should not be utilized except for urgent, temporary care. No child should remain in an emergency shelter care facility longer than two weeks. Alternatives (such as utilizing relatives and short-term foster families) should be aggressively developed.
- "Length of stay" data should be maintained for emergency shelter facilities, and other emergency care settings, in order to monitor placements and progress towards the above goals.
- Children must be adequately informed about the circumstances of their removal from home. To the extent possible, they must be told about their future, where they will live, what will happen to their family and the location of their siblings.
- Appropriate medical and mental health services should be provided immediately to each child removed from his or her home. (See Chapter 9, "Delivery of Health Care to Dependent Children," for more details.) Children should never be required to sit for any prolonged period in a police station or government office upon removal from their home; procedures should be developed in each county to avoid this.
- Child advocacy programs should be developed in each county in California to provide both advocacy and emotional support, as needed, to abused and neglected children removed from their homes. The recommendations contained in the 1988 Attorney General's report on providing child advocates should guide the development of these programs.

1. Orange, San Joaquin, San Francisco and Santa Clara Counties.
2. This would include coordination of medical services (e.g., initial medical screenings and examinations to collect evidence of physical or sexual abuse). See Chapter 10, "Delivery of Health Care to Foster Children" for further description of these services and need for improvement.
3. Los Angeles, Orange, San Joaquin, San Francisco and Santa Clara Counties.
4. See Little Hoover Commission report, p. 110.
5. See Little Hoover Commission report, p. 92.
6. See report of the California Attorney General's Judiciary Committee on Child Victim Witnesses (October 1988), p. 65.



CHAPTER 6

Judicial Proceedings in Dependency Cases

MOST judicial proceedings are formidable at best. For families already in crisis and threatened with permanent separation, the dependency court process can be confusing and even devastating. This chapter describes this judicial process, identifying various problems such as the intimidating physical structure of many courtrooms; concerns about privacy during court proceedings; lack of information available to both parents and their children about the status and outcomes of court proceedings; the process for selection of various juvenile court personnel and how that impacts the quality of proceedings; workload and resource problems; questions about the proper role of a judge in dependency matters; the effectiveness of various types of dependency hearings; division of labor among various juvenile court personnel and problems arising from the resulting fragmentation of the process; and concerns about absent or late reports.

Most judicial proceedings are formidable at best. For families already in crisis and threatened with permanent separation, the dependency court process can be confusing and even devastating.

Detention, Jurisdictional and Dispositional Hearings. A family experiences several different types of court hearings during the course of a dependency case. The "detention" hearing is first, required to be held within 48 hours after taking a child into protective custody. Here the court decides whether the child should remain in custody pending further proceedings.

The court may also decide at this point whether to dismiss the case or refer it for informal supervision. (See Chapter 3 for details on how informal supervision works.) Assuming the case proceeds, the court will appoint lawyers for the parents, and sometimes for the child as well.

The detention hearing is the first judicial forum for determining whether "reasonable efforts" have been made to prevent removal of the child from the home, as required by both federal and California law. (See Chapter 4 for details about services and other support required to fulfill this "reasonable efforts" requirement.)

Next is the "jurisdictional" hearing (within 15 days of the detention hearing if the child is in custody), which is basically the trial of the facts alleged in the dependency petition. Here, the judge decides whether to declare the child a "dependent of the court," thereby placing the court instead of the parents in charge of the child's care.

A third "dispositional" hearing is held, usually within 60 days, to decide whether the dependent child can live at home (under county supervision and with appropriate support services) or must be placed outside the home.

These hearings in theory should present judges with difficult and factually murky decisions. But the large majority actually occur in a *pro forma* fashion, with the issues decided in advance either through agreement or default of the parties.

At the detention phase, for example, parents rarely contest the social worker's recommendation to detain a child because they do not have the time or resources to present a case for non-detention; few have even had meaningful communication with an attorney prior to the hearing. Moreover, some parents do not even appear at the detention hearing, despite having received legal notice of the time and place of the hearing. The non-appearance of some parents may be an indication of their indifference or, perhaps in other cases, failure to comprehend the seriousness of the situation.

As the case proceeds through the system, most counties schedule a formal "settlement conference" to take place before the jurisdictional hearing. In Los Angeles County, about 80% of all dependency cases are processed through two "pretrial resolution" (or "mediation") courts. Among the cases in these courts, 92% are settled prior to trial on either the jurisdictional or dispositional issues. About half of the other 20% are also settled prior to trial.[1]

Other jurisdictions have similarly high rates of settled cases.

Settlement conferences, then, can be an important tool in finding solutions to family crises and avoiding unnecessary adversarial encounters. Maximizing the potential benefit of settlement conferences requires adequate and timely reports filed by social service agencies, advance preparation among all parties and a willingness among participants to seek resolutions in the context of promoting the best interests of children.

A California juvenile law practice manual gives an example of how a sexual abuse case is typically settled in Alameda County:

"(1) The petition is amended to state that the minor alleges that the molestation occurred but that the alleged offender denies such conduct; (2) the amended petition is not contested; (3) the alleged offender is to live outside the home, or the child is to be placed outside the home; (4) there is to be no unsupervised contact between the alleged offender and the child (or, in the alternative, there is to be no contact, at least initially); and (5) the alleged offender agrees to counseling, and participation in a self-help group if available, preferably for the entire family."[2]

With contested hearings rare, the great majority of proceedings take place within a few minutes.

With contested hearings rare, the great majority of proceedings take place within a few minutes. Typically no witnesses are called, no testimony provided and no argument offered. In the absence also of any testimony or argument on behalf of the parents or child(ren), the judicial officer tends to follow the social worker's recommendations. Otherwise, he or she would have to conduct an independent inquiry and there generally is little time or interest in doing that.

Much depends, therefore, on the quality of the reports presented to the judges. According to respondents in this study, this can be variable; a number indicated that reports submitted were sometimes "facsimiles or copies of the initial police report." Thus, rather than reflecting a true independent investigation, many reports offered are versions, modifications, or duplicates of a single inquiry.

The Interdepartmental Task Force Report on Dependency Court Improvements for Los Angeles County makes a similar finding:

"The fact finding process needs to be strengthened. With the increased pressure to process many cases as quickly as possible, reports and subsequent decisions often seem to simply reflect or validate the previous reports and decisions as opposed to additional views and information (e.g., investigative report presented at pretrial resolution which validates the intake, detention and control report which validates the police report). This could mean that police are making the actual dispositional recommendation and decision when they make the initial decision to seek filing and removal. Further, this often means that the focus of efforts is largely prosecutorial as opposed to best interests of the child."[3]

The "reasonable efforts requirement," discussed in Chapter 4, likewise receives cursory treatment in many instances. As the Los Angeles Interdepartmental Task Force found:

"The 'reasonable efforts' determination...to prevent unnecessary removal of children from their homes is not the result of a meaningful inquiry by the court...

"Despite the strength of the law and both the apparent existence and the utilization

of these services, the court is ill-equipped to make its findings as to 'reasonable efforts.' There is no sytematic and informed method to evaluate the preplacement prevention efforts which would enable the court to conduct a meaningful inquiry in this large urban community."[4]

In fact, reasonable efforts typically have been only marginally attempted, or adjudged to be futile by the social worker. Courts sanction these minimal efforts nonetheless, largely because judicial officers share the widespread perception that resources available to social workers are inadequate to live up to the law's intent.

Despite these problems, 62% of the 58 respondents specifically asked rated detention hearings as generally "effective." Fourteen percent rated them "poor" or "very poor."

As for jurisdictional matters, of the 50 respondents specifically asked, 58% said that sufficient information is presented to make fully informed decisions either "always" or "frequently/mostly." Nearly 30% reported that decisions were more often based on *insufficient* information. Regarding dispositional hearings, of the 37 respondents specifically asked, 59% said these are effective forums to determine ultimate placement for dependent children. However, 24% of those asked were not satisfied with these hearings (13% rated them "somewhat" effective and 11% "not effective").

The formal, imposing structure of a court can be intimidating to children.

Review Hearings. Once a child is declared a dependent and his or her placement is determined, the court reviews the case every six months to determine whether court supervision should continue. The burden of proof is on the social service agencies (not the parents) to show why the child should not be returned home. Some review hearings are contested and result in trials of issues similar to those decided at the jurisdictional hearing.

In the vast majority of cases, however, the review hearing is completed in a very few minutes. Again, the judge usually follows the social worker's recommendations. During the course of the hearing, the judge typically focuses on whether the parents have followed previous court orders (e.g., to attend counseling or drug treatment). Children are rarely the direct subject of discussion.

Of the 49 respondents specifically asked to rate the overall effectiveness of review hearings, 62% said they were at least adequate, and 18% said "poor" or "very poor."

Physical Structure of Dependency Courtrooms. The formal, imposing structure of a court can be intimidating to children. Four of the study counties have separate buildings which house the juvenile court and related juvenile administrative offices. Two others have designated juvenile courtrooms within the same courthouse which houses the "adult" courts. One study county shares the existing superior courtroom and another conducts the majority of its dependency proceedings in two "satellite" hearing rooms located in county offices.

Even in those courts specifically identified as juvenile courts, the adult courtroom influence is readily apparent in their design. The juvenile courtrooms are often large, some have a witness stand and others may even have a jury box (even though juries do not hear dependency cases). Like any courtroom, the presiding officer may be seated at an elevated bench, with the parties seated at tables in the front. Seated in the back is the "audience."

Children interviewed for this study in Los Angeles described the courthouse as "scary." Most agreed with one child's description of the court as a "huge room with a judge sitting real high above everybody...a lot of people running around."

While dependency proceedings benefit from some amount of formality to emphasize the serious nature of the issues involved (particularly vis-a-vis the parents), the needs of

children in the court setting should also be given consideration. Scenes such as the following, observed by author Alan Watahara, are not healthy for already suffering children:

Outside the courtroom, the children and their families assemble in a large waiting area which invariably serves as a common seating area for both delinquency and dependency matters. Only one family is allowed in the courtroom at a time, and often it is standing-room-only in the corridors as people pace nervously, many ignoring the no-smoking signs. Others balance infants on their laps. Children play on the floors. It is not unusual for families to comingle with delinquents or to observe within the immediate area the transportation of an adult prisoner in security leg chains and handcuffs. In one county's dependency courtroom waiting area, rows of chairs are filled with families pressed in the spaces between elevator banks. People want to talk to their social workers, but cannot find them.

As one teenager described his courtroom experience: "They talked gross stuff about my family. Everybody talked like I wasn't there. I cried when they started saying all that stuff about my mother."

In Los Angeles County, the Board of Supervisors has sought to address this problem by approving construction in Monterey Park of a child-centered courthouse to be used exclusively for juvenile matters only. Various constituencies and community groups have been consulted about what design would best serve the needs of the children and families.

Privacy Concerns. The law requires juvenile court proceedings to be confidential and closed to the public. The reality, however, is that they are often not very private.

First, there is no privacy in the waiting areas outside the courtroom, as described above. Then, once inside the courtroom, there are numerous court personnel present at the hearing, including the court clerk, court reporter, bailiff, attorneys, social service representatives, and sometimes other individuals waiting for other cases to be heard. At minimum, the child and family can expect to have about seven persons unknown to them attending their hearing, many of whom remain unintroduced throughout.

Of course, these "strangers" are often necessary members of the courtroom team. Their negative impact on the families might be reduced, however, if their numbers were minimized and their roles explained to the families prior to the commencement of the hearing.

The children interviewed for this report felt that airing private family matters in front of all these "strangers" was one of the most painful aspects of going to court. Many of these children clearly felt victimized by a process that placed their private lives in full view of adult strangers. They felt anguish as their upbringing was discussed and labelled openly as a failure.

As one teenager described during an interview: "They talked gross stuff about my family. Everybody talked like I wasn't there. I cried when they started saying all that stuff about my mother."

In some counties, the court tries to limit the number of people attending each hearing. Marin County, for example, utilizes a juvenile court volunteer to monitor courtroom attendance, advising the bailiff if unauthorized persons are present.

No One Knows What's Going On. Most parents and children have a very limited understanding about what is happening in the courtroom. Many of the youths interviewed who had made court appearances said they did not even know the purpose much less the potential outcomes of the hearings they attended. They characterized the whole process

as mysterious and frightening.

This is not difficult to understand. As mentioned previously, parents and children usually do not meet and/or speak with their attorney or social worker until minutes before the hearing, and there is little time for meaningful dialogue. Once inside the courtroom, everything happens in a flurry, with everyone using legal jargon that only practised observers can understand. At the close of the hearings, the professionals often must rush off to their next case, leaving the parents and the child or children without any good idea about what just occurred.

There is an expectation that the parents will be briefed later with detailed instructions. However, many parents subsequently do not receive any further information. As a result, they may fail to follow the court orders for the simple reason that they did not understand what the court had ordered them to do. When the parents or children speak limited or no English, the situation is that much worse.

Five parents interviewed for this study all felt some aspect of the hearings were "clearly unfair." Most felt decisions were predetermined. Most of these perceptions directly resulted from misunderstandings and confusion about the process. Interviews with children reflect similar negative experiences.

Children are not generally appraised or aware of the reasons for their admission into the dependency system, according to over half of the 51 professional respondents formally interviewed and specifically asked.

In some counties, specially trained volunteers are present to help families understand the proceedings. Also available in some counties are Court Appointed Special Advocates (CASAs) to shepherd children through the judicial process. (See Chapter 5 for details on CASA programs.) Finally, Los Angeles County provides a brochure entitled "What's Happening to Me?" to help guide parents through the dependency court proceedings. All of these efforts help reduce confusion, but like many aspects of the dependency system, they fall far short of reaching everyone in need.

Many parents fail to follow the court orders for the simple reason that they did not understand what the court had ordered them to do. When the parents or children speak limited or no English, the situation is that much worse.

The Personnel: The professionals involved in juvenile court proceedings are many and varied. Below are detailed descriptions of the roles and problems faced by these various personnel.

—*Judges.* In each of the study counties, a superior court judge is appointed as presiding juvenile court judge. The procedures for the appointment of the presiding judge vary, but generally include: a) rotation, so that every judge will be assigned to the juvenile bench at some time; b) informal negotiation among judges; and c) automatic assignment for newly-appointed judges.

In the eight study counties, the juvenile court judge's term is for at least one year, and in some counties up to two years. In addition, some judges decide to extend their assignment for a longer period of time. In the eight study counties, as of 1986, the presiding judge of the juvenile court had held his or her current position an average of 1.5 years.

Most do not have any prior experience, training or significant interest in juvenile court matters. For a variety of reasons, including a perceived lack of glamour, many judges view the assignment with little enthusiasm.

—*Commissioners (or Referees).* Seven of the eight study counties utilize commissioners (or referees) for dependency cases, assigning them varying degrees of responsibility. The use of commissioners has two main advantages over judges: one, their tenure tends to be longer, providing stability and consistency in the juvenile courts; and two, they are

generally more interested and experienced in juvenile law. (Commissioners have often practised juvenile law, unlike most judges.)

Commissioners also receive only a percentage of judge's salaries. In Los Angeles County, the largest user of commissioners, commissioners are paid 85% of a superior court judge's salary (Orange County pays similarly). It varies in other counties.[5]

The professionals surveyed for this report almost universally indicated that commissioners are welcomed members of the judicial team. There was praise both for their work and their commitment to the issues. The only recurring concern was that commissioners' decisions are not final, and instead are ultimately reviewable by the presiding judge.

—*Attorneys.* The County Counsel's office or the District Attorney, depending on the county, will represent the Department of Social Services, and in some counties, the child as well, absent any conflict of interest. The Public Defender's office may represent the parents or the child, depending on the county. In some cases, the parents or the child may be represented by private attorneys, either hired by the parents or appointed (and paid for) by the court from a specific panel.

The overwhelming workload has forced some courts to resemble a procedural papermill.

Many of those interviewed felt that the District Attorney's office should not participate in dependency matters. District attorneys by training are criminal law litigators, and are prosecutorial in their outlook. Many view this focus as inappropriate in the context of dependency matters. Many feel that district attorneys typically are not prepared to work with vulnerable children in sensitive family matters.

Another common problem is the rotation of public attorneys through the juvenile court. Most assigned attorneys have virtually no background in juvenile law, and by the time they have had time to gain expertise and proficiency, most seek reassignment to another unit. Exceptions exist, however. For example, Los Angeles and San Francisco counties have developed well-organized juvenile legal units committed to the provision of quality services.

—*Department of Social Services.* Some counties have the social worker assigned to the case regularly attend court hearings on that case. In other counties, the department will utilize a "court officer." These officers attend all the hearings and function as the principal liaison between the court and the department. They do not carry active caseloads and are not personally involved with the case or the child. Occasionally, both a court officer and the case's social worker will be in attendance at a hearing.

—*Workload Pressures.* The juvenile courts have experienced a tremendous increase in the number of dependency cases in recent years.[6] Dependency cases once accounted for only 5% of the cases in juvenile court, but now have risen to 50% of the court's calendar.[7]

In Los Angeles County, the number of dependency filings has increased from 3,553 in 1976-77 to 17,472 in 1986-87, a 391% increase. Judicial review hearings have increased 338% (from 8,716 in 1976-77, to 38,215 in 1986-87). At the same time, judicial manpower to handle these cases has increased only 177% (from 5.4 to 15).[8] All eight counties studied for this report have experienced similar caseload increases without commensurate resource increases.

The increase in court cases is partly due to the increased number of reports and partly a result of S.B. 14's requirement of review hearings every six months (previously once a year). As the Interdepartmental Task Force for Dependency Court Improvements in Los Angeles County states:

"This more frequent review process has in fact so crowded the court's calendar that

less attention may be paid to the individual cases upon review. This year Los Angeles will process an estimated 36,800 judicial reviews and permanency planning hearings involving approximately 25,000 children. One courtroom may handle as many as 70 reviews a day."[9]

The overwhelming workload has forced some courts to resemble a procedural papermill. As reported by the same Los Angeles Interdepartmental Task Force:

"Individual courtrooms handle great numbers of cases in one day's calendar (30-40 in some courts), spending in some cases, only a few minutes on each case involving decisions both as to court jurisdiction and placement of the child....This results in an absence of individualized attention to the case and an absence of accountability in planning outcomes for the children. The cost may be high not only to children and families but to the court system itself. It has been suggested that the less time and attention devoted to the case initially, the longer the case will remain in the court system."[10]

In sum, there are too many cases per social worker, per attorney, per judge, per courtroom, for any case to receive an ideal level of individual attention. Some hearings may be completed in a matter of minutes. No one has time to talk to the children. The judge must rely on the social worker's report; moreover, that same social worker may not be present at the hearings to clarify any concerns.

Several of the children interviewed for this study (all in Los Angeles County) described the court hearings as a "waste of time." Moreover, one-quarter of the children interviewed indicated that on at least one occasion they had spent the entire day being transported to the court house and waiting in the shelter care wing without their case being heard. (Officials at the Los Angeles DCS confirm this is not unusual.) Moreover, none received any explanation as to why no hearing took place.

As one 16-year-old boy described: "I waited all day in court and they never called my case. I still don't know what happened. I hated being there with all those kids yelling.

Then I was supposed to get an award for perfect school attendance, but I missed it because I had to miss school for that court hearing."

Role of the Courts in Dependency Cases:

—Getting to Know the Children. Eighty percent of the judges interviewed for this study defined their role in dependency cases narrowly, seeing themselves primarily as interpreters of the law. Most readily admit they are not qualified and/or able (because of time constraints) to take a more interpersonal approach.

The problem is that while the juvenile court is a legal forum, it is also a place where sensitive social issues and familial concerns must be addressed. Knowing this, some judicial officers confess they would prefer a greater opportunity to meet with the families and the children. Others feel that children should not appear at all at hearings (due to potential trauma to the child). In fact, children rarely appear at hearings in some California counties (e.g., San Francisco).

When asked what changes they would institute if they were the judge, the dominant response among the children interviewed for this study was "talk with the kids...and listen to us."

This may be one reason some criticize the courts for being oblivious to the emotional trauma suffered by many children upon entering the dependency system, and the desperate need for mental health services which goes unmet in most cases. (See Chapter 9 for more details on delivery of health care for foster children.) How the children are doing, and what they need the most, is simply not a central concern for most juvenile court judges. Many argue it should be.

Whether or not they talk with the children or their families, all the judicial officers interviewed for this study recognized that they must rely to a great degree on other members of the dependency system (usually social workers and/or CASAs) to provide the necessary ongoing personal contacts with the family and child.

The children interviewed for this study felt the judges should take a more active personal role. When asked what changes they would institute if they were the judge, the dominant response among the children interviewed for this study was "talk with the kids...and listen to us." Some of the children criticized the judges, feeling that they never listened or cared to hear the concerns, comments or feelings of the child. Two teenagers offered apologies for this, saying that the judges are overworked and, as one said, "don't have time for us. They have to spend more time on the harder cases...the robberies and murder cases."

A 17-year-old boy in the system since he was eight describes: "When I was 10, the judge treated you like a father. He'd ask you questions, then bring you in his office and ask you how you're doing. Just talking. Last month they spent less than five minutes with my whole case. He never saw me before and never talked to me. They treat you like criminals. All he did was sign papers."

Finally, as one 16-year-old boy said: "Nobody can know me by reading some paper. You can't know any kid in a report...you don't know what it's like. What do they put in those reports?"

The most predominant criticism of the judicial process by the children was the lack of an opportunity to speak on their own behalf. Some felt that statements made by adults in the courtroom and reports filed did not accurately portray their feelings or the course of events. It angered them not to have a chance to speak up.

Three youths interviewed said they were particularly upset when instructed by their attorneys not to say anything during the hearing.[11]

—Providing Systemwide Leadership. Despite limitations of time and resources, judges

cannot avoid the fact that they are the ultimate supervisors of every worker in the dependency system, and must take a leadership role in any effort to reform that system. Children judged to be maltreated and in need of protection from their parents are declared "dependents of the *court*," substituting judges for parents as their ultimate guardians.

It is perhaps for this reason that recent reports advocating reforms in the dependency system stress the importance of judges assuming leadership roles. For example, the National Council of Juvenile and Family Court Judges issued a 1986 report with its first chapter entitled "The Role of Judges." It advocates a strong judicial leadership role in reform efforts, as well as leadership in every aspect of the child welfare system. Its recommendations include:

- ☐ Judges must provide leadership within the community in determining needs and obtaining and developing resources for deprived children and families.
- ☐ Judges must have clear authority to review, order and enforce the delivery of specific services and treatment for deprived children.
- ☐ Judges must encourage cooperation and coordination among the courts and various public and private agencies with responsibilities for deprived children.
- ☐ Judges must make every effort to increase media and public awareness of the complex and sensitive issues related to deprived children.
- ☐ Judges must maintain close liaison and encourage coordination of policies with school authorities.
- ☐ Judges must exercise leadership in (a) analyzing the needs of deprived children and (b) encouraging the development of adequate resources to meet those needs.
- ☐ Judges should take an active part in the formation of a community-wide, multi-disciplinary "Constituency for Children" to promote and unify private and public sector efforts to focus attention and resources on meeting the needs of deprived children who have no effective voice of their own.

The Juvenile Court Judges of California recently endorsed and adopted the above recommendations.

Some of the children interviewed for this study agreed that judges should take more responsibility for the workings of the system as a whole. One child felt that judges should "visit the places they send us"; another suggested that judges should "order social workers to do what they say they plan on doing."

Unfortunately most judges interviewed for this study do not feel it is their responsibility to become so involved. Other categories of professionals interviewed tended to agree, if for no other reason than the courts already are responsible for more than they can adequately handle.

One child felt that judges should "visit the places they send us"; another suggested that judges should "order social workers to do what they say they plan on doing."

—*Division of Labor within the Courts.* Most counties in California assign judges in the juvenile courts to particular types of hearings, e.g., detention hearings or six-month reviews. This tends to fragment the process so that judges are not knowledgeable about the cases before them or the consequences of their decisions.

In response to this concern, the Los Angeles County juvenile court system implemented in 1987 a "direct calendar," which assigns judges to hear all phases of a case from initial detention to disposition. According to Los Angeles County officials, this new approach is working well, although some judges are concerned that there are so many cases that it is still impossible to get to know any of them well. However, each judge is more directly accountable for decisions in a case and this is widely perceived as a benefit.

Santa Clara County instituted a similar "direct calendar" system in 1988. Officials report that this has resulted in substantial improvements in the handling of cases.

Continuity of legal representation has similarly been perceived by many as a major problem. In some counties, attorneys until recently were responsible only for specific stages of the process, after which the case would be transferred to a new attorney. For example, it was not unusual to have one set of attorneys responsible for the detention, jurisdictional and dispositional hearings; another set responsible for permanency planning and any subsequent proceedings to terminate parental rights; and a third set responsible for all appeals.

Even more common was the periodic rotation of public attorneys to different departments, again necessitating continual transfer of cases and personnel. This can affect both the quality of representation and the duration of the proceedings as a whole (each change often necessitates delays). For the children involved, it may represent another rejection, another reason for insecurity. As one 15-year-old girl described during an interview: "I kinda liked the lawyers. They seemed O.K. But none of them liked me. And I tried so hard. But, they didn't like me and my case...They only talked to me for about a minute, then they never talked to me again. Every time I went to court there was somebody new, the other lawyer didn't want to work with me. And whenever I tried to call them, they never would call back."

Recent state legislation (S.B. 243 passed in 1987) has sought to address this issue by requiring that counsel appointed for parents or children continue to represent the interests of their clients through all phases of the dependency proceedings. In addition, Santa Clara County has attempted to improve the quality of counsel for children by devising a specific list of standards for representation of a child's interests.

Absent or Late Reports. The law requires that copies of reports and other documents submitted to the court be furnished to all parties, including the parents, at least 10 days prior to a hearing. This is of particular concern since almost everything the court does depends upon what is said in a report, and it is only fair that the parents be able to review it in advance and discuss it with their attorney.

In practice the reports often are submitted at the last minute. In 24% of the 282 proceedings reviewed for this study, a report or supplemental document was submitted on the day of the hearing. Public defenders surveyed for this report stated that it is common to receive all the reports for a given calendar one hour prior to the hearing. One attorney indicated that 30 to 40 reports may be delivered to counsel minutes before a morning's proceedings.

Sometimes the reports are absent entirely and the hearing must be continued to another day.

The lateness of reports thus may result in unfairness, inadequate preparation for attorneys and delays in the court process, all of which may harm immeasurably the families and children affected. Yet the practice is tolerated by judges and attorneys alike, due in large part to recognition that with the limited resources available, everyone is doing the best they can.

It cannot be overemphasized that large caseloads coupled with the volume of paperwork and reporting procedures make adherence to stringent timelines prohibitive in many instances. This problem may be further exacerbated by the absence of adequate clerical services.

The Los Angeles Interdepartmental Task Force Report concluded, however, that "continuances resulting from children's services workers' informal requests or the absence of their reports is often due to lack of timely preparation rather than unavoidable circumstances."[12]

RECOMMENDATIONS:

- Juvenile courtrooms and waiting areas should be physically pleasant for children. At minimum, there should be: furniture designed for children; a playroom for children; and places where children, parents and their respective lawyers and social workers can meet privately.
- Dependency hearings should be conducted in isolation from other judicial activities. Dependent children and their parents should not be commingled with delinquents, status offenders or persons accused of crimes. Everything possible should be done to avoid a stigma being attached to dependency hearings. Both parents and children should not be made to feel like criminals if they are not.
- The courtrooms must be monitored to exclude extraneous persons. Judicial officers should take the time to explain to the parents and children who the various persons in the courtroom are and why they must be there.
- The problem of misunderstanding and confusion about what is going on in the courtroom should be attacked on several levels; no system can hope to maintain credibility and effectiveness in the face of incomprehension.

—First, the hearings must be conducted in a manner that is comprehensible to the parties in attendance. The social worker and/or attorney assigned to each case must be responsible for providing all parties with adequate information about the status of the case and content of the court orders.

—In addition, the judiciary and/or social service agencies should develop written materials explaining in plain language how the system works and what each parties' basic rights are (Los Angeles County's brochure might be used as a model for other counties). Consideration should also be given to the installation of a toll-free telephone number for further general information. Everything possible should be done to demystify the process. For example, the Interdepartmental Task Force Report for Dependency Court Improvements makes a common-sense recommendation as follows:

"To assist parents in their understanding of the court process and related services through the provision of a pictorial flow-chart and a scheduling for viewing of the tape which explains the court process. This understanding could be reinforced by the judicial officer who would inquire of the parents as to their understanding of the process."

—Finally, the use of trained court volunteers available to answer general questions in the courthouse lobby should be continued and expanded.

- Judges should acknowledge and accept their role as heads of the dependency system and provide strong leadership for reform and fair treatment of all families.

❑ Judges should be assigned to the juvenile court on the basis of their interest and willingness to serve for more than two years.

❑ All court personnel involved in dependency proceedings—including judges, commissioners, attorneys, bailiffs, etc.—should receive training in the basics of juvenile law, the psychology of family dynamics and child development.

❑ Mediation and other non-adversarial approaches should be further explored and utilized to minimize the negative impacts on parents and children inherent in formal court proceedings.

❑ At a very minimum, judicial officers and other court participants must take time to talk with the parents and their children. Even with the outcome of most hearings settled in advance between the parties, judicial officers should take an active role in supervising the case and making sure that the settlements reached make sense for the children. More meaningful interactions with the family and child should be encouraged and viewed as important to the administration of justice.

❑ Judicial officers should participate in all phases of the dependency process to avoid fragmentation. "Direct calendars" should be implemented wherever feasible.

❑ Judicial officers should take all steps necessary to ensure consistent, high quality legal representation for parents and children during dependency proceedings.

❑ Judicial officers need to take a more active approach to ensuring compliance with the law's "reasonable efforts" requirement. For example, they need to work with their local department of social services to establish criteria regarding the initial removal and reunification decisions, and also standards to guage what constitutes "reasonable efforts" to prevent the removal of children from their families. In addition, independent inquiry and scrutiny should be encouraged during judicial hearings as to whether the department of social services has in fact exercised due diligence in meeting those standards. (See Chapter 4 for further details on the "reasonable efforts" requirement.)

❑ Something must be done about the court's increasing workload. There are a number of possible partial solutions:

—Cases which can be handled more informally should be screened out. The Interdepartmental Task Force Report for Dependency Court Improvements states:

"There is a need to identify means to limit the population of children coming into the

dependency court system and to limit, wherever possible, the court's jurisdiction over these cases so that the court's efforts can be concentrated on those cases which can benefit most from court jurisdiction."[13]

The report then recommends several methods by which limitations on the number of cases might be achieved, including a pilot study to determine what criteria might be used to screen out cases for alternatives to dependency court jurisdiction. Suggested categories of cases which might be diverted include: isolated incidents of excessive discipline; lack of supervision; inadequate child care arrangements; parent-child conflict; dirty homes; parent with periodic emotional instability.

—Increase the number of judicial officers.

—Greater emphasis should be placed upon administrative hearings to help reduce the court calendar. Certain review hearings may be more efficiently heard through an administrative review process. For those jurisdictions utilizing a "direct calendar" approach, however, administrative hearings might not be appropriate because they might compromise the goal of continuity of supervision.

□ Attorneys and judges should not tolerate late or absent reports. Procedures should be developed to ensure timely reports, or appropriate sanctions in the event of late or absent reports.

□ Finally, many worthwhile recommendations to improve the judicial process for dependency cases are made in recent reports cited herein, including the California Attorney General's report, the Little Hoover Commission report, the Interdepartmental Task Force Report on Dependency Court Improvements for Los Angeles County, the Metropolitan Court Judges Committee Report and the Clark Foundation's book on "Making Reasonable Efforts." These recommendations should be studied and implemented, as appropriate.

1. See Report of the Interdepartmental Task Force for Dependency Court Improvements (Los Angeles County, 1986), at Module II: Pretrial Resolution, p.1.
2. California Continuing Education for the Bar, *California Juvenile Court Practice*, Vol. 2 (Supp. 1986), p.29.
3. Page 6, Module II: Pretrial Resolution.
4. Page 4, Module IV: Intake Assessment.
5. Judges receive their entire salary from the state, while counties are required to pay a percentage of a commissioner's salary. Thus, counties may view employing commissioners as a more costly alternative to judges.
6. See Little Hoover Commission report, pp. 100-01. See also Report of the Interdepartmental Task Force for Dependency Court Improvements (Los Angeles County, Summary, 1986, pp. 1-2, Module 1: Background.
7. *San Jose Mercury News, West* (Sunday magazine), May 1. 1988, p. 9.
8. See Little Hoover Commission Report, at p. 101.
9. The Interdepartmental Report further states: "While the legislation is basically sound, it is designed for a court system capable of devoting more time to each case, more continuity of persons assigned to handle the case, and less anonymity of the professionals and families alike. The results for children in this overcrowded system can be unnecessarily prolonged periods of separation from parents, untimely return to parents, or failure to make timely alternative plans." (p. 2, Module 1: Background.)
10. See pages 1-2, Module 1: Background.
11. The Interdepartmental Task Force Report on Dependency Court Improvements similarly concluded that children often experience the courtroom in a negative fashion, citing complaints by the children themselves indicating that no one asked them about their thoughts and feelings. (Module II: Pretrial Resolution, p.8.)
12. Page 1, Module III: Calendar Management.
13. Page 1, Module IV: Intake Assessment.

CHAPTER 7

Family Maintenance and Reunification Programs

As mentioned in several previous chapters, state law mandates the provision of "family maintenance" and "family reunification" programs to families involved in dependency matters or otherwise in need of ongoing services. "Family maintenance" is designed to provide support for families allowed to remain together; and it is often a primary means of fulfilling the "reasonable efforts" requirement (described in detail in Chapter 4).

"Family reunification" applies when dependent children are placed outside the home in foster care and the goal is to safely reunite them with their families during a period not to exceed 18 months. During this time period, no permanent placement (e.g., adoption, guardianship) of the child can occur outside the family.

The philosophical premise of these programs is that the child should remain with his or her family, as long as the child's safety can be reasonably assured. According to the legislative scheme, this is achieved through the provision of support services, including day care, parenting and homemaking classes, transportation services, counseling, support groups, and substance abuse rehabilitation programs.

For example, the use of day care as an alternative to foster care can be a key ingrediant to successful family maintenance. Parents with a history of abuse or neglect are then able to have a respite from the stress of parenting and also more time to work on their own problems. Moreover, child care workers can serve as role models and mentors. Parenting workshops, counseling and support groups also assist many parents in achieving a healthier family life—all without the added trauma and stress (and expense for the taxpayers) of placing the child in 24-hour foster care outside the home.

Similarly, if a child must be removed from the home because of parental substance abuse, participation by the parents in a good rehabilitation program, counseling and support groups may be the means to a safe reunification of the family.

Unfortunately, while the law may be well-conceived in theory, it is often poorly implemented. This is primarily due to a lack of resources to provide the necessary services. In addition, many dependency cases involve a complex history of intractable family problems (e.g., generations of abuse, incarcerated parents, or extreme poverty) which even model government programs may be unable to resolve.

Many dependency cases involve a complex history of intractable family problems (e.g., generations of abuse, incarcerated parents, or extreme poverty) which even model government programs may be unable to resolve.

Participation in Family Maintenance and Reunification Programs. The state Department of Social Services maintains data on both the number of *families* and the number of *children* involved in family maintenance programs. In 1987, out of 185,601 *families* receiving emergency response services, approximately 12% were transferred to a family maintenance program. A similar proportion (13%) is revealed when examining the data on the number of *children* involved.

The figures vary, however, from county to county. For example, in 1987 in Los Angeles, approximately 21% of all emergency response dispositions were transferred to

family maintenance (for data on both families and children). In Santa Clara County, approximately 6% of the dispositions were transferred to family maintenance.

Families enter family maintenance programs either voluntarily or under court order. In terms of the number of *children* involved, the state Department of Social Services reports that in 1987, approximately 73% of all transfers to family maintenance were voluntary and approximately 27% were pursuant to court order. The figures for 1986 were similar.

In Santa Clara County, according to data maintained by the county, for Fiscal Year 1987-88, approximately 67% of all children in family maintenance were voluntary. In the year prior, 1986-87, approximately 60% were voluntary.

> All the study counties reported a near absence of support services in foreign languages. In effect, this denies the growing populations of non-English speaking families access to even minimal programs.

Because parents do not typically give up custody of their children without court involvement, almost all cases transferred to family reunification programs are done so under court order. Of the 185,601 families processed through the emergency response divisions in 1987, approximately 6% proceeded to family reunification. The percentage is similar (5%) when comparing data maintained on the number of *children* in family reunification.

Los Angeles County transfers approximately 7% of its emergency response cases to the family reunification program; and Santa Clara transfers approximately 4%.

Evaluating Family Maintenance Programs. No standardized statistical data exist to document the availability, utilization or quality of support services mandated under family maintenance programs. Moreover, there is no follow-up on the families after they "graduate" from the system.

However, respondents interviewed for this study almost universally cited serious problems with their respective family maintenance programs. In particular, they reported severe shortages of essential services.

Forty-seven percent of the 38 respondents specifically asked rated their county's family maintenance program as "poor" or "very poor." (Of the respondents from social service agencies, there was *unanimous* assessment of their programs as "poor" or "very poor.") Twenty-one percent of those asked rated their program as "adequate," and 32% "good." No one rated their program as "very good."

A near unconscionable lack of resources was the primary reason cited for this poor evaluation of the programs. It was reported that the quantity of services available was so minimal in many instances that the programs could be considered virtually nonexistent.

In Santa Clara County, for example, county officials report that high-risk families may not receive needed services for four to six months after entering the system; there are long waiting lists for parenting education and treatment and support services; and many families experience "transportation nightmares" in attempting to reach services.

Temporary in-home services, day care, substance abuse programs and parenting education were identified by respondents as those services most desperately needed in all counties. Moreover, the shortage of substance abuse programs is presently even more serious than at the time the interviews for this study were conducted. Some experts consulted more recently in connection with publication of this report characterize drug and alcohol addictions as the leading contributing factors in causing child abuse and neglect in California. Yet, incredibly, for parents who need and want help, there are often no available local programs due to a shortage of services. Many who seek help are

relegated to waiting lists which often are several months-long.

In addition, those families with substance abuse problems need much more than admission into a treatment program. Rehabilitation must be linked with other services, which are also in short supply, including assistance in finding jobs and housing, community support networks and provision of counseling services.

Moreover, all the study counties reported a near total absence of support services in foreign languages. In effect, this denies the growing populations of non-English speaking families access to even minimal programs.

Finally, overwhelming caseloads often make it difficult for social workers assigned to family maintenance to perform their jobs adequately. These social workers typically do not have adequate time to properly assess and supervise the individual families involved in the program. Thus, the families may be left to struggle alone to combat their problems.

Evaluating Family Reunification Programs. Reunification programs are plagued with similar problems, and at the same time face even larger challenges. The families involved have been determined to be unable to safely care for their children even with supervision and/or support services. Their rehabilitation typically is an extremely complex task. Each family mainfests unique problems, as demonstrated by their different reasons for placement in foster care and other social or cultural variables.

As part of the reunification process, a social worker will first assess the family situation and recommend to the court a case plan which describes specific requirements before the family can live together again. The judge typically adopts this case plan in the form of a court order which may require parents to attend counseling, parenting classes, a drug program, receive drug testing, etc. A schedule for visitation between parents and child may also be included in such an order.

Once again, there is a dearth of data to help evaluate what happens during the course of the reunification process. Among the inadequate data are: information on the services provided; the number of families reunified, when and why; or what happens to the families after reunification (how many re-enter the system, how many children later run away from home, etc.). We *do* know that approximately 60% of dependent children placed in foster care are ultimately reunified with their families. However, what is not known is what happened to their parents while "in the system" or what happened to the family after dependency status is terminated.

Widespread dissatisfaction with reunification programs was revealed in the interviews for this study. Approximately 60% of the 37 respondents specifically asked said their local reunification program was "ineffective" (among these responses, 87% of all social service agency workers rated their program ineffective).

According to these respondents, family reunification programs suffer from the same basic problems as family maintenance programs, i.e., almost all stemming from severe shortages of staff and services.

For example, the court may order family reunification contingent upon the parent(s) showing complete rehabilitation from a drug or alcohol addiction. If no treatment is available, the family cannot comply with the court's order. As a result, the possibility of reunification may be jeopardized. Or, alternatively, reunification may occur without the benefit of such rehabilitation. Either way everybody loses, most of all the child.

Also, social workers in family reunification divisions are so overburdened with cases that they are unable to devote a reasonable amount of time to contact with the family and child. Those social workers interviewed spent on average less than 30% of their time with the family and/or child. The vast majority of their time was spent instead writing reports, going to court, and performing other administrative duties.

Some social workers reported they do not even have the time to meet with families

to be certain they understand what the court requires of them in order to have their child returned to them. This has reportedly led in some instances to families not being reunited because of unintentional failures to follow court orders.

Another serious problem that was identified with the reunification process was the inadequate or inconsistent visitation policies. This has resulted in insufficient visitation between parents and dependent children. The children interviewed for this study echoed this concern: their most urgent desire was to see their parents on a more regular basis.

Policies related to visitation have resulted in unconscionable problems for parents, social workers and, most tragically, the children.

Visitation would seem a simple matter and, as most experts agree, fundamental to the reunification process. It presents an important therapeutic opportunity to heal wounds and create new patterns of family interaction. However, these opportunities are often squandered, due to a variety of logistical problems and a systemic resistence to solving them creatively.

Some of the problems: Visitation is often required to be "supervised" by a social worker (due to fears that the parent might kidnap or otherwise endanger, intimidate or frighten the child). This supervision utilizes scarce resources and consequently often circumscribes the amount of visitation possible. In addition, supervision often means that the parent(s) must come to where the social worker is located, e.g., in a crowded room in an emergency shelter facility. This kind of environment does not enhance the therapeutic value of visitation; in fact, it often detracts from it.

Some experts interviewed believe supervision is utilized too often, and should only be ordered upon a substantial showing of risk to the child. Others feel that supervision is underutilized, based on a belief that workers already recognize the strain on resources and avoid supervision whenever possible.

If the child is in a foster home, the burden of transporting the child to a location for supervised visits falls upon the foster parents who typically are not consulted about what hours are convenient for them.

The natural parents are typically not consulted either, and also often have conflicts with work schedules or transportation problems. One set of parents interviewed for this study lived in San Francisco and encountered problems visiting their child placed in Monterey County. Another set of parents lived in South Central Los Angeles and stuggled to visit their children placed in the San Fernando Valley.

It is not uncommon for mothers to battle three-hour-long bus journeys with young children to spend one-hour visits with a child in emergency shelter care.

In other situations, the county may provide transportation services to take the child to a more neutral locale. However, limited resources in many jurisdictions have restricted such opportunities to only a few times a month.

When examined in total, policies related to visitation have resulted in unconscionable problems for parents, foster parents, social workers and, most tragically, the children. In addition, little attention is paid to the therapeutic opportunities presented by visitation, and how to overcome logistical problems in order to enhance those opportunities.

Because of what some parents view as unfair visitation policies, there are many reported instances of parents seeking to contact their child on their own, sometimes in contravention of court orders. The law requires that parents be informed at all times of their child's location, unless good cause is shown for withholding that information. The result is sometimes foster parents being unexpectedly confronted with upset parents demanding to see their children. This may put foster parents at odds with natural

parents, which in turn creates unreasonable turmoil and conflict for the child.

In addition to the above specific problems with reunification programs, some respondents reported that the lack of a systemized reunification approach was hampering efforts. They criticized the apparent "bureaucratic" assumption that the provision of minimal services and the passage of time will adequately resolve any familial crises that led to the child maltreatment. They point out that no coordinated plan and follow-up support aimed at reunification exists in any reasonable fashion for most families. Finally, when it comes time to decide whether to "reunify" a family, many respondents claim that the courts tend to look only at the "performance" of the parents during the reunification period, and that this focus is too narrow. Indeed, the central question typically is: Have the parents shown a cooperative attitude and followed court orders? Seldom are the child's needs addressed, or the inquiries framed in terms of present risk to the child.

Thus, it is claimed, some children returned to their families should not be, while others are denied appropriate reunification.

This points out the limitations of using court orders to ensure "rehabilitation" of abusive or neglectful parents. This is particularly true when assessments of family problems often must be done without proper resources and the services typically ordered are often underfunded and/or questionable in quality. Despite adherence to court orders, the root causes of the maltreatment—whether it be poverty-related stress, emotional problems, lack of community or social support—often remain untreated and unresolved. Still the child is returned home.

Of the 26 professional respondents specifically asked, 73% said they had experienced "pressures" to reunify a family contrary to their professional judgment. The principle sources of these pressures were: a) statutory preference for reunification, even if detrimental to the child; b) the court's emphasis on reunification; and c) the absence of adequate information on the case.

RECOMMENDATIONS:

- Quality support services must be made available to families of dependent children, particularly counseling, daycare and substance abuse treatment. Such programs have demonstrated cost efficiency; thus, adequate funding may result in reduced foster care-related expenses.
- Family maintenance programs should include intensive, in-home approaches such as that utilized by the Homebuilder's program in Washington state. (See Chapter 4 and its recommendations.)
- Social workers in family maintenance and reunification programs must be assigned manageable caseloads. They must be able to properly develop an individualized plan for dealing with each family's problems, and provide adequate support in implementing that plan.
- Regular visitation must be viewed as a crucial element of any reunification plan. More creative approaches to providing supervision during visits, when necessary, should be explored (i.e., utilizing volunteers, foster parents, community groups, etc.). (See Chapter 8 for more details on utilizing foster parents.) Transportation difficulties should also be taken into consideration, and appropriate services or resources provided. If children cannot regularly and freely see their parents, preferably in a home-like environment, the family is not provided "reasonable efforts." Further study should be done to determine ways to maximize the therapeutic opportunities possible with visitation.
- Judges must provide active and strong leadership in implementing family maintenance and reunification programs. The child, as well as the parents, should remain the focus of attention throughout the various hearings.

CHAPTER 8

Longer-Term Foster Care

PROVIDING stable home-like settings to foster children who must remain in longer-term dependent care is one of the most problematic areas of the foster care system. There is a severe shortage of qualified foster parents willing to undertake the dependency bureaucracy and the demanding needs of foster children. This chapter looks at the process for placing children out-of-home once the initial emergency detention phase is over, and also the difficulties of finding foster homes or other suitable placements. The experiences of foster parents and other foster caretakers interviewed are also presented.

Placement Alternatives and Decision-making. Deciding where to place children once they are declared "dependents" is usually the responsibility of an assigned social worker and his or her supervisor. In some counties, there are "placement committees" made up of several social workers and/or other professionals who are responsible for placement decisions.

Those making placement decisions are often not well acquainted with the child, the parents, or the foster caretakers involved in the case. In fact, most placement decisions are made on the basis of written reports rather than on the basis of personal contacts and evaluations.

The vast majority of dependent children are placed with foster families or relatives. The remainder (approximately 14%) are placed in group homes (ranging from a licensed home with 12 or fewer children to a larger facility housing 26 or more children), residential treatment centers or other institutions—usually because they are older and/or exhibit behavioral or emotional problems, have special medical needs or because a foster family is not available. (See discussion below about the shortage of foster families.)

A Model of Innovation in Foster Care: Children's Garden

Children's Garden, a nonprofit agency contracting with Marin County since 1960 and serving 200 children in 1987, is one example of a family-model, residential treatment program for young children (10 and under) who are emotionally disturbed and/or disabled. More programs like this are increasingly needed throughout California.

The Children's Garden programs include: (1) *A group home program,* consisting of three family-model homes, each caring for six children and staffed by a pair of highly-trained houseparents, supported by social workers; (2) *A placement evaluation program,* which features a family-model home in which the emotional and physical needs of six children at a time are thoroughly assessed, after which informed decisions about subsequent placement and treatment are made; (3) *A specialized foster care program,* the first of its kind in the state, which provides foster homes to meet the special needs of severely emotionally disturbed children who might otherwise live in institutional settings; and (4) *The Marin Academic Center,* a unique school program for children whose learning disabilities and emotional problems are too severe for a regular public school setting. (The Children's Garden also operates an emergency shelter program for young children.)

Evaluating the Placement Process. Asked to rate the overall effectiveness of the placement decision-making process in their county, 43% of 54 respondents to this study said "good" or "very good"; 24% said "adequate"; and 28% said "poor" or "very poor."

Asked to what extent children are assigned to "inappropriate" placements, more than half of 71 respondents said "sometimes," 17% said "frequently/mostly," 6% said "always," and only 14% said "seldom." "Inappropriate" placements were broadly defined as: "Placements where the child's social-psychological-therapeutic needs are not appropriately addressed by the caretaker's services; or the child because of age,

development or special needs does not properly fit the caretaker's expertise; or the child's profile is significantly different from the other children in the facility."

One serious problem identified by the respondents was the lack of contact among those making the decision (whether committee or individual social worker), the child and the specific placement/caretaker.

Respondents statewide have suggested that specialized assessments are needed to better understand the social, psychological and emotional needs of dependent children prior to their placement in the system. Such assessments are conducted in some counties and can be very useful in guiding placement decisions. However, both cost ($600 to $1,500) and time (often several weeks) can make this service prohibitive for all children entering care.

The extreme shortage of foster family homes was identified as the most critical placement problem by respondents in the eight study counties.

Shortage of Foster Families. The extreme shortage of foster family homes was identified as the most critical placement problem by respondents in the eight study counties.

Other specific critical placement needs were cited as follows: homes willing to accept teenagers; homes for children with special medical needs; homes headed by ethnic minorities; and homes for children in need of temporary placement after experiencing a "placement failure."

This shortage means that some children who would do best in a family setting are being placed instead in group homes or institutional settings. It also means that decision-makers have very little latitude in matching up families and children; they instead must make a placement wherever a family is available, even if the match is not ideal.

Why the Shortage? Several factors are at work. First and foremost, the job is demanding. It is a seven-day-a-week, 24-hour-a-day responsibility. It involves caring for a child who is likely to have serious emotional problems and come from a difficult and deprived background. It is dealing with a bureaucracy that often does not have time for people.

And there are no respite services for this demanding job at any level. This means that foster parents can take no vacations away from their foster children, unless they pay for child care themselves. There is similarly no state-funded relief in the event of a family emergency, illness or out-of-town business assignment.

Moreover, the dependency system itself creates a need for respite care. Foster parents and/or their foster children may be subpoenaed to appear in a court proceeding, sometimes with very little advance notice. This often creates chaotic child care crises for foster parents with more than one child. (Most foster parents care for multiple children, either their own or other foster children.)

At the same time, there are few rewards for foster parents. The pay ($300-$500 per month per child) is low, and often does not cover all of the costs. Consequently, many foster parents incur significant out-of-pocket expenses.

On the other hand, several professionals interviewed for this report pointed out that when a foster family cares for several foster children at once (up to six permitted), certain economies of scale are possible, allowing these families to more than cover expenses. In poorer communities, it was reported, some families take on foster children for just this reason. (With five foster children, for example, a family can receive up to $2,500 per month.)

Concerns were raised about the level of care possible in a family with five or six foster children. Concerns were also raised about the pressures on some foster parents to take

on more foster children than they would like ideally in order to make ends meet.

Foster parents also suffer a poor public image, due in part to the apparent public perception that they are involved solely for financial gain, and also due to media attention to incidents involving abuse by foster parents. Finally, foster parents often do not receive the respect or support they deserve from county social workers.

As a result, a recent California Foster Parent Survey showed that nearly 50% of the foster parents surveyed said they were uncertain about their interest in remaining foster parents.

The Little Hoover Commission report also cited the shrinking pool of "traditional" families (where the wife stays home) as contributing to the shortage of foster families. It notes that working families cannot afford to offer their services as foster parents because of child care costs.

The foster parents interviewed for this study gave the following reasons why they think foster parent participation is in decline: lack of support and cooperation from social service agencies; burnout; increased number of disturbed children; natural parents threatening harm to foster parents; and lack of funding for support services for the children.

The most difficult aspects of working as a foster parent were reported by this study's respondents to be: separating from children after developing a relationship and emotional bond; witnessing "wrong" decisions being made with respect to a child; feeling isolated from both the system and decision-making process; working with uncooperative social workers; and confrontations with natural parents.

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Surprisingly, none of the foster parents interviewed for this study identified inadequate remuneration as a primary concern. At the same time, their estimates of out-of-pocket monthly expenditures per child showed that they were being under-reimbursed on average by as much as 50%.

With all of these demands and expenses, then, why become a foster parent? The foster parents interviewed for this study gave the following reasons: enjoyment of working with children; their natural children have reached adulthood and they would enjoy parenting again; companionship for their own child or children; desire to help children in need; desire a job which would allow them to remain home and work with children; and knew someone else who was a foster parent.

In sum, the foster parents interviewed for this report (none of them poor) care for foster children out of love, not money; some poorer families become foster parents as a means of earning a living. Their job typically is difficult, relentless, unsupported, under-funded and thankless. It is not difficult to surmise why foster parents are in short supply; what is surprising instead is the number who persevere against the odds.

Training for Foster Parents. Over half of the foster parents interviewed for this study

indicated that the training they received prior to their participation as a foster parent was poor or very poor. However, they unanimously felt that there was currently an adequate opportunity (primarily through community colleges) for training and education. At the same time they indicated one of the major barriers to attending training is the absence of needed child care.

Training is particularly important for foster parents who care for children with special medical or emotional needs, which increasingly is more the norm than the exception.

> "I'm really mad about not having anybody to love. I never stayed in one place long enough for them to love me and for me to get to love them."

A New Role for Foster Parents? Some experts in the field advocate a new role for foster parents, one in which foster parents would have extensive contact with the natural parents and act as extended kin, or mentors, to that family. One pilot project in New York, directed by Salvador Minuchin and Jorge Colapinto, is working on training foster parents and social workers on how to play this new role.

According to Colapinto, foster parents can do three important things to facilitate the earliest possible return of the foster child(ren) to their natural families. First, they can immediately reach out to the natural parents and build what Colapinto calls "bridges." This is needed because often the removal of a child is a traumatic event, setting the stage for an adversarial relationship between the social services agency and the natural parents, which often overflows into hateful feelings for the foster parents as well. Colapinto claims the foster parents can help prevent or overcome that antagonism because they are a more neutral third party and can communicate on a more personal and less legal level.

These foster parents are also encouraged to reach out to extended family members as well (grandparents, etc.)—anyone who might be recruited to help find solutions. By offering support to the natural parents, the idea is for foster parents to be viewed as allies, or resources, rather than as "child rescuers" at odds with the natural parents.

These foster parents can also try to motivate the natural parents towards change—for example, urging them to attend a drug treatment program. Again, Colapinto claims that often with social workers and judges the push to change becomes a power struggle, sometimes with a punitive element to it, that does not result in positive change. He says the relationship's axis is different with foster parents, who can very effectively suggest, for example, that "your children need you, they are waiting for you, and that's why you need to sign up for this program."

The third important task for these foster parents is to encourage and facilitate visitation, either in their home, in the natural family's home or at a neutral site. Too often, says Colapinto, visitation is regulated not from the viewpoint of what is best for the child, but from the viewpoint of what is convenient or feasible for the social service agency. Instead, he advocates frequent visitation between the two families, as much as would occur naturally if a grandparent were acting as a foster parent for the child. Interestingly, Colapinto reports that in his work with this program, he has discovered that a significant amount of "underground" visitation between foster and natural families was taking place already.

This pilot project is not without controversy and possible pitfalls. Colapinto reports that many foster parents are initially resistant, thinking that the new approach may involve more work and may not be best for the children. However, he claims the resistance usually evaporates with practice. Eventually, he says, most foster parents become more or less enthusiastic about trying something new that might have a positive impact.

So far the program seems to be working well, although it is very experimental and still too early to draw conclusions. Colapinto reports that it seems to work best when there is an older foster mother and young natural mother. He readily admits there may be cases where the approach would not be advisable, but believes it has the potential of wide application.

Colapinto reports that in some cases they have observed substantial improvements in behavorial problems of some foster children. They attribute this to the fact that most children are relieved to see their natural parents working together with their foster parents; there is less problem with divided loyalty. Also when greater opportunity for visitation occurs, the foster children sometimes display less "acting out" behavior.

Other professionals interviewed for this report expressed skepticism about this type of program. Some felt foster parents already are inadequately reimbursed and that it is presumptuous to add such significant new tasks. Also, much of the "liaison" work was viewed as the responsibility of the entire system; some said it would be unfair to shift this to the shoulders of the foster parents. In spite of these problems, however, most view the concept as both interesting and worthy of consideration, particularly in its potential promise of providing more meaningful and therapeutic visitation opportunities. With adequate support and training, foster parents may find more fulfillment and fewer behavioral problems with this new approach.

Background Information on Children Placed in Foster Care. Foster caretakers are not provided with adequate background information on the children for whom they provide care. All group home and facility operators and almost half of the foster parents interviewed said they were "never" or "seldom" provided with a history of the children entrusted to them. Nearly 75% reported that on at least one occasion, they have received children with no background information, except the child's name.

For example, a caretaker may not be told about the reasons for a child's admission to the dependency system, the child's past suicidal or violent behavior, or the existence of serious medical problems (e.g., a serious allergy). This can place caretakers at a significant disadvantage in trying to communicate with and care for the child.

One foster parent reported that she received two boys, ages nine and 11, without any background information whatsoever. The boys were reclusive, seemingly depressed and occasionally prone to sudden crying. They refused any affection; they often appeared exceedingly shy. After three days, the foster parent was finally informed about the children's history—the boys had witnessed their stepfather shoot their mother.

Some caretakers report what they believe to be *intentional* omissions of a child's history. Fearing the refusal of a caretaker to accept the placement of a child, it was concluded by some that social workers decide to conceal a negative aspect of a child's behavior (e.g., history of aggressive outbursts or an existing substance abuse problem).

Well over half of the children entering foster care are ethnic minorities. As a result, foster parents (mostly white) often face tremendous barriers communicating with and understanding the children placed in their care.

No Personal Belongings. Children are regularly placed without any personal belongings (e.g., toys or clothes). The issue is less that the foster caretakers must now provide these items, but rather that the child has few or no material goods to validate his or her personal identity.

Culture and Language Differences. Well over half of the children entering foster care are ethnic minorities, and an increasing number are foreign-born or children of foreign-born

(although the overall percentage of foreign-born remains relatively small). As a result, foster parents (mostly white) often face tremendous barriers in communicating with and understanding the children placed in their care.

Multiple Placements. The majority of foster children who remain in the system longer than 12-18 months (after the reunification period has lapsed and a permanent placement outside the natural family is the goal) can expect to be physically relocated *at minimum* three times after entry into the system: first, emergency shelter or foster family care; second, a temporary foster care setting during the reunification period; and third, a more permanent foster care setting (or adoption) after the reunification period is over.

It is a common occurence for children in the system for several years or more to experience four or more placements.

State Department of Social Services data show that in 1987, almost one-quarter of the children in foster care had experienced three or more placements. Six percent had five or more placements. (See Chapter 2 for more details on placement statistics.)

It is a common occurrence for children in the system for several or more years to experience four or more placements. The longer they remain in the system, the greater the likelihood of placement changes.

Length of stay in the system is not necessarily a controlling factor for multiple placements. Some children may have several placements in a matter of months due to a caretaker's inability to keep the child or the child's special needs.

Each of the children interviewed for this study had been in the system at least two years (the average was six-and-a-half years) and had experienced at least four placements prior to his or her current placement. One 15-year-old girl reported at least nine different placements since she had become a dependent at age eight.

Each change in placement for a dependent child represents a complete disruption of their already uncertain lives. There will be changes in caretakers, schools, friends, and daily routines, all of which may produce a sense of yet another "failure." Most system participants agree that placement changes are inherently traumatic for children and should be minimized. As one teenage foster child interviewed for this study said: "I'm really mad about not having anybody to love. I never stayed in one place long enough for them to love me and for me to get to love them."

The causes of multiple placements are many. First, the system is designed so that no permanent long-term care is arranged until after the reunification period, with the exception of a small group of very narrowly-defined cases where reunification is not attempted. For the majority of foster children who are ultimately reunified with their families, this makes sense. For those whose families do not reunify, however, it means delaying a permanent solution and probable placement changes. While some initial short-term placements may evolve into long-term care if reunification does not occur, most do not.

Second, and probably most frequently mentioned, are behavioral problems of the dependent child such that the foster parents find their lives completely disrupted, or are unable to give the dependent child the care he or she needs.

Third, the child may run away. Of the children interviewed for this study, about half reported that they had run away from a placement or facility. The most common reason cited was that the rules (e.g., no smoking) were too strict. The second most common reason alleged was physical or sexual abuse. One 18-year-old girl complained: "Everybody thinks we're lying. I know other foster kids who have been molested in foster homes. But nobody is gonna believe us. We're supposed to be disturbed, right? All we do is cause trouble, right?"

Other foster children reported running run away to attempt to visit a sibling or return to a former placement.

Fourth, the child and family may be improperly matched due to inadequate background information about the child's needs and/or inadequate training of the foster parents.

Fifth, there may be practical reasons for the placement change. For example: the foster parents relocate to another area; the natural parent moves out of the county; the child becomes too old for the facility or caretaker where he or she lives.

Finally, the disruptive behavior of the natural parent can lead to a placement change in order to protect the identity of the foster parents and/or prevent further parent-child contacts.

Children's View of Placements. Most of the children interviewed for this study were satisfied with their current placement. The remainder were either about to "graduate" from the jurisdiction of the court (after reaching age 18) or about to be relocated to another placement.

The children expressing satisfaction recognized that their current placement was a placement of last resort. All had experienced foster homes, most had experienced the full range of placement types, some had lived on the "streets" and others had had brief stays in detention facilities for delinquents.

When asked how long they had been living in the current placement, the majority knew the exact date; and others even knew the time of day. "One year, four months, 13 days," one boy said. Others also recall details as the weather, the clothes they wore, and the first meal they ate at their present foster home.

Unlike their younger peers, children who have spent a number of years in the system will be suspect of yet another adult stranger who comes to talk with them and scribble notes in a pad. During interviews with the children (ages 11-18) for this study, most of them calculatingly tested the author Alan Watahara's sincerity and willingness to challenge their comments. Three different children, for example, when asked where they thought they should be living, answered emphatically: "In the most suitable and appropriate placement that's available"—verbatim bureaucrat-ese presumably learned from their caretakers.

Another boy, 16 years old, responded to nearly all the interviewer's questions by citing his sexual exploits and his ability to "beat the shit out of just about anybody." Yet when the interviewer eventually asked, "If you had a choice, what would you really like to be doing five years from now?," he paused for some time before responding: "I'd want to be in a house with a yard and a couple of people that I can call Mom and Dad. Wouldn't that be great to have breakfast in the morning and have someone like a dad say, 'hey, son, what are you gonna do today?' Man, that would be just great to have somebody care about what I'm gonna be doing." This same boy had experienced nine placements since age 11. Later he spoke of doing "anything" to help his little sister, if only he knew where she was.

Out-of-County Placements. Many foster children are placed outside the county of their family's residence (11% of all foster children in 1985, according to State Department of Social Services data). This often indicates that a child has been placed some greater distance from his or her home, depending upon the geography of the specific area.

Even if far from home, these out-of-county placements can benefit a child if the placement is with a relative or a facility providing needed specialized care (e.g., special educational services for children with learning disabilities).

However, three negative consequences flowing from greater distance need to be balanced against any benefits: 1) the opportunity for parent visitation with the child is reduced; 2) the opportunity for supervision and follow-up by the responsible county is reduced; and 3) it can be an upsetting experience for a child to be uprooted from his or

her home community.

Monitoring Children in Foster Care. Fifty-one respondents were specifically asked to assess the monitoring and follow-up of children placed in foster care: 28% said "good" or "very good;" 27% said "adequate;" and 27% said "poor" or "very poor."

RECOMMENDATIONS:

- In making placement decisions, priority should be given to becoming personally acquainted with the child and his or her needs. Specialized assessments should be utilized whenever appropriate and feasible.
- Immediate and aggressive efforts should be undertaken to recruit more foster families, including more families of varying racial and cultural backgrounds.
- The foster parent experience should be made as positive as possible, both to retain current foster parents and to encourage further recruits, as follows:
  — Increase support services for foster parents, with priority given to the development of state-funded and/or community-supported respite care.
  — Consult with foster parents about all decisions affecting the child. Encourage all public employees to be cooperative and appreciative of foster parents. Appoint an ombudsperson to act as a liason between foster parents and the local social service agency.
  — Undertake a statewide campaign (including Public Service Announcements, etc.) to show appreciation for foster parents and to acknowledge their valuable work.
  — Encourage community groups to provide support for foster families.
  — Increase reimbursement for foster parents by at least 30% in order to cover the basic cost of care.
- New roles for foster parents vis-a-vis natural parents should be explored, with particular emphasis on facilitating visitation. The results of the New York program described above should be monitored and studied further to determine whether similar efforts should be undertaken in California.
- Every foster caretaker should be provided basic information on the child at the time of placement, including reasons for dependency, and medical and behavioral information. (A standard form should be developed and required to be completed prior to each placement in foster care.)
- A child's personal belongings (at minimum some clothes and a favorite toy or blanket) should be collected and delivered with the child to the foster caretaker.
- Foster parents should receive standardized, comprehensive training. Child care should be provided while they attend training classes. The use of video tapes or audio cassettes should be explored as one possible training method.
- The problem of multiple placements reflects, in part, a breakdown of the system. This demands immediate and aggressive action. The reasons for multiple placements should be studied further, and appropriate actions implemented to address the problem.
- Out-of-county placements (if geographically distant from the natural parents' home) should be avoided unless necessary to place a child with a relative, or because of special medical, emotional or educational needs.
- The process for monitoring the well-being of children once they are placed in foster care should be examined and improved.

CHAPTER 9

Delivery of Health Care to Dependent-Foster Children

Health Needs of Foster Children Are Great. Dependent children enter the foster care-dependency system in greater need of health care than the general pediatric population.[1] They have suffered assaults on their physical and emotional wellbeing—physical abuse, sexual molestation or familial abandonment. But as this chapter will discuss, despite the clear needs, health care represents one of the most neglected areas within the foster care-dependency system. As one recent report stated: "Failure to adequately diagnose, treat and immunize these children allows community neglect to replace parental abuse and neglect."[2] Among the problems are poor or absent health assessments, lack of properly trained health care personnel, lack of consistently kept health histories of the children, the Medi-Cal bureaucracy and the unwillingness of providers to accept Medi-Cal patients.

Several reports have found that foster children suffer disproportionately high rates of chronic physical illnesses, emotional problems, developmental disabilities and conditions arising from previous medical neglect.[3]

The professionals surveyed for this report identified the most significant unmet health needs of dependent children as follows: mental health; dental and orthodontic care; general health and pediatric care; immunizations; nutritional problems; and care related to substance abuse (e.g., drug-addicted infants).

There is also a continuing increase in the number of children entering the foster care system with emotional disturbances, including violent or suicidal behaviors, according to this study's respondents.[4] They cited the following mental health problems as the most prevalent among dependent children: depression, lack of self awareness, lack of self esteem, sense of abandonment, loneliness, conflicts of status with natural family, severe emotional disturbances, violence, suicidal or self- destructive behavior, severe substance abuse, character disorders, inappropriate sexual activity, and attachment or bonding difficulties.

There is a continuing increase in the number of children entering the foster care system with emotional disturbances, including violent or suicidal behaviors.

Other data confirm these impressions. For example, residential and day treatment facilities in the study counties have reported significant increases in the number of dependent children with a history of prior psychiatric inpatient hospitalization. In 1980-81, these facilities reported that between 20-30% of their population had histories of psychiatric hospitalization. In 1986, these same facilities found that 65-80% of their population had experienced prior hospitalization. Moreover, one treatment facility in San Francisco County indicated that approximately 40% of the children had prescriptions for psychiatric-related medications *prior* to their entry into the program.

Physically abused children in particular have been found to demonstrate aggressive, self-destructive behavior, low self- esteem, and impaired social relationships, according to one recent study.[5] The study, based on interviews with 154 social worker and other foster care professionals throughout the state, further found that mental health problems of foster children are "far more severe and less easily addressed than medical problems. A common theme among all informants was the chronic, intractable, and often progressive nature of psychological maladjustments."[6]

No Statewide System. The absence of any organized health care delivery system is the

most apparent and important reason for deficiencies in the delivery of health care to foster children. Conspicuously missing are any statewide standards or procedures to address the health needs of these children.[7]

As a result, *de facto* responsibility has fallen to the general operations of the social services department of each county. There, the demands of investigative, legal and placement processes often consign health care to afterthought status. The health services that do exist are fragmented, variable in quality, and generally inadequate.

In an attempt to address some of these problems, the Los Angeles County Department of Children's Services has established policy guidelines regarding medical examinations and treatment for foster children. For example, the guidelines require that most children receive a comprehensive medical and dental examination within 30 days after initial placement. However, there are serious flaws in the guidelines. For example, none of the guidelines apply to children placed in emergency shelter homes.[8]

> The absence of any organized system is the most apparent and important reason for deficiencies in the delivery of health care to foster children.

In addition, according to a 1987 United Way report on health services for foster children in Los Angeles County, "compliance with DCS policy appears highly uneven. By most accounts, many foster children are not receiving continuous, comprehensive health care." [9]

The state and local departments of mental health may be the most logical decision-makers with regard to delivery of mental health services to dependent children. Yet historically they have demonstrated inconsistent commitment to children's programs, leaving a void in this area which contributes to deficiencies in the system of care.

For example, state law mandates that each county allocate to children "50% of the amount of any budget augmentation received for new or expanded mental health programs until the amount expended for mental health services to persons under age 18 equals *not less than 25%* of the county's gross budget for mental health or not less than the percentage of persons under age 18 in the total population of the county, whichever percentage is less" (emphasis added).[10] The respondents surveyed for this report indicated, however, that their respective counties are ignoring this mandate. Funding levels are reported to range between 11-20% of the total county mental health budget, far below the proportion of children in their respective counties.

Ultimately it is most often the foster parents who must struggle to find good health care for their foster children. Unfortunately they often must act without adequate social support or funding. For example, a Butte County foster-parent couple reportedly drove their foster child to San Francisco regularly, at their own expense, in order to obtain the child's necessary mental health care. This is not an uncommon circumstance.

Professionals surveyed for this report cited the caretaker's personal qualities as the most important factor in obtaining delivery of adequate health care. Conversely, a caretaker's lack of interest, initiative or financial resources was seen as a major barrier to the provision of adequate care.

Absence of Medical History. There is no standardized mechanism or procedure to obtain a child's medical history upon entering the foster care-dependency system. Because many children have no consistent source of medical care before entering the system, and their parents may be unavailable, hostile or reluctant to relay information possibly viewed as incriminating, access to past medical histories or records is often complicated, if not impossible.

Once they have entered the system, a few counties in California have tried using a "medical passport" form to travel with the foster child for use in recording medical visits, treatments and other information. A 1987 study found that these attempts "were unsuccessful," due mainly to lost passports, failure to bring them to visits, failure to complete the information requested, failure to pass them from one foster caretaker to the other, etc. The study concludes, however, that "despite these failures, social workers and foster parents contend that the medical passport still presents the best potential for information transmission. In counties where the passpost was either lost or inadequately filled out, informants attributed the failure to inadequate safeguards and procedures."[11]

As a result, medical treatment of foster children is often provided without the benefit of reviewing a medical history. Thus, the health care professional may have no knowledge of pre-existing conditions, allergies, inadequate immunizations, etc. This can compromise appropriate diagnosis, treatment and care of sick children.

One physician interviewed for this study found fresh scars from a major abdominal operation on a foster child. However, that child's records, which included results from two in-system examinations, failed to note the scars or provide any history about the operation. Two other physicians reported the dilemma of teen patients claiming to need psychiatric-related medications when there was no medical file to verify this need.

A 1987 United Way study cites other examples:

"[C]hildren have arrived at MacLaren Children's Center or foster homes with no information about the medical exams received at hospitals where they were taken by law enforcement officers to investigate allegations of abuse. While there is a medical discharge summary available for children leaving MacLaren, such information is not always picked up and given to the foster care provider. Newborn infants born in public or private hospitals and taken into protective custody because of their mothers' drug addiction, have been placed in foster care without accompanying information about the type of drug from which the child is withdrawing, birth weight, results of toxicology tests, etc. The absence of such vital information further burdens foster care providers and the medical personnel they select, and jeopardizes the children." (p. 25.)

Discontinuity of Care. Not only is there typically no medical history, but often children are presented to the health care provider with negligible information about the child's current complaints. If the child is staying at an emergency shelter or other group facility, often he or she is transported by someone other than the caretaker. This "driver" may have never met the child before and can rarely provide any relevant information regarding the child to the health care provider, except perhaps an accompanying report or note. Many children in this situation are noncommunicative, pre-verbal or non-English speaking. Similarly, instructions with respect to a child's medications and other follow-up procedures for care may never be communicated to the primary caretaker. (An in-house medical staff at MacLaren Children's Center in Los Angeles County helps avoid these problems.)

Each change in placement causes a measureable disruption in the child's health care. The new caretaker is often unappraised of existing problems and the course of treatment; there is often a change in providers with no communication between providers; and there is often a permanent loss of records and information. Consequently, diagnosis, treatment and follow-up become problematic.

Initial Treatment in Physical and Sexual Abuse Cases. The initial evaluation and treatment of child abuse, especially sexual abuse, is complex and increasingly a specialized practice of medicine. There are two primary reasons for this: working with the victimized infant or child is difficult; and the identification, collection and preservation of physical evidence is highly technical.

In addition, there are other burdensome aspects: (1) examinations often require

several hours to perform; (2) there is voluminous paperwork required; (3) appearances in court are time consuming; (4) complicated cases require coordinated investigations with governmental agencies; and (5) many of these cases are emotionally trying. For these reasons, few pediatricians are well-qualified or even willing to conduct these types of medical examinations.

In each of the study counties, there are individual pediatricians who are recognized in their communities for their expertise in these types of cases. The professionals interviewed for this report rated these individuals as "very good" in the quality of their work. The remainder of community physicians who also may perform child abuse evaluations were generally rated as poor.[12]

Apart from the quality of physicians, abused children suffer additional hardships in initial delivery of care. For example, many victims are subjected to multiple physical examinations as a result of an uncoordinated system. Other children may be transported long distances in order to be examined by specially qualified physicians who are not available in their home communities.

Two of the counties studied regularly transport sexually abused children to medical facilities outside the county for evaluations.

Only four of the study counties employ an organized medical response team or unit staffed with trained personnel. In some counties, individual physicians have been singularly responsible for the development of model programs to assess and treat abused children. These programs are hospital-based centers and focus almost exclusively on the medical-legal aspects of abuse cases, including training and consultation services.

For example, the Center for Child Protection in San Diego was one of the first and remains the most comprehensive hospital-based program for victimized children. The Center takes a multi-disciplinary approach, providing both in-patient and out-patient services to abused children and their families. Their services include: (1) an evidentiary evaluation program, where medical evaluation, crisis intervention and treatment are provided for victims of physical and sexual abuse; (2) children's play therapy groups for sexually abused children; (3) a child advocate program, offering support services to child victims of sexual abuse; and (4) prevention programs, including parenting classes and support groups for at-risk families, and community outreach/education programs utilizing trained volunteers.

This type of comprehensive and regionalized service provides a necessary and cost-effective mechanism to serve victimized children.

Initial Medical Screenings. For those children who do not receive immediate treatment for physical or sexual abuse, all counties provide some type of initial medical examination. Procedures for conducting these evaluations vary considerably from county to county.

In Orange County, all children are medically screened prior to placement in foster homes. The screening is done at Orangewood, the county's emergency shelter, by county health department doctors and nurses. Unlike other counties (e.g., Los Angeles), most of Orange County's foster children are initially placed at Orangewood, facilitating this arrangement. However, children placed initially in emergency shelter homes are screened prior to placement as well.

In Alameda County, all children are medically screened within 48 hours of entering foster care at one of two county facilities. Foster caretakers may later choose between bringing the children back to the county facility for follow-up care, or taking them to their own chosen provider.[13]

The comprehensiveness and quality of initial medical examinations also vary considerably. Most examinations are cursory in nature and are limited to identifying existing illnesses, injuries or infectious diseases. "Veterinary examinations" was how more than one pediatrician interviewed for this report described them. Without exception,

those professionals interviewed who were familiar with their county's practices felt the overall quality of these initial examinations was poor.

The following factors were cited as key reasons for low quality: absence of a child's medical history; medical personnel untrained in pediatrics or unfamiliar with the special needs of foster children; untimely examinations (e.g., examinations conducted well after a child's entry into the system); and intentional design of examinations to be superficial and non- comprehensive.

Inadequately Trained Providers. Health care providers—including physicians, nurses and psychologists—are often not trained or sensitized to the special needs of dependent children. When 46 professionals surveyed for this report were specifically asked whether the health providers were adequately trained and sensitized for this work, more then half (26) answered, "No." This concern was echoed in many other interviews during the course of research for this report.

One possible solution to this and other problems in providing health care to foster children is the establishment of health clinics dedicated solely to caring for foster children. One example is the Foster Care Clinic at the Center for the Vulnerable Child in Oakland, which offers just such comprehensive centralized health care services for foster children in Alameda County.

The Foster Care Clinic program, begun in 1986 with a variety of public and private funding, features medical, psychosocial, developmental and educational assessments for each child. In addition, a case management plan is developed to address specific therapeutic, rehabilitative, and preventive needs. The clinical team includes a pediatrician, nurse, social worker and case manager; clinical support services include: psychiatry, child development, special education, dentistry, nutrition and health education. The range of foster child patients include respirator-dependent premature infants with multiple medical problems, infants with AIDS, toddlers who are failing to thrive, and school age children with numerous medical and psychological problems.

Undetected Illnesses or Conditions. Various health problems of foster children are "sometimes" undetected, according to 46% of respondents. An additional 16% said problems are at least "frequently" or "mostly" undetected.

The illnesses or conditions which commonly go undetected were identified as chronic illnesses (e.g., diabetes), mental health problems, sexual abuse, skin diseases, severe hearing impairments, severe vision impairments, speech impairments, respiratory problems, sexually transmitted diseases and learning disabilities.

Retrospective Review of Medical Charts. The medical charts of 201 children in shelter care in one San Francisco Bay Area study county were reviewed by author Alan Watahara as part of this study. The purpose was to provide some further documentation of the kinds of medical conditions foster children suffer.

The charts were selected at random; it was not possible to identify those children who were being examined only for a medical clearance versus those seeking care for an illness or injury.

The most striking finding was the absence of any medical history in 93% of the charts reviewed. The most prevalent conditions found were as follows: physical complaints/ acute illness (85%); immunization needed (21%); behavioral problems (12%); indication of physical abuse (11%); indication of chronic illness (10%); developmental/learning delay (10%); indication of sexual abuse (9%); speech/language impairment (8%); visual acuity impairment (7%); dental problems (5%); currently taking a prescribed medication (5%); allergies identified (4%).

Nearly half (46%) of all the children examined required follow-up visits to the hospital. Thirty-seven percent had medical conditions necessitating dispension of at least one prescription drug. Eight percent had conditions which ultimately required

hospitalization, including drug addictions, injuries (burns and fractures), acute illness, surgery and perinatal complications.

The results of this retrospective study provide further evidence of the poor health status of children entering the foster care-dependency system. Moreover, it validates a concern that many of these children have numerous pre-existing conditions; and that health care providers are handicapped by the absence of information on the background of these patients.

Mental Health Services. An unconscionable number of dependent children with emotional problems are not receiving the mental health services they need, according to the professionals surveyed for this report. Of the 28 professionals specifically asked, over 60% indicated that over half of all children in the dependency system are not receiving appropriate mental health care. Nearly 30% believe that over 80% of the total foster care population are not receiving appropriate mental health services. And for ethnic minorities, there are often no culturally appropriate services, or at minimum, services for non-English speaking children.

An unconscionable number of dependent children with emotional problems are not receiving the mental health services they need, according to the professionals surveyed for this report.

In particular, the inability to provide necessary mental health care to an increasing number of seriously emotionally disturbed children in foster care has reached a crisis stage throughout California. The shortage of providers, limitations in state reimbursement for care (see section below on Medi-Cal) and other factors have combined to deny these children needed treatment and expose them to great potential harm.

These findings are confirmed by other studies.[14] As the recent Attorney General's report states:

"Currently, there are limited mental health resources available to [victims of child abuse], and there is a shortage of mental health professionals who have been trained to treat children involved in legal proceedings. Further, funding for mental health services is insufficient and administration of these funds is dispersed among a variety of public agencies. The Committee concludes that further efforts are needed at the state and local level to train therapists to treat child abuse victims, to facilitate access to mental health services for child victim witnesses and to ensure that these services are adequately funded." (p. 33.)

The need is particularly great for mental health assessments (an initial professional evaluation of the nature of individual and family problems). This is a crucial service because they may form the basis for further treatment, placement and support service recommendations. Of the 14 professionals specifically asked, more than half felt that at least 50% of dependent children are not receiving needed mental health assessments, even though all felt some proportion of the children are in need of such assessments. And of the 21 respondents specifically asked, 34% rated the quality of the existing assessment services as "poor" or "very poor," and 43% "good" or "very good."

Because most counties do not have a coordinated procedure to identify children in need of a mental health assessment, the decision to refer a child may be left to the individual (usually overburdened) social worker's discretion. Therefore, it is often the child with identifiable behavioral problems (e.g., violent behaviors, fire-setting) whose mental health needs are ultimately recognized. Other more withdrawn children with less obvious problems can easily go untreated.

Many professionals argue that the presumption should be in favor of *all* dependent

children receiving a mental health assessment and other appropriate mental health services—unless shown to be unnecessary in individual cases—since almost all dependent children suffer emotional trauma.

The recent Halfon and Klee study which surveyed 14 counties in California reported as follows:

"Only one of the surveyed counties routinely performs initial mental health evaluations on all children. In this state-funded demonstration program, a mental health team visits the placement site within 72 hours and spends from one to two hours evaluating the child. This information is used to plan the child's future placement and ongoing care. One other county has instituted a program whereby children in shelter care are evaluated in a special school staffed by educational and psychologic specialists.

"All other counties perform initial mental health evaluations selectively, using more varied criteria....[Social worker and administrator] estimates indicate that, with the exception of the two counties previously mentioned, initial mental health evaluations are routinely performed on less than one third and in most counties on less than 10% of children."[15]

The quality of assessments, when done, is also variable. In some counties, assessments are provided by highly skilled and trained mental health professionals; in others, they may be provided by individuals untrained about the needs of dependent children.

Even where there is sufficient expertise, assessments may not be provided because there are no funds or services for follow-up care.

Disabled Children. About 11% of the children in foster care have a diagnosed disability involving at least one of the following conditions: epilepsy, autism, cerebral palsy, mental retardation or other neurological handicaps, emotional or mental disorder, learning disability, sensory impairment (hearing, speech or sight) or physical disability.[16]

According to many professionals surveyed for this report, children with disabilities are not well served by the foster care-dependency system. There are two fundamental deficiencies: first, insufficient numbers of trained staff to assist children with hearing and vision impairments and children with multiple handicaps. This results in many situations where communication between the child and social worker is virtually nonexistent.

Second, there are insufficient numbers of foster parents or other caretakers capable and willing to provide care to disabled children, who require greater supervision and in some cases, residential medical care.

For example, two shelter care directors and one social service department official interviewed for this study reported having no appropriate placement for "a certifiable 5150" (a child in psychiatric crisis dangerous to himself or others). This has resulted in the placement of these children in juvenile halls, adult psychiatric wards, or simply leaving them in shelters with other children.

Drug-Exposed Infants. Many professionals surveyed for this report identified infants exposed to drugs in utero as the most critical new members of the foster care population, and one of the greatest challenges facing the system. Despite prominence as an issue, however, very little data exist to describe the nature or incidence of the problem.

Recent data for Alameda, Contra Costa and San Francisco counties confirm, however, that the problem of drug-addicted infants is severe and escalating. For example, drug-addicted infants represented 16% of all births at Alameda's Highland Hospital, and similarly 16% of all births at two community hospitals in Contra Costa County. An estimated 12% of all births at the county hospital in San Francisco are babies born addicted or suffering from substance abuse related problems.

One hospital in San Francisco reports an approximate threefold increase in such cases since fiscal year 1983-84.

The Little Hoover Commission report states:

"[T]here has been an alarming growth in the number of infants with drug addicted mothers. For example, from 1981 to 1985, Los Angeles County experienced a 453 percent increase in minors and infants referred because of drug ingestion problems. [Citation omitted.]...

"The growth in the number of infants born to drug addicted mothers has heightened concerns about the issue of foster care placement and the Acquired Immune Deficiency Syndrome (AIDS). Intravenous drug users are at considerably higher risk of contracting AIDS and the disease can be passed on prenatally." (p. 113)

Recent Los Angeles County data indicate an increase of 1100% in the number of dependency cases involving either a drug- addicted infant or drug ingestion by a child (132 cases in 1981; 1,619 cases in 1987).[17]

Once identified, drug-addicted baby cases are often referred to local social service agencies which are then faced with difficult decisions. The support services most needed by the babies' families are often unavailable due to lack of community resources.

Even worse, these estimates of the size of the problem are likely to be low; it is difficult to identify drug-addicted infants since withdrawal symptoms may not be manifested until days after birth, usually after the mother and infant have left the hospital. Moreover, those identified cases are likely to be biased towards poor and minority patients since they are more likely to raise suspicions. In such cases, there is a growing practice of ordering toxicology assessments on certain newborns in order to identify the presence of drugs.

The following information emerged from this study's interviews: In three of the counties, cocaine was identified as the primary or secondary drug in at least half of the cases of drug addicted babies. In another, PCP was the primary or secondary drug in at least half of the cases. Among all the study counties, the drugs most frequently identified with newborn addiction were: cocaine, PCP, amphetimines, alcohol, heroin and methadone.

Approximately 50% of all drug-addicted infants were born to mothers who had inadequate or no prenatal care, according to those interviewed.

Currently, those institutions most attentive to the possibility of drug-addicted infants are the county hospitals, or those that serve a large Medi-Cal clientel. Private hospitals typically either fail to report such cases, fail to inquire about drug usage, or discharge a newborn prior to the manifestation of withdrawal symptoms.

If unreported, these infants are at a high risk for further abuse and neglect. This risk is created in part by the condition of the child—they are extremely demanding because of their withdrawal symptoms (e.g., above normal irritability and crying), and they require nearly 24-hour supervision and ongoing medical care. At the same time, substance abuse continues to affect the mother/family which often diminishes their ability to care for the newborn.

Consequently, once identified, drug-addicted baby cases are often referred to local social services agencies which then are faced with difficult decisions. The support services most needed by the babies' families (e.g., drug rehabilitation programs, day care, jobs, housing) are often unavailable due to lack of community resources. Removing the infant from the home may offer no better solution; already there are inadequate numbers of foster placements, forcing some infants to remain hospitalized until one is found. As the Little Hoover Commission report describes:

"Finding suitable placements for special need populations is often difficult....For example, during an on-site visit at San Francisco General Hospital, the Commission observed drug addicted babies that were forced to remain in the hospital for extended periods of time because foster parents who were adequately trained and willing to care for these babies could not be found. As the limited spaces in such facilities are utilized in this manner, their use for new emergency placements is preempted. In addition, the cost of taking care of these children increase significantly." (p.114)

Even when a proper placement can be found, it is often some distance from the parents' residence, compromising their ability to visit and ultimately be reunified with their child.

In response to these problems, the "CARE Clinic" was recently created at the Oakland Children's Hospital and Medical Center. As part of the Center for the Vulnerable Child, the Clinic seeks to provide intervention and appropriate follow-up care for infants born to mothers who use drugs during pregnancy. Its programs include residential care facilities for pregnant women and women with their infants. In addition, the clinic is active in prevention and policy development.

All foster children are eligible for Medi-Cal benefits, but this does not always cover the cost of their health care.

Hospitalizations. Based on interviews with health care providers, it appears that some hospitalizations of dependent children are either unnecessarily long or arguably inappropriate. These situations invariably arise from the lack of an alternate placement for a child with a special medical problem (e.g., child in a body cast or drug-addicted infant). Such children have been reportedly hospitalized for several weeks simply waiting for an appropriate placement.

Medi-Cal Restrictions and Red Tape. All foster children are eligible for Medi-Cal benefits, but this does not always cover the cost of their health care. Vision and orthodontic care were mentioned most often as major health needs that are either uncovered or so limited in coverage as to render the care seriously deficient. Survey respondents also generally agreed that Medi-Cal coverage of mental health services is inadequate, currently reimbursing a maximum of only two visits per month (without prior authorization). This is unreasonable by most professional standards.

Another serious problem is locating providers who will accept Medi-Cal patients. According to one report, all types of providers but especially dentists are difficult to find.[18] Due to low reimbursement rates, burdensome paperwork and substantial delays in reimbursement, the pool of providers is fast diminishing.[19] This growing provider shortage has caused many foster children to use hospital emergency rooms as their primary source of medical care, according to professionals interviewed for this study. In one local attempt to try to increase the number of health providers willing to treat foster children, the United Way recently launched a public outreach recruitment campaign in Los Angeles. Partly as a result of this campaign, Los Angeles County now has a directory of physician and other health care providers willing to accept foster children on Medi-Cal. Foster parents reportedly have found this quite helpful.

The shortage of providers has forced some foster parents to travel great distances to find a private physician, dentist or therapist who will accept a new Medi-Cal patient, which in turn creates other problems. According to health care providers surveyed for this report, medical appointments for foster children are regularly cancelled because there is no transportation for the child.

This message is painful to a child already hurting. Many of the 21 children interviewed for this study indicated that they had not been able to receive needed health care. In each case, the child commented that the reason for their inability to receive care was: "Medi-

Cal doesn't cover what I need done" or "none of the doctors will take me." Another rejection.

Finally, the systemic bureaucracy of Medi-Cal can cause delays in seeking medical care. Foster parents have reported the receipt of Medi-Cal eligibility cards *months after* a child has been placed in their care.[20]

RECOMMENDATIONS:

- Providing quality medical and mental health care to dependent children should be viewed as an important system responsibility. The current environment relies too heavily upon the efforts of individuals, particularly foster parents. Instead, *statewide* policies and procedures should be developed to ensure delivery of that care.
- When a child first enters the dependency system, he or she should be issued a "medical passport," a copy of which should be entrusted to the child's assigned caretaker at all times. This passport should contain, to the extent possible, all relevant health history on the child as well as a complete record of treatment since entering the system.

In developing and implementing this medical passport system, the experience in the state of Massachusetts—known for its successful medical passport system, due mainly to an extensive educational campaign directed at social workers and foster parents—should be studied and duplicated as feasible.[21]

In addition, adequate state funding and support must be made available to ensure successful county-level implementation.

- The state should provide guidance and funding to establish one or more health maintenance organizations ("HMO's") in each county which would deliver organized initial and ongoing care to dependent children. The physicians and other health care professionals, including mental health specialists, should receive special training in how to identify and care for the needs of dependent children. Each HMO should include the following:

—An improved system for dealing with initial examinations in physical and sexual abuse cases. Model programs, such as the Center for Child Protection in San Diego described above, should be evaluated, supported and replicated where possible. Also, the California Medical Association's Child Abuse Regionalization Subcommittee recently recommended the regionalization of health services for victims of abuse. This proposal should be adopted and implemented statewide.

—Comprehensive and standardized medical examinations and mental health assessments for all children within a reasonable time after their removal from their families. Such services should be provided by specially trained personnel. Model programs, such as the Foster Care Clinic at the Center for the Vulnerable Child in Oakland, should be evaluated, supported and replicated where possible.

- Disabled children in foster care need specialized care and attention. Social service agencies and related departments should be adequately trained to work with disabled children.
- Aggressive efforts are needed to expand and develop foster placements and treatment programs designed for physically and developmentally disabled children, emotionally disturbed children (especially adolescents) and infants and children with special medical needs. Added financial incentives and special training should be provided to increase the number and improve the quality of foster homes for children with special needs.
- Improvements in Medi-Cal need to be made, including: immediate issuance of an eligibility card for each child upon entering the system as part of his or her "medical passport"; reimbursement to cover all appropriate dental and vision care; and coverage for at least four visits per month for psychological counseling (including reimbursements for clinical services provided by MFCCs and LCSWs).

□ Additional recommendations on how to improve health care delivery to foster children are contained in several recent studies, including the Halfon and Klee studies, the report of the Attorney General, and the United Way report.[22] These should be studied and implemented as appropriate.

1. See Gruber, A., *Children in Foster Care*, New York: Human Services Press 1978. See also Halfon and Klee, "Health Services for California's Foster Children: Current Practices and Policy Recommendations," *Pediatrics*, Vol. 80, No. 2 (August 1987), and studies cited therein, at p. 183; "The Health Care of Children in Out-of-Home Care: A White Paper," Summary of a Colloquim on the Health Care of Children in Foster Family Care, January 8-9, 1987 (Child Welfare League of America, Inc.); Schor, E., "The Foster Care System and Health Status of Foster Children," *Pediatrics*, 65:5, 1982.
2. See Los Angeles County United Way report entitled "Health Services for Foster Children" (Jan. 1987), p. 5.
3. See Halfon and Klee, above. See also Little Hoover Commission report, and reports cited therein, at p. 109.
4. See also Halfon and Klee, above, which cites an official at the California Department of Social Services as reporting that children entering the system are on average younger and more disturbed than in the past. (p. 184.)
5. See Klee and Halfon, "Mental Health Care for Foster Children in California," *Child Abuse and Neglect*, Vol. II, pp. 53-74 (1987).
6. *Ibid.* at p. 67.
7. The Little Hoover Commission Report (p. 110) similarly concludes: "Moreover, existing mechanisms do not encourage the development of integrated systems of health care for foster children. For example, the State has no standards for assessing the quality of health care provided. Additionally, child welfare agencies usually are not set up to adequately monitor the health care received by foster children in their charge." See also Klee and Halfon, "Communicating Health Information in the California Foster Care System: Problems and Recommendations," *Children and Youth Services Review*, Vol. 9, 171-183, 177 (1987). The authors found that "the delivery of health and mental health services to foster children is often uncoordinated and fragmented in many counties [in California]."
8. See United Way report, above, at p. 20.
9. *Ibid.*, at 24.
10. See California Welfare and Institutions Code section 5704.6.
11. See Klee and Halfon, above, p. 178. See also United Way report, above, for a discussion of the problems with medical passports in Los Angeles.
12. This concern was raised also in the Little Hoover Commission report (p. 95).
13. See Halfon and Klee, above, at p. 185, for further description of variances between counties in California in conducting initial health evaluations of foster children.
14. See, e.g., Klee and Halfon, above.
15. See Halfon and Klee, above, at p. 187.
16. State Department of Social Services statistics for the calendar year 1985.
17. See the Inter-Agency Council on Child Abuse and Neglect's Analysis of the ICAN Data/ Information Sharing System Report, November 1988 (Los Angeles County), p. II-25.
18. See United Way report at p. 25.
19. See the Little Hoover Commission Report (pp. 109-110).
20. See Halfon and Klee, above, at p. 188, for further description and confirmation of these problems created by the lack of providers and red-tape delays under the Medi-Cal system.
21. For more information about the Massachusetts medical passport system, see Klee and Halfon at p. 183, and also the United Way report at p. 33.
22. See notes above; and Chapter 3 for citation and description of Attorney General's report. Also see the Child Welfare League of America's "Standards for Health Care Services for Children in Out-of-Home-Care" (1987).

CHAPTER 10

Educational Issues Affecting Dependent-Foster Children

CHILDREN in foster care have difficulty in school. This is due in large part to the trauma they suffer and the transient nature of their lives. Their multiple placements and fragile emotional health compromise their ability to develop friendships with peers, which ultimately impedes their academic performance. Special efforts to teach these youngsters are necessary, yet "educational neglect" of dependent children is too common. They often fall behind in their learning, feel estranged and eventually detest school.

There are extended periods of time (e.g., more than one week) when dependent children may *not* be enrolled or attending a school program, according to more than half of the 43 study respondents specifically asked. In fact, it is not uncommon for some of these children to not be enrolled in school for a period of several months. Among the study counties, the following factors were identified as barriers to the children's continuous school enrollment: 1) lost records (e.g., immunization, prior school history or birth certificate); 2) no school program for some children in shelter care; 3) foster caretaker discretion not to enroll the child in school because placement is so temporary; and 4) bureaucratic error.

Special efforts to teach these youngsters are necessary, yet "educational neglect" of dependent children is too common.

In addition to enrollment problems, other practices may place foster children at an educational disadvantage: 1) a child's living placement may be changed without advance notice to school officials; 2) placements may be altered at times during the school year which disrupt the child's academic calendar; 3) court hearings and other social services are often scheduled during school hours; and 4) school districts may fail to give full credit for a child's record of performance in another district.

Dependent children with learning disabilities or other handicaps may encounter even further difficulties. Federal law requires special education for all disabled children, regardless of their guardianship status. Yet acquisition of these services has historically required aggressive and persistent efforts by parents on behalf of their children. Most dependent children cannot rely on advocacy from their natural parents and must look instead to social service agencies or their foster caretakers for support. Because of unmanageable caseloads, lack of training or belief that this matter is the schools' responsibility, special educational services may not be provided to the fullest extent possible.

As a result of these and other disadvantages, foster children have demonstrated academic deficiencies. According to the professionals interviewed for this study, many foster children are held back a grade, due to lapses in enrollment or poor achievement. Many perform below their grade level. And many foster children exhibit disruptive behavior in traditional school settings which ultimately affects their academic achievement.

According to another recent study involving interviews with child welfare professionals in 14 California counties, respondents in all counties identified poor school performance and inappropriate grade levels as a feature of school-age foster children. The reasons given by those interviewed: placement moves, behavior disorders, restlessness, and inattention, in addition to specific learning disabilities. Moreover, in some counties,

respondents stated that inadequate programs and inexperienced teachers in the schools are ill-equipped to handle the special characteristics of foster children.[1]

Finally, a majority of the male foster children interviewed for this report complained that they did not have adequate opportunity to participate in after-school activities, particularly with respect to sports. The reasons cited were: a) uniforms and materials were beyond caretaker's budget; b) change in foster placements resulted in failure to meet the school's necessary residency requirement for sports eligibility; and c) curfew restrictions at some foster care placements prevent participation in after-school sessions.

As one 17-year-old girl said: "I never tell the kids at school I'm a foster child. They treat you differently. They feel sorry for you...pity you. I don't need that shit. I'm just like anybody else."

This exclusion from sports and other extracurricular activities only added to the negative self-image many foster children have that somehow they are "different" and treated differently from other children. As one 17-year-old girl said: "I never tell the kids at school I'm a foster child. They treat you differently. They feel sorry for you...pity you. I don't need that shit. I'm just like anybody else."

RECOMMENDATIONS:

- Every dependent child should have an initial educational assessment which would include the following: location of pertinent records, evaluation of the child's needs as they pertain to school success, and determination as to whether testing is required.
- School personnel must be educated about the unique needs of foster children-students; and coordination must occur between the foster caretaker, school officials and social workers.
- Each county must develop a plan and procedures for providing appropriate education services to all dependent children with learning disabilities or other handicaps.
- Children in foster care should be given maximum opportunity to partcipate in after-school sports and other extra-curricular activities. Funds should be provided when needed for uniforms or equipment, perhaps through community contributions. Exceptions to school residency requirements for activity eligibility should be instituted for foster children. Finally, curfews at foster care facilties should be sufficiently flexible to encourage after-school participation.

1. Klee and Halfon, "Mental Health Care for Foster Children in California," *Child Abuse and Neglect*, Vol II., pp. 63-74, 67-68 (1987).

CHAPTER 11

Emancipation

FEW 18-year-olds can live entirely on their own in our society today. Dependent children are no different, and if anything, they are less prepared than most for life on the "outside." They usually have not completed high school, have few marketable skills, no job, no housing, no financial support and no social support.

About 13% of all out-of-home dependency cases are closed because the foster child either reaches age 18 or runs away. In either case, this is called "emancipation." (See Chapter 2 for more statistical data on case terminations.) The child is then no longer eligible for financial support or supervision from the county social service agency. He or she is commonly just "kicked out of the nest."

Sadly, by the time most foster children reach this age, they have suffered multiple losses and disappointments, and have had no consistent nurturing. Because many have not received adequate mental health counseling during the periods of familial breakdown, the buried psychological traumas are often manifested turbulently in their teenage years. They are often angry, volatile, and aggressive, if only in some part to fit in with their peers.

But as their emancipation impends, a surprising transformation may be seen in many dependent children. In part they anxiously await their long-sought freedom. But at the same time many become solemn and tentative, fearing the end of what little support network they have picked out of the system. Such tasks as obtaining employment, managing a checking account or locating an apartment are new experiences and can easily become overwhelming.

Because many foster children have not received adequate mental health counseling during the periods of familial breakdown, the buried psychological traumas are often manifested turbulently in their teenage years.

Even when these teenagers find jobs, the wage is typically minimum—not enough to afford decent housing and other necessities of life. Housing is indeed a major issue for those dependent children reaching their eighteenth birthday, according to professionals interviewed for this study.

In California, no one tracks emancipated dependent children in order to follow up on their status during the course of independent living. According to professionals interviewed, the outcomes vary. Many continue to live and/or receive some support from their foster families (at this point with no financial assistance from the government). Some return to their natural families. Some become homeless. Some girls become pregnant and begin a cycle of dependency on welfare assistance. Some begin a life of crime. Some struggle along and make it on their own against the odds.

The 21 foster children in this study expressed doubts about their ability to live on their own at age 18. One teenage girl, clutching a rag doll, said, "I'm afraid to be ready yet. I'm afraid I'll get into trouble again. They should make a place for kids like me to learn to live alone when we get out of here."

The older teenagers readily confessed their ignorance on how to get a job or handle money. They were also worried about the total solitude of their immediate future—about the severing of both their emotional and financial network. A good number of these children suggested that the system should develop an emancipation program or a transition facility to assist children in learning to live independently.

Some counties in California have initiated such programs. For example, Los Angeles County recently began an independent living program which features a 25-hour set of classes at community colleges for dependents 16 years and older. Transportation is provided and $50 per month is paid to those who sign up. Classes include self-help and employment skills (e.g., handling checking accounts, how to look for and keep a job), as well as "Choices and Consequences" and "Leaving Home Again" which seek to prepare the youngsters psychologically for the responsibility of independent living.

Admittedly, this is only a start. Most California counties do very little, if anything, to prepare foster children for independent living. Of the 49 respondents specifically asked in interviews for this report, 71% said the system does not adequately prepare these youths.

In spite of the practical barriers and their own fears about the future, a number of the teenagers interviewed said they hoped to someday work with disadvantaged or handicapped children, because, as one said, "they need somebody who understands and can love them. I think I can do that."

RECOMMENDATIONS:

- Develop independent living programs in each county to help adolescents make the transition from total dependency to independent living. Include in those programs as appropriate and feasible:

—Vocational education and job training. Utilize local schools, community colleges, vocational rehabilitation agencies, and job training programs. Seek support from local businesses.

—A course to teach independent living skills similar to that used in Los Angeles County.

—Residential programs for older dependents (e.g., a group home for older adolescents which would provide training and skill development in areas necessary for independent living).

—Expansion of foster care reimbursement to include subsidies for apartment living for a designated one-to-two-year period for those 18-year-olds "emancipated" from the system.

- Develop programs to link emancipated foster children with volunteer adult mentors from throughout the community to provide emotional support, career guidance and encouragement.

APPENDIX A
Research Methodology

THE findings in this report are based on research conducted predominantly in eight of California's 58 counties: Butte, Contra Costa, Los Angeles, Marin, Orange, San Francisco, San Joaquin and Santa Clara. These counties were selected for their diversity, representing North and South, urban and rural, metropolitan and suburban regions. They offered a variety in population density, e.g., San Francisco is the most densely populated county in the state and Butte is among the least dense; a diversity in ethnic composition, e.g., whites comprise approximately 93% of the total county population in Butte, while they represent only about 68% of the populace in Los Angeles; and a diversity in terms of economic forecasts, business development, and income levels, e.g., Marin has the highest median family income in the state, while Butte is ranked forty-sixth.

Additionally, these eight counties accounted for more than 55% of the state's foster care population. This study, then, was able to review and analyze data from local jurisdictions that are responsible for over one half of California's dependency population.

The research methods included:

- ❑ Personal interviews with more than 100 professionals and other individuals familiar with the foster care-dependency system (e.g., foster children and foster parents)
- ❑ Questionnaires-surveys
- ❑ Field observations
- ❑ Statistical records review
- ❑ Review of personal documents (e.g., case files, medical charts)

PERSONAL INTERVIEWS: ADULTS

The major data presented in this report were collected through personal interviews of 114 adults, all of whom were key participants in their respective county's foster care-dependency system. Many were recognized as state and national authorities in their areas of expertise or discipline. The professional categories included: attorneys, judges, social workers, social service administrators, child advocates, physicians, other health professionals, court administrators, foster parents, law enforcement personnel, shelter care facility administrators, and administrators of nonprofit organizations.

All potential respondents were notified in writing about the scope of the research project. Each respondent was then telephoned to confirm his or her participation and to describe in greater detail the nature of the study.

A standard questionnaire was developed to guide the course of the interviews, involving over 100 questions covering in detail all major aspects and phases of the foster care-dependency system. The questions were varied in order to solicit a variety of responses: some yes or no, some using a scale, some multiple choice, and some open-ended.

In addition to the standard body of questions, separate questions were developed for specific professions. For example, specific legal issues were directed to attorneys and judges; questions involving particular health issues were designed for physicians, nurses and other health care providers; and specific questions were developed for foster parents. In total, 13 different versions of the survey instrument were developed.

Six interviewers were recruited and hired to assist Alan Watahara, co-author, in conducting the interviews. Each interviewer received a three-hour training session prior to his or her involvement in the project. This training included discussions on the purpose of the study, background information on the foster care-dependency system, interview techniques and protocols. The training was conducted by Watahara, who

personally conducted 58 of the 114 interviews.

The interviews were conducted in the respondent's office or other convenient location. In most cases, both the interviewer and the respondent had a copy of the survey instrument. Responses to specific questions on the survey instrument were recorded in writing by the interviewer. And except for those interviews conducted by Watahara, during which extensive notes were taken, each interview was tape recorded. Each interview required approximately 1.5 hours; and the interviews ranged from one to two hours.

Watahara personally listened to the tapes of each interview not conducted by him, and generated additional notes on important comments recorded on the tapes.

The resulting data from these interviews were both quantitative and qualitative. The quantitative derive mostly from compiling the answers to the questions which were presented in a scale, yes/no or multiple choice format.

Due to time pressures and other practical factors influencing the course of each interview, not every "quantifiable" question was asked of every respondent. Thus, when the quantitative data are presented in this report, the size of the survey sample is also indicated. For example, some questions were answered by 80 respondents; others by only 15. To account for this, these data are typically presented as follows: "Of the 43 professionals specifically asked, 24% rated initial medical evaluations of foster children as poor or very poor."

In addition, the answers to some open-ended questions were quantified in terms of how often a particular issue was mentioned. For example, when asked what they saw as the most critical barriers to the delivery of adequate health care to foster children, the various respondents typically would identify many of the same problems. In such instances, a summary of the data was presented in the order of frequency such answers were recorded.

In addition to the quantitative data, most of the interviews yielded a wealth of qualitative information. Taken together, a comprehensive picture emerged in many areas of inquiry.

There were also recognized limitations to this research approach. First, the overall sample was small (involving only 114 individuals from only eight of California's 58 counties); and the respondents were unable to be randomly selected. In the case of much of the quantitative data, the sample size was even smaller, and selected as a result of practical pressures.

Second, much of the information gathered was subjective and impressionistic, and interpreted, in part, according to the biases of the author and other interviewers.

Third, although confidentiality was guaranteed, it was evident that some respondents were concerned about the confidentiality of their remarks and consequently tempered their critical comments. Fourth, due to the complicated fragmentation of the foster care-dependency system, many respondents were completely unfamiliar with procedures or outcomes in areas of the system outside their immediate circle of responsibility.

Fifth, the results of this research are presented in aggregate form in most instances to ensure confidentiality of the respondents. This approach does not allow for a breakdown of data showing differences between counties, where in fact significant differences do exist.

For example, the availability of resources (e.g., financial, services, providers) has enabled some counties as a whole to perform better than others. Some counties have unique model programs, while others operate a specific aspect of the foster care-dependency process very well (e.g., emergency response, placement, health care).

Thus, any concerns or criticisms raised in the report do not imply that *all* counties have been evaluated poorly. Rather the message is that there is a need for improvement

generally and consistency in quality of services provided.

In addition to those interviewed with a standardized instrument, 12 other adults were interviewed about more technical or specific aspects of the system.

Personal Interviews: Children

This report includes data obtained from 21 dependent children interviewed by Watahara during December 1986 and January 1987. The purpose was to gain the perspective of these "clients" for whose protection the system was designed—something few other studies in this field have done.

All the children interviewed were 11-18 years old, dependents of the court in Los Angeles County, and living in out-of-home care. Each child had experienced at least four placements prior to his or her current placement at the time of the interview. Each child had been adjudicated a dependent for at least two years—the average was approximately six-and-one-half years.

Eight of the children were interviewed individually at MacLaren Children's Center, Los Angeles County's temporary shelter located in El Monte, California. The other 13 interviews were conducted with children residing in the following types of foster care facilities: residential treatment care, boys group home and two foster families. Nine of these were conducted in small groups (two to four at a time). The various out-of-home settings were chosen by the Los Angeles County Department of Children's Services. The individual children were then selected by the principal caretaker or administrator of the facility or home.

Approval for these interviews was obtained from Los Angeles County's Department of Children's Services, the Juvenile Court Administrative Offices and the Presiding Judge of the Juvenile Court. This process included an application for a court order. In addition, consent to participate was obtained from both the caretakers of the children and the children themselves.

The interviews were designed to capture the children's impressions of the system. No inquiries were made about the nature of their own individual cases or the events which preceded their dependency.

The majority of the children were informed in advance about the nature of the study. In addition, the purpose of the study and the background of the author were reviewed with each child during the interview. Except those interviewed at the children's shelter, all discussions were conducted privately with the author. During those interviews at the children's shelter, an administrator, unfamiliar to the children, was also present for varying periods of time.

During each interview, the author solicited each child's evaluation of the people and processes he or she had encountered through the judicial and social service systems. All questions were open-ended. The interviews lasted from 30 to 45 minutes for individuals and approximately 90 minutes for small groups.

A brief questionnaire was developed to standardize the nature of the inquiry. However, in order to achieve an informal and relaxed atmosphere, the instrument was not the focus of the discussions, but served only as a guide.

The limitations of this methodology were as follows: First, due to practical problems, only one county was represented by the sample of children surveyed. Second, the sample size was small, resulting in impressionistic data.

Third, the population of children surveyed was limited to those between the ages of 11 and 18. Thus, the perceptions of younger children were not captured in this study. This older age group was selected by the author in order to avoid unnecessary intrusion into the lives of younger children.

Fourth, the population of children was selected by adults in charge of the children, based largely on physical availability and the ability of the children to talk comfortably with a stranger.

Finally, the validity of the comments made by the children was at times in question. In the small group discussions, it is likely that the presence of peers, or at times an unknown adult administrator, influenced what the children had to say. More importantly, it was obvious to the author that the children were suspicious of the motives for the survey and at times gave some answers designed to "test" the author's sincerity. Unless and until a rapport was developed, the children were not likely to be forthright.

Statistical Records

Statewide data—including reporting rates, monthly emergency response data, demographic information and case dispositions—were retrieved through the Statistical Division of the California State Department of Social Services. These data represent information for both statewide totals and data particular to the eight study counties.

Data available only through the eight study counties were also retrieved. For example, data pertaining to particular programs or length-of-stay data in particular facilities were collected through independent requests and searches.

Analyses and comparisons of basic demographic and statistical data were conducted among the counties. Cumulative data regarding such factors as population composition, case trends and referral patterns were also evaluated.

These data were subject to the reliability of the information initially recorded by the counties and the state, and the quality of retrieval.

Observations and Site Visits

Personal visits and observations were conducted by Watahara in the shelter care facilities, intake receiving units, and related foster care and dependency system venues in each of the study counties. The purpose was to meet informally with personnel and staff and to observe programs offered for dependent children.

In addition, Juvenile Court hearings related to dependency matters were reviewed in each of the study counties, ranging from one-half day to two full days of observation. The author took these opportunities to also meet informally with court personnel, law enforcement personnel, some parents and other principle participants in the juvenile court operations.

Retrospective Review of Medical Charts

Watahara reviewed over 200 pediatric medical charts, randomly selected, of children in the shelter care system in San Francisco County. The purpose was to document the health care needs of dependent children. A survey instrument was developed to record information obtained from each chart.